

2020-2021

# Business Plan

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ONTARIO HEALTH





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# Special Acknowledgement

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We believe in the principle stated in the *Connecting Care Act, 2019* that “our public health care system should be guided by a commitment to equity and to the promotion of equitable health outcomes”. We have tremendous geographic and socio-cultural diversity within our province, and many communities have distinct needs or face barriers accessing appropriate care. We have identified a few of these communities below, and are committed to engaging with them and others to build relationships; learn how we can improve their experience with the health care system and their health outcomes; and enable the delivery of high quality health care services where and when they are needed.

Ontario Health understands the importance of reconciliation with Indigenous people and acknowledges the history of Indigenous people; including past and ongoing harm that has been inflicted and how that translates into the health care system. History plays an important role in reconciliation; to build for the future, we must look to, and learn from, the past. We are focused on healing these relationships and supporting the healing process through continued dialogue. Ontario Health has much to benefit from the strength of Indigenous communities. To benefit from these strengths, we must listen to the voices, experiences, wisdom and much more to learn about reconciliation. Reconciliation cannot occur without **action**. This action must come from a place of humility, respect, and reciprocity. It involves listening, contemplation, mediation, and deeper internal deliberation. Although some progress has been made, significant barriers to reconciliation remain. We are committed to reducing these barriers and working collaboratively and as equal partners with Indigenous governance structures and their existing health processes. We will continue to celebrate resiliency, but we do not overlook that resilience is a by-product of suffering and we will strive for continuous improvement.

We also understand and respect the importance of working with our Francophone communities. We are committed to respecting the requirements of the *French Language Services Act* in the planning, design, delivery, and evaluation of health care services for Ontario's French-speaking communities as outlined in the preamble of the *People's Health Care Act, 2019* and in the Memorandum of understanding between Ontario Health and the Ministry of Health (Ministry).

Finally, common elements of the organizations that came together to form Ontario Health are a strong foundation of equity, inclusion and diversity, anti-racism, and Indigenous cultural safety. We are committed to addressing racism and inequity head-on. We are a team who values diversity and inclusion and does not tolerate violence, silencing or marginalization of any group or individual. We are deeply committed to ensuring that planning for health services includes the entire population, especially those who are marginalized, vulnerable, and experience inequities.

# Introduction

Ontario Health had been in existence for less than a year when the first case of COVID-19 presented in this province, reinforcing the necessity for our health care system to work in a more coordinated way – one that our government was already determined to actualize.

This is an unprecedented time for an agency such as ours which has been called upon to be a leader in the health system while we were still between our formative and mature life cycle. The pandemic gave us an immediate focus and a determination to work with our colleagues across the system in new and innovative ways - to deliver impact when Ontarians needed it most.

As of this writing, the pandemic is still here, and still driving the health care agenda in Ontario. Throughout the pandemic, Ontario Health has been leveraging the extraordinary bench strength of many health care organizations across the province and relying on the unique expertise and comprehensive knowledge of our highly skilled staff to support the provincial response and bring to bear the value of our integrated efforts.

Ontario Health was created with a mandate to better coordinate and connect the health care system from top to bottom, to make it more efficient, and support the delivery of the best possible patient-centred care. By bringing into our agency a wide and disparate set of skills and experiences and a deep reservoir of knowledge, we were well positioned to begin delivering value to Ontarians – with respect to COVID-19 certainly, but on other fronts as well.

From the very beginning, we have been inspired by principles that reflect the kind of work we stand for, the approach we believe in, and the values we share. These are:

- Being **aspirational** in our approach – dreaming big for the system, for health providers, and for Ontarians
- Applying a **patient centred** lens and committing to **health equity** –focusing all of our efforts on enhancing patient-centred care, to ensure no one is left behind
- Striving to be **innovative** – there is almost always an even better way
- Ensuring we are **transformative** – when something is not working, change it
- Focusing on **impact** – we are here to get things done and to drive value for Ontarians
- Working **together** across the system – we will only succeed if we look beyond our walls to bring out the best in ourselves and our partners

Additional principles we are exploring with our team include respect, accountability, and transparency, to name a few. These will be captured more fully in our upcoming strategic plan development. Meanwhile, each of these early guiding principles that are described are deeply rooted in the health care system's Quadruple Aim. And that is no coincidence. The Quadruple Aim is an invaluable compass for informing decisions and optimizing health care performance, and our agency is strongly committed to it. Its approach calls for improving population health outcomes, improving patient experience, improving front-line and provider experience, and achieving better value.

What the Quadruple Aim and these principles give us is a framework for working and moving forward as one integrated organization. And while we are still in the process of defining our formal mission, vision, and values, **early feedback from our team has revealed that there is one value that is already deeply imbedded in the culture of this agency, and that is a deep and abiding commitment to people and their health experiences and outcomes.** In the context of a health system that champions a patient-centred approach to care, this is a very important value to have.

## Ontario Health – Quadruple Aim



# Pandemic Response

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The Quadruple Aim, these guiding principles, and our commitment to people have helped us stay grounded and focused during our COVID-19 response. And that response has been wide-ranging. Working with the Ministry and Ontario's COVID-19 Command Table, we were asked to **bring partners and organizations together and across sectors; provide guidance and advice; offer support, help improve processes, and coordinate the system** in a rapidly evolving environment.

In response, we quickly put in place a COVID-19 System Response Structure to support regional and local implementation of the province's pandemic plan. This structure includes health system professionals from within and outside Ontario Health and is supported by the significant leadership of our Ontario Health regions and their local COVID-19 planning committees.

Our work supporting the province's pandemic response, which is ongoing, has taken many forms and has drawn on the full strength of our organization to deliver on the objectives highlighted above. We have applied all of them to assist with: the province-wide coordination of the supply chain; expanding testing; increasing acute care and critical care capacity within each of our regions; supporting primary care and other providers in offering virtual care; responding to the urgent issues in long-term care and congregate care settings; increasing mental health and addictions capacity; mobilizing over 130 COVID-19 assessment centres; and, providing bioethics, health human resources and communications support - all while engaging in daily system planning and implementation.

And all of this has been informed, every step of the way, by our commitment to the Quadruple Aim and adherence to those guiding principles mentioned above.

For example, early in the pandemic, we responded to the request to create a network of laboratories to shoulder the workload around the large volume of COVID-19 testing required across the province.

This resulted in an integrated laboratory system, thanks to the goodwill and collaboration of more than 30 labs working in a way that Ontario has never seen before. It was aspirational. It was innovative. It was transformative and it has made a big impact for Ontarians. And it happened because we worked together. We now have a more streamlined and coordinated system with more testing capacity, which is precisely what we were asked to do, and we did it in partnership with others.

Ontario Health will draw on the lessons learned from our ongoing role in the COVID-19 response and apply it on an ongoing basis to our work with the Ministry to prepare for and manage future emergencies, including but not limited to future waves of COVID-19.



# Looking Forward

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The COVID-19 pandemic continues to shape the world, the economy, and the government response. The lessons we are learning throughout this pandemic are shaping who we are as an organization. While the pandemic may have impacted some original plans for health system transformation, it has also provided insights into what that transformation can and should be. It has taught us this: going back to the way things were should not be the goal. There is no “getting back to normal”. Of the many lessons the pandemic has taught us, perhaps the most important is that we have to shape a new normal.

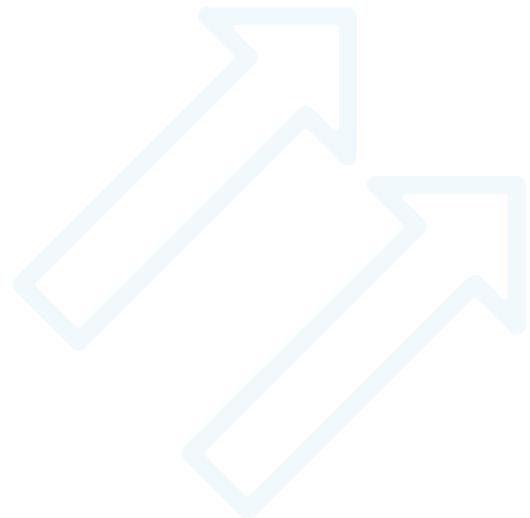
That new normal will encompass seizing opportunities within our health system to do better; opportunities that we knew existed before, but were reinforced by the pandemic. The challenges include integrating our supply chain, addressing Personal Support Worker (PSW) shortages, reimagining a siloed lab system, and addressing improvements needed in long-term care. For Ontario Health’s part, we are committed to leveraging all of the skills, knowledge, and passion of our team members across the province in a coordinated and integrated effort to support the health system in meeting these and other challenges.

This document is Ontario Health’s first business plan and reflects our strategic priorities for our first formal and full year of operation. As might be expected, it reflects the lessons we have learned from COVID-19, both in terms of what we need to do to get through this current pandemic, and what we now know about our health system today that needs to be adapted for tomorrow. It also reflects the priorities of the Government of Ontario and the Ministry, and is informed by the feedback we received last year when our Board of Directors conducted some initial engagements with health system users –patients, clients, families and caregivers with diverse lived experiences (including Indigenous peoples and Francophone Ontarians) – and providers from all health care sectors, as well as administrators, researchers, innovators, and members of our own team at Ontario Health.

As we continue to navigate the ongoing pandemic, this business plan will serve as a starting point designed to thoughtfully guide us through our first full year of operation as the province’s new and integrated health

care agency. Over the year, in addition to implementing the actions set out in this business plan, we will be engaging more broadly to establish a multi-year business plan and a strategic plan as well. These plans will also solidify our commitment to transparency, robust engagement, and above all else, to people.

Ontario Health is an agency with extraordinary potential, and we have been working hard to live up to it. We were challenged and put to the test just months into our existence. We were confronted with a health care crisis the likes of which the planet has not seen in a century, and we met that challenge head on. We stepped up in partnership with others, working in a cohesive and coordinated manner internally while encouraging cohesion and coordination all across the health system. Every day, we strive to help our province fight this pandemic, and we will continue doing so while remaining focused on our ultimate goal – a better coordinated health care system that leads to improved health care for all Ontarians.



# Our Commitment to Engagement

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Consistent with our guiding principles and the Quadruple Aim, engaging and partnering with patients, families, caregivers, providers and the front-line, and health system administrators will be key to Ontario Health's success. Through meaningful engagement, Ontario Health will gain a better understanding of people's diverse experiences in our health system and will be able to apply these learnings to improve care experiences and health outcomes.

Our commitment is to work in partnership with those with lived experience and on-the-ground knowledge, to ensure equitable and effective health care. We acknowledge that ongoing racism and discrimination exists in our society and in our health system. Ontario Health is committed to addressing racism and inequity head-on. As part of our engagement work, we commit to listening, to providing safe spaces for important conversations around all forms of racism, prejudice and discrimination, and to co-leading the kind of change that is necessary in our organization and across our communities.

In the coming year, Ontario Health will work with the Ministry and the Minister's Patient and Family Advisory Council to coordinate provincial patient engagement activities, including undertaking the following engagement activities:

## *With patients, families, and caregivers*

- We will continue to partner with the patient and family advisors who have contributed so much to the legacy agencies that formed Ontario Health; this will include working together to develop additional channels and tactics to engage people where they live so that they can contribute in ways that are accessible to them.
- We will bring together and align existing patient and family advisory programs, to ensure we are connected and working together in an integrated way to advance their identified priorities, including: improvements to mental health and addictions, virtual care, service integration, and home and community care delivery

## *Francophone Ontarians*

- We will engage and collaborate with the French Language Health Planning Entities that the Minister of Health, by regulation, specifies and will conduct meaningful engagement with the Francophone community to inform health system planning

- We will focus engagement on strategic initiatives related to priorities that have been identified by the Francophone community including: mental health and addictions, virtual care, and long term care.

## *With First Nations, Inuit, Métis, and Urban Indigenous populations*

Ontario Health recognizes the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities. To demonstrate our commitment to improve health care for Indigenous people within Ontario:

- We will continue to educate ourselves about the legacy of colonialism and ongoing anti-Indigenous racism in our society, and the impact of these on the health and wellbeing of Indigenous peoples.
- We will work to strengthen and maintain meaningful working relationships with Indigenous leadership, communities, Indigenous Health Service Providers and existing planning tables.
- We will listen to suggestions, concerns and guidance to create a direct engagement approach that demonstrates our commitment to improve health care for Indigenous people within Ontario.

## *With Priority, Underserved, and Vulnerable Populations*

Ontario Health is committed to promoting health equity and anti-racism to achieve equitable health outcomes, reduce or eliminate health disparities and inequities, and recognize the impact of social determinants of health. To ensure the needs of the diverse priority, underserved, and vulnerable communities are served:

- We will strengthen and maintain meaningful working relationships and collaboration with priority, underserved, and vulnerable communities, and health service organizations and health service providers within Ontario Health's mandated areas of responsibility that serve these communities;
- We will build an organizational culture that incorporates feedback from priority, underserved, and vulnerable communities to create a more integrated health system that eliminates health disparities, addresses the social determinants of health and delivers excellent and equitable access, experience, and outcomes for all Ontarians.

### *With health care providers*

- We will continue to engage with health care providers and the front-line, including primary care, who have supported the development and implementation of local and provincial initiatives through the legacy agencies of Ontario Health to understand the populations they serve and ensure that our programs and services meet the needs of their communities.
- We will listen to their experience and expertise and will collaborate on solutions and the removal of barriers.

This work will continue to build on early engagement sessions that were led by our inaugural Board of Directors throughout the Fall and Winter of 2019. These sessions helped shape our early understanding of how Ontario Health could make a difference within the provincial health care system. We have embedded what we heard in the priorities provided within this business plan. We aim to further expand the way we engage with the public this year through the launch of virtual town halls to respond to Ontarians' questions from across the province.

Moving forward, we will also identify gaps in engagement for priority, underserved, and vulnerable populations, and partner with a diverse group of organizations to ensure engagement approaches are inclusive of these communities. In addition to the diverse partners already mentioned, this also includes our commitment to working with people of colour, LGBTQ+ communities, and individuals with disabilities. We will build and strengthen our relationships with the diverse communities we serve to ensure that plans address their health needs. Finally, we will commit to working as allies with vulnerable and underserved populations to break down barriers associated with racism and discrimination, apply a health equity lens, and consider the social determinants of health in the work we do.



# Our Priorities

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While we will be completing a review of our response to COVID-19 and our role in the health system this year, we are clear on our first set of priorities. These priorities are informed by our joint-leadership role with the Ministry in the COVID-19 response, the direction of the Ontario Government and the Ministry, regulators' observations (such as the Ontario Ombudsman), as well as the introductory engagement sessions that our Board of Directors held with patients, families, and caregivers, Indigenous people, Francophone Ontarians, a diverse range of providers, researchers and innovators, as well as our own staff.

In addition, our priorities this year are grounded in the Quadruple Aim and its four pillars – improving population health outcomes, improving patient experience, improving provider experience, and achieving better value– while also taking into account the strengths and areas of opportunity our team has indicated a commitment to, such as:

- Partnering and working inclusively with the diverse populations of Ontario, including patients, families, caregivers, providers, and volunteers;
- Driving a focus on improving equity and quality while supporting cultural safety and humility;
- Advancing evidence-based clinical excellence and setting standards that drive appropriate levels of consistency;
- Advancing population health excellence by integrating care across the continuum and expanding access through virtual care; and,
- Measuring and reporting on what matters to people and connecting this to accountability for results and incentive structures.

With all of this context in mind, our initial priorities are to:

- 1. Rapidly respond to COVID-19 and contribute to stabilizing the health care system;**
- 2. Promote excellence, access, and continuous innovation in our areas of direct clinical focus;**
- 3. Drive key provincial transformations;**
- 4. Enhance health system operations, and;**
- 5. Continuously improve as a high performing organization.**

Throughout, we will bring all of our organizational strengths to bear within each of these priorities, while operating as one integrated agency.



# Priority 1

## Rapidly Respond to COVID-19 and Contribute to Stabilizing the Health Care System

### OUR EFFORTS WILL:

#### Help people to experience:



- Safe care
- Care through virtual means

#### Contribute to improvement in quality and outcomes through:



- A safe return to accessing health care services
- Increasing testing for COVID-19
- Enabling virtual care delivery of primary care, and mental health and addictions services

#### Help providers to experience:



- A safe and healthy working environment
- Being part of a connected health system response to COVID-19

#### Achieve better value through:



- Bringing together an integrated response to COVID-19
- Ensuring the resources and response of the health care system can support the economy to re-open safely and as soon as possible

### PRIORITY AREA

### OUR IMPLEMENTATION PLAN

#### Drive system recovery:

- Coordinate a stable return to care in people's homes
- Expand virtual care solutions to Ontarians and our provider partners including primary care
- Develop and release clinical guidance in collaboration with the Ministry to support the availability of critical and acute care capacity to respond to COVID-19
- Routinely monitor and report key metrics to support the health system ramp-up of planned surgeries and procedures
- Contribute to the pandemic response through data collection, wait time monitoring, and modelling of system flow
- Work with the Ministry and our health system partners to plan and prepare for future emergencies including disease outbreaks

#### Provide Provincial and Regional leadership for the COVID-19 response:

- Collaborate with public health, provincially and locally
- Work with the Ministry to add resources that enhance access to mental health and addictions supports for Ontarians and the health care workers
- Prioritize the safety of our most vulnerable Ontarians; support the COVID-19 response in Long-Term Care Homes, other congregate settings, in vulnerable communities, and in Indigenous and other northern, rural, and remote communities
- Coordinate efforts to expand the Province's capacity to deliver quick and efficient COVID-19 test results
- Continue to work with the Ministry to establish a province-wide supply chain management model for the health care sector, that will initially focus on securing sufficient supply and distribution of personal protective equipment and supplies
- Provide Health Human Resources support to add front-line provider capacity to respond to COVID-19; including through redeployments, temporary short-term hiring, and permanent recruitment
- Work with the Ministry to implement A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic: recommendations for safely resuming scheduled surgeries and procedures
- Support the COVID-19 Balanced Care Planning Committee to provide a set of recommendations to support provision of quality care during future waves of COVID-19



# Priority 2

## Promote Excellence, Access, and Continuous Innovation in Our Areas of Direct Clinical Focus

### OUR EFFORTS WILL:

#### Help people experience:



- Safe access to person-centred care and procedures in a timely manner
- Staying healthy at home and in their communities

#### Contribute to improvement in quality and outcomes for:



- Cancer care
- Renal care
- Organ and tissue donations and transplants
- Home and community care

#### Help providers experience:



- A safe return to providing care
- Being supported to innovate and implement new evidence-based approaches to care
- A work environment focused on a healthy work-life balance

#### Achieve better value through:



- Supporting proactive care and care as close to home as possible

### PRIORITY AREA

### OUR IMPLEMENTATION PLAN

#### Increase access and quality improvements in cancer care:

- Implement the second year of the Ontario Cancer Plan 5 (OCP5), focusing on excellence in screening, treatment, chronic disease prevention, drug funding, capital projects, and quality initiatives
- Implement the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019 – 2023
- Work with the Ministry to expand Ontario Health leadership in genetic testing expertise and programs for the Province
- Continue to work with the Ministry to plan for expansion of critical infrastructure such as a new proton beam facility, radiation facility expansion, and Complex Malignant Hematology Facility expansion

#### Increase access and drive quality improvements in renal care:

- Implement the second year of Ontario Renal Plan 3 (ORP3), focusing on excellence in renal care, including quality initiatives and critical capacity infrastructure

#### Increase access and drive quality improvements in donation and transplant Services:

- Drive increases in donations and transplants through implementation of innovative initiatives and continued performance improvement
- Upgrade waiting list, organ allocation and transplant information system

#### Increase access and drive quality improvements in home and community and long-term care:

- Work with the Ministry, patient and family advisors, providers, and the front-line to modernize home and community care delivery and integrate services and the front-line within Ontario Health Teams (OHTs)
- Work with the Ontario Palliative Care Network to enhance the integration of primary- and specialty-level palliative care

#### Expand our areas of clinical focus utilizing a population health and equity lens:

- Develop and implement two new areas of clinical focus that will develop and offer patients new evidence-informed programs and treatments sooner:
  - Drive the development and implementation of culturally sensitive approaches to clinical care beginning with racialized and Indigenous populations
  - Drive the development and implementation of clinical quality improvements in paediatric care

<sup>1</sup> In 2019, the Ontario Health Board approved a 2020 – 2023 Business Plan for Cancer Care, Renal Care, and Access to Care. This was prioritized in order to ensure a maintained excellence and prioritization of these critical areas of leadership for Ontario Health. These previously approved plans will serve as the operational plan for cancer, renal, and access to care for Ontario Health.



# Priority 3

## Drive Key Provincial Transformations

### OUR EFFORTS WILL:

#### Help people to experience:



- Evidence-based and integrated care
- Increased access to their health information
- Increased access to virtual care

#### Contribute to improvement in quality and outcomes through:



- Supporting access to high quality mental health and addictions supports
- Improving equitable access to treatment and service provision
- Supporting primary care to offer virtual care to patients

#### Help providers to experience:



- Access to mental health and addictions supports
- A system that supports evidence-based care and continuous improvement
- Working as part of integrated care teams
- Receiving meaningful information that helps to improve patient experience and positive system outcomes
- A health care system that gives providers more choice in secure and verified standard-based virtual care visit technology

#### Achieve better value through:



- Enabling efficient care delivery, such as the expansion of virtual care, primary care, and community-based care
- Enabling more upstream and proactive health care especially in the delivery of mental health and addictions supports to more Ontarians and health care workers

### PRIORITY AREA

### OUR IMPLEMENTATION PLAN

#### End hallway healthcare:

- Lead current regional response structures to increase access to primary care and community-based service delivery
- Expand integrated and bundled care strategies that improve system flow

#### Improve quality and access to mental health and addictions:

- Advance the development of the Mental Health and Addictions Centre of Excellence in partnership with client and family advisors, providers, and the front-line
- Implement the Roadmap to Wellness, in conjunction with the Ministry, including a core services framework, Mental Health and Addictions data digital initiative, and provincial roll-out of the Ontario Structured Psychotherapy programs
- Develop analytics that support proactive planning in alignment with the Roadmap to Wellness and future pandemic preparedness

#### Advance person- and population-focused integrated care:

- Establish a population health and health equity approach for Provincial and Regional planning that respects the fact that "one size does not fit all"
- Transparently post information on health outcomes and health inequities at provincial, regional, and local levels
- Create partnerships with the explicit purpose of improving the social determinants of health, including education, employment, and housing
- Work with the Ministry to establish and support the implementation of OHTs across Ontario, by leveraging existing accountability tools and resources in quality improvement, digital and analytics, and other resources; prepare for future OHT performance measurement and management including the identification of standards, incentives, and performance metrics

#### Embed Digital First across the Health System:

- In collaboration with the Ministry, implement the Ministry's Digital First for Health strategy to deliver a more modern, integrated, and digitally enabled health system experience for patients
- Support development of the provincial Health Care Navigation System (HCNS), with the input of patient and family advisors, providers, and the front-line to develop "digital first" consumer access to care with improved navigation
- Increase the number and choice of verified virtual care solutions, remote care initiatives, and mental health and addictions tools, including for Indigenous and other underserved communities
- Advance work related to online appointment booking; digital access for patients; better, more connected tools for frontline providers (including work on the DHIEX regulation, increase deployment of clinical information sharing solutions, provider access to provincial assets, and others); and Data Integration and Predictive Analytics (including preparing to become a prescribed organization, and launching the Ontario Health Data Platform).



# Priority 4

## Enhance Health System Operations

### OUR EFFORTS WILL:

*Help people to experience:*



- The care they need as close to home as possible

*Contribute to improvement in quality and outcomes through:*



- Ensuring equitable access to care
- Focusing system improvements on key quality performance metrics

*Help providers to experience:*



- Support to focus on high quality front-line care

*Achieve better value through:*



- Modernizing the supply chain, through a focus on achieving optimal patient and provider outcomes and reducing unnecessary duplication
- Implementing effective Health Human Resource (HHR) recruitment and retention strategies

### PRIORITY AREA

### OUR IMPLEMENTATION PLAN

**Increase front-line capacity:**

- Improve recruitment and retention of the health care workforce with a specific focus on PSWs and physicians in rural, northern, and remote communities, and in Long-Term Care Homes
- Establish real-time workforce monitoring to identify and respond to Health Human Resources (HHR) gaps
- Advance workforce planning with OHTs through the use of quality- and evidence-based and virtual-care informed staffing models and health workforce assessments

**Modernize the health system supply chain:**

- Establish Ontario Health leadership and clinical expertise within the government's broader Supply Chain Modernization initiative
- Advance numerous clinical categories viewed through the lens of provincial priorities, including enabling patient outcomes, care at home and in the community, and innovation through Health Technology Assessments

**Establish an integrated provincial lab network:**

- Develop and implement a consistent standard of service across the provincial microbiology laboratories, beginning this year with the response to COVID-19
- Identify and implement opportunities to improve turnaround time and reporting of results for patients and providers

**Establish provincial patient safety initiatives:**

- Develop clinical and quality standards for patient care and safety and publicly report data



# Priority 5

## Continuously Improve as a High Performing Organization

### OUR EFFORTS WILL:

*Help people to experience:*



- Being engaged, respected, and enabled to make a difference

*Contribute to improvement in quality and outcomes through:*



- Being an evidence-informed health system planner and operator

*Help providers to experience:*



- Being engaged, respected, and enabled to make a difference

*Achieve better value:*



- Providing an expansive and integrated offer to the health care system
- By managing our budget in a responsible manner
- By working with system partners to eliminate waste, reduce red tape, and removing barriers to care

### PRIORITY AREA

### OUR IMPLEMENTATION PLAN

**Support our people:**

- Engage and support our staff as we continue to integrate our agency
- Develop a sustainable culture, healthy work environment, and employee offerings that are supportive of comprehensive workplace health promotion

**Embed a focus on health equity in all that we do:**

- Engage an independent expert to take stock of our many assets focused on health equity and to review and recommend structures and processes to continue to advance this agenda
- Create an action plan for the entire organization, including establishing an organization wide staff advisory group
- Embed health equity goals in executive team goal setting, recruitment processes, our engagement of communities, patients, and families, how we influence as health system advisors and operators
- Increase Indigenous Cultural Safety training to health care workers and health system administrators, including the Board of Directors and employees of Ontario Health

**Meaningfully engage with a diverse set of partners:**

- Establish robust and comprehensive engagement structures and mechanisms, including through the use of virtual tools that can offer real-time feedback
- Continue to leverage existing relationships and work collaboratively with First Nation, Inuit, Métis and urban Indigenous leadership and communities to address health and service delivery issues
- Work with the Ministry and the French Language Health Planning Entities and contribute to the Guide to Requirements and Obligations Relating to French Language Health Services
- Establish patient-centred quality measurement approaches with: Patients, families, caregivers, and diverse communities; First Nations, Inuit, Métis, and Urban Indigenous communities (while ensuring respect and adherence to Indigenous data governance principles); French Language Health Planning Entities; and providers and the front-line, including primary care

**Complete the integration of Ontario Health:**

- Continue to integrate as an agency and prepare for possible future transfers of additional agencies and organizations
- Work with the Ministry to implement a streamlined regional oversight and partnership structure that establishes Ontario Health's presence regionally, and ensures identification of regional and local health care needs while also maintaining the integrity of provincial operations; for example, implement: provincial and regional accountability mechanisms with health service providers; the sharing of clinical best practices; and, supports that enable quality improvement

**Achieve a balanced budget:**

- Balance our budget for 20/21 by aligning our focus on our priorities, driving rigor on capital allocations, and establishing risk management

**Continuously improve and innovate:**

- Expand our evaluative capabilities to continuously monitor if what we are doing is making a difference to people's experience and outcomes
- Expand our analytic capacity to continuously understand and respond to the unique and diverse needs of Ontarians including actions to advance socio demographic data collection, including race-based data and population-focused outcome and experience measurement
- Leverage Ontario Health's expertise in health quality for regular public reporting on the performance of Ontario's health system per Quadruple Aim Framework at provincial, regional, Ontario Health Team and other levels as required
- Define and report patient and provider reported experience measures

# Performance Measures and Targets

As we work to improve performance measurement, we will work with patient, family, and caregiver advisors, First Nations, Inuit, Métis, and Urban Indigenous communities, and the French Language Health Planning Entities to enhance our focus on patient, family, and caregiver-centred measures of success, to ensure we respect and adhere to Indigenous data governance principles, to use inclusive data definitions, and to establish meaningful performance areas of focus.

## Objective 1: Rapidly respond to COVID-19 and contribute to stabilizing the health care system

**(Baseline)  
Target**

Increase the amount of home care provided in the community (nursing and personal support)	Greater than or equal to 90% of 2019 referrals
Develop testing capacity to support fall preparedness and school reopening	Increase daily testing capacity (up to 100k/day)
Reduce the number of ALC patients with long-term care discharge destination (long-term care and community care stabilization)	Less than or equal to (<) 2019 rates
Resume surgical/procedural volumes (sentinel)	70% of 2019 volumes

## Objective 2: Promote excellence, access, and continuous innovation in our areas of direct clinical focus

**(Baseline)  
Target**

Implement year two of the Ontario Cancer Plan 5 (OCP5)	(39% complete) 50% complete
Implement year two of the Ontario Renal Plan 3 (ORP3)	(18% complete) 30% complete
Implement upgraded waiting list, organ allocation and transplant information system	100% complete
Reduce the wait time for home care (nursing and personal support)	Less than or equal to (<) 2019 wait times

## Objective 3: Drive key provincial transformations

**(Baseline)  
Target**

Increase the number of clients enrolled in the Ontario Structured Psychotherapy Program	(22,801) 36,193
Increase in primary care providers offering virtual visits*	(9,700) 13,000
Establish patient reported measures (number of hospitals collecting hip and knee replacement PROMs data)	(34 hospitals) 40 hospitals
Increase the number of unique consumers accessing Ontario Health-supported online/virtual care solutions	(450,000) 650,000

## Objective 4: Enhance health system operations

**(Baseline)  
Target**

Achieve zero unplanned emergency department or referral centre closures due to HHR availability	<10% increase in historical hours of urgent ED physician locum coverage
Establish a network of PSWs for long-term care and community care	2,000 PSWs
Increase the number of health service providers that are leveraging province wide collaborative procurement opportunities	18 health sectors
Improve lab turnaround time for COVID-19 testing while increasing provincial volumes	80% turnaround within less than 2 days

## Objective 5: Continuously improve as a high performing organization

**(Baseline)  
Target**

Create a health equity action plan for the entire organization	Plan approved and initiated
Reduce voluntary turnover	<12% annually, <3% per quarter
Improve employee wellbeing	<14 hours absenteeism per employee
Achieve a balanced budget (Actual vs Budget)	Balance achieved

\* Baseline based on pre-covid data on the number of OTNhub GP enrollees. Current reporting is based on B (OVCP) and K code data. eVisit Primary Care physicians are excluded

# Appendix

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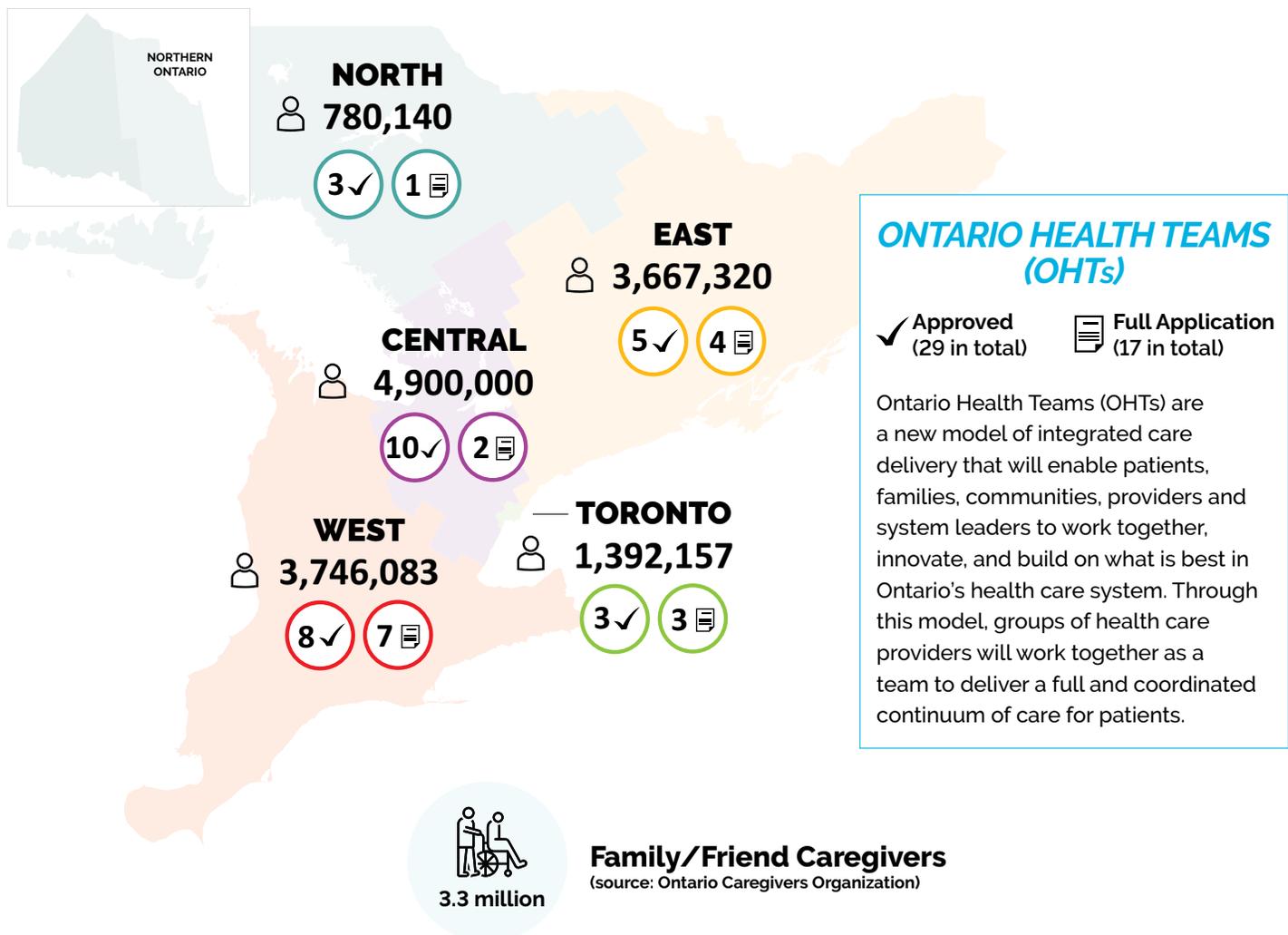
# Our Current Environment

We consider several factors in our business planning. First is ensuring we have a clear view of the communities and people we serve and the regional and local partners we work with.

Second, and equally important, is ensuring we are aligned to deliver on government and Ministry priorities. Ontario Health is committed to working with the Ministry to support the Government's healthcare priorities. While legislative documents such as the *Connecting Care Act, 2019*, and the *Mental Health and Addictions Centre of Excellence Act, 2019* outline our role in the healthcare system, we also strive to ensure our work complements and supports the Ministry's strategic priorities including those outlined in its Integrated Care Plan, the Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, and the Digital First Health Strategy. Our work will also support the government's commitments to drive better patient and provider outcomes and experiences, and limit program expenses, in part, through our work to improve the Health Care Sector Supply Chain as outlined in the 2019 budget.

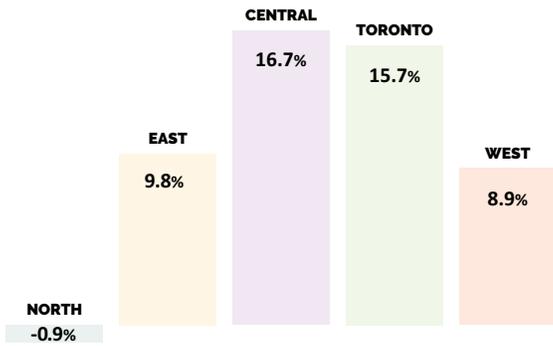
Finally, we plan with an eye to health system context, economic factors, socio-cultural factors and social determinants of health (with the inclusion of social determinants of Indigenous Health), and technological trends, all of which are highlighted within the risk and mitigation section of this business plan.

**Ontario is a province with a geographical footprint larger than France and Spain combined, with a population of more than 14.8 million people.**



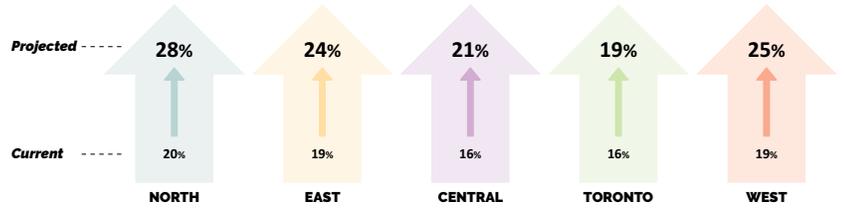
# DEMOGRAPHICS

## Projected population growth over next 10 years

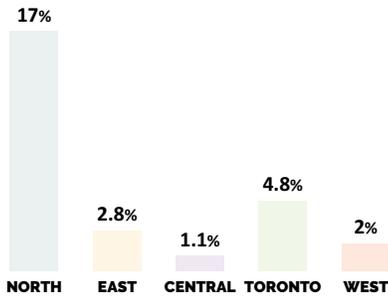


## Increasing aging population

The number of residents over 65 years of age is projected to increase dramatically over the next 10 years.

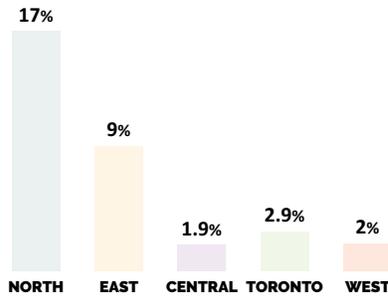


## Population that identifies as Indigenous



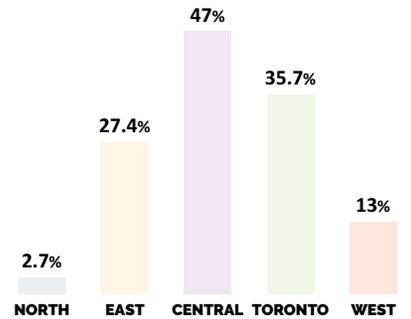
~2.8% of Ontarians identify as Indigenous

## Population that identifies as Francophone



~4.7% Ontarians identify as Francophone

## Population that identifies as visible minority



~29.3% of Ontarians identify as a visible minority

# HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



390

Community Support Service Providers



539

Community Health Centres



78

Public Hospitals



148

Aboriginal Health Access Centres



12

Long-Term Care Homes



623

Family Health Teams



190

Home Care Service Providers



238

Nurse Practitioner-Led Clinics



27

Regional Renal Programs



27

Regional Cancer Centres



14

Transplant Centres



8

These are approximate totals that are not inclusive of all providers, such as primary care, specialists, Independent Health Facilities, and other sites such as Out of Hospital Premises

# North – Regional Profile

## NORTH

**780,140** (5.4%) population

In the North, 64% of people live in rural areas and 36% live in rural and small towns



Projected population growth over next 10 years

**-0.9%**

Projected population over age of 65 in 10 years

**28%**

(20% currently)



**17%**

Identify as Indigenous



**17%**

Identify as Francophone\*



**2.7%**

Identify as visible minority



**6%**

Immigrant population



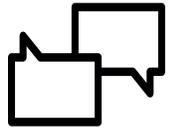
**263**

Service Accountability Agreements



**58**

Home Care Service Provider Organization Contracts



**9**

Designated French-Language Service Areas

\*88.4% Report English as First Language / 79% Report English as their mother tongue / 13% Report French as their mother tongue

## HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



**77**

Community Support Service Providers



**126**

Community Health Centres



**9**

Public Hospitals



**37**

Aboriginal Health Access Centres



**6**

Long-Term Care Homes



**64**

Family Health Teams



**44**

Home Care Service Providers



**56**

Nurse Practitioner-Led Clinics



**9**

Designated Agencies for French Language Service



**55**

Approximate totals exclude primary care physicians and specialists

# East – Regional Profile

## EAST

**3,667,320** (25.3%) population

Approximately 23.3% of residents live in rural areas, 6.1% higher than the provincial rate



Projected population growth over next 10 years

**10%**

Projected population over age of 65 in 10 years

**24%**

(19% currently)



**2.8%**

Identify as Indigenous



**9%**

Identify as Francophone\*



**27.4%**

Identify as visible minority



**23.4%**

Immigrant population



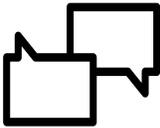
**385**

Service Accountability Agreements



**48**

Home Care Service Provider Organization Contracts



**8**

Designated French-Language Service Areas

\*72.5% report English as their 'mother tongue' (HAIB 2016 Census Profile by Region)

## HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



**81**

Community Support Service Providers



**125**

Community Health Centres



**23**

Public Hospitals



**34**

Aboriginal Health Access Centres



**2**

Long-Term Care Homes



**164**

Family Health Teams



**50**

Home Care Service Providers



**42**

Nurse Practitioner-Led Clinics



**6**

Designated Agencies for French Language Service



**48**

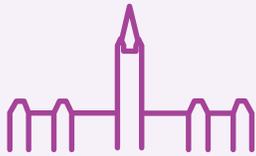
Approximate totals exclude primary care physicians and specialists

# Central – Regional Profile

## CENTRAL

**4,900,000** (33.8%) population

Home to 1/3 of Ontario's total population; it is largely urban (83%)



Projected population growth over next 10 years\*

**+16.7%**

Projected population over age of 65 in 10 years

**21%**

(16% currently)



**1.1%**

Identify as Indigenous



**1.9%**

Identify as Francophone\*



**47.7%**

Identify as visible minority



**48.3%**

Immigrant population



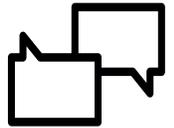
**338**

Service Accountability Agreements



**67**

Home Care Service Provider Organization Contracts



**3**

Designated French-Language Service Areas

\*58% report English as a first language

## HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



**49**

Community Support Service Providers



**111**

Community Health Centres



**9**

Public Hospitals



**23**

Aboriginal Health Access Centres



**1**

Long-Term Care Homes



**123**

Family Health Teams



**28**

Home Care Service Providers



**61**

Nurse Practitioner-Led Clinics



**5**

Designated Agencies for French Language Service



**1**

Approximate totals exclude primary care physicians and specialists

# Toronto – Regional Profile

## TORONTO

**1,392,157** (9.6%) population

Has the smallest geographical region with the highest population density (about 6,413 persons per km<sup>2</sup>)



Projected population growth over next 10 years

**15.7%**

Projected population over age of 65 in 10 years

**19%**

(16% currently)



**4.8%**

Identify as Indigenous



**2.9%**

Identify as Francophone\*



**35.7%**

Identify as visible minority



**36.4%**

Immigrant population



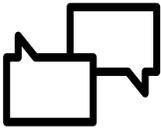
**171**

Service Accountability Agreements



**18**

Home Care Service Provider Organization Contracts



**1**

Designated French-Language Service Areas

\*170 languages (Mother tongue for Toronto CMA, 2016 Census)

## HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



**55**

Community Support Service Providers



**47**

Community Health Centres



**16**

Public Hospitals



**14**

Aboriginal Health Access Centres



**1**

Long-Term Care Homes



**36**

Family Health Teams



**15**

Home Care Service Providers



**19**

Nurse Practitioner-Led Clinics



**0**

Designated Agencies for French Language Service



**2**

Approximate totals exclude primary care physicians and specialists

# West – Regional Profile

## WEST

**3,746,083** (25.9%) population

A mixture of urban and rural areas with the second highest percentage of older adults



Projected population growth over next 10 years

**+8.9%**

Projected population over age of 65 in 10 years

**25%**

(19% currently)



**2%**

Identify as Indigenous



**2%**

Identify as Francophone\*



**13%**

Identify as visible minority



**18%**

Immigrant population



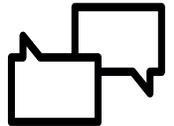
**529**

Service Accountability Agreements



**82**

Home Care Service Provider Organization Contracts



**5**

Designated French-Language Service Areas

\*87% report English as their first language

## HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



**128**

Community Support Service Providers



**130**

Community Health Centres



**21**

Public Hospitals



**40**

Aboriginal Health Access Centres



**2**

Long-Term Care Homes



**236**

Family Health Teams



**53**

Home Care Service Providers



**60**

Nurse Practitioner-Led Clinics



**7**

Designated Agencies for French Language Service



**5**

Approximate totals exclude primary care physicians and specialists

# Our Programs and Activities

## By the Numbers



### Partnering and co-designing with patients, caregivers, volunteers, and our diverse communities

- Engage **1,600+** patients virtually
- Collaborate with **~400** donation/transplant volunteers
- Work with **6 French** language planning entities
- Guided by **10** relationship protocols signed with Indigenous partners to strengthen relationships in support of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy



### Health system operational management and coordination

- Operate **1** Mental Health and Addictions Centre of Excellence
- Support **14** regional cancer programs and **27** regional renal programs
- Coordinate and deliver organ and tissue donation and transplant services with **136** donation hospitals, **8** transplant programs, **5** tissue banks, **8** laboratories and many other service providers
- Manage **2000+** accountability agreements with front-line provider organizations



### Promote health service integration

- Support the development of **30** Ontario Health Teams
- Support **14** regional palliative care networks
- Facilitate **15,000+** eNotifications being received daily, informing primary and community care of patient visits to hospitals



### Support health care practitioner recruitment and retention

- Support **200,000** hours of urgent ED coverage and **60,000+** days of family medicine clinic coverage in **127** rural, remote, and northern communities
- Support **6,000+** internationally educated health professionals
- Support **625+** Oncologists and other specialists through an Alternate Funding Plan



### Clinical and quality standards development and knowledge dissemination

- Establish new **quality standards** (for example, 8 in 2019)
- Establish **cancer care guidelines (400+)**
- Develop **Health Technology Assessment** recommendations (111 to date and 22 topics in development)
- Provide over **60 provincial** donation/transplant guidance documents



### Health system monitoring, reporting, and quality improvement

- Monitor **7 renal** performance indicators
- Issue **35 evidence-based** measures to track Ontario's progress against cancer
- Provide **3,500 family physicians** with reports to support improvement
- Monitor and report **health system performance measures** (12 in 2019)
- Report **4 organ donation** metrics
- Report **41 indicators** for wait times in home care, primary care, hospital, and long-term care



### Home and community care

- Support the delivery of **930,000+** home and community care services annually
- Send **5,400,000+** referrals and **3,900,000+** supporting medical documents to home care and long-term care annually
- Employ over **2,900 front-line** care coordinators that expand access and integrate home and community care for patients and families



### Digital health information technology and data management services

- Maintain data for:
  - **4.9 billion** lab test orders and results
  - **1.6 billion** publicly funded dispensed meds records
  - **701 million** hospital, home and community clinical records
  - **115.7 million** diagnostic images and reports
  - **7 billion** patient records in our repositories
- Process **30 million** average requests for patient records every month
- Facilitate **1.4 million+** virtual visits in a year

# Risk Identification, Assessment and Mitigation Strategies

This section summarizes the key organizational risks facing Ontario Health and the associated risk mitigation strategies for our first full year of operation.

Ontario Health will establish a comprehensive Enterprise Risk Management Program (Program) that will harmonize the risk management practices across all of our business lines and across our regional footprints. This Program will be critical to the proactive identification, assessment, management, monitoring and reporting of risks, all of which are vital to the achievement of our priorities. It will also embed review processes for senior management and our Board of Directors, as well as processes for risk reporting and escalation to the Ministry.

Our work this year will also include establishing appropriate frameworks and processes for assessing risks within the health system. This is an important risk lens for Ontario Health as we are not a front-line provider. We must compensate by working proactively with our partners and government to collaborate on mitigations. As a new organization, we will build out our accountability levers which are appropriately tied to the size and budget of our organization.

We are excited about the opportunity for Ontario Health and are even more optimistic about our potential in the years to come. This is, however, an unprecedented time for an agency such as ours which has been called upon to be a leader in the health system yet is still between its formative and mature life cycle. Through our response to COVID-19, we are actively shaping our role as a health system manager and operator and will continue to build considerable insight into how we need to transform and innovate as an agency.

In alignment with how we view a future Enterprise Risk Management Program for our agency and a future risk framework for the broader health system, we have presented below key risks we expect our consolidated organization to manage and risks more generally faced by the health system that are helping to inform our own transformation path.

<b><i>RISKS FACED BY ONTARIO HEALTH</i></b>	<b><i>DESCRIPTION</i></b>	<b><i>LIKELIHOOD AND IMPACT</i></b>	<b><i>MITIGATION</i></b>
<b>1. Fragmented accountability</b>	<p>While we think of ourselves and act as one agency, Ontario Health has not yet legally come into full formation.</p> <p>The transfer of the Trillium Gift of Life Network (TGLN) has not been completed. While TGLN shares the same board of directors, and is fully engaged in the working tables of Ontario Health, its clinical services and supporting operations remain distinct and separate from Ontario Health.</p> <p>Further, 14 LHIN Corporations continue to hold the accountability relationship with all Health Service Providers and Home Care Service Provider Organizations. The LHINs are also the direct employers of the frontline home and community care coordinators who play a critical role in ensuring Ontarians receive high quality home care.</p> <p>Although the Boards of the LHINs, TGLN, and Ontario Health are the same, the business is conducted in a complicated way because of these legacy structures. Without formal accountability relationships with Health Service Providers, the influence of Ontario Health is limited.</p>	<p>Low likelihood that this will not be resolved within 2020/21.</p> <p>High impact to the overall ability of Ontario Health to succeed in its corporate integration mandate.</p>	<p>Senior management and the Board of Directors will continue to work with the Ministry to appropriately transition TGLN and the LHIN non-patient functions and staff into Ontario Health. Alignment of accountabilities between Ontario Health, Health Service Providers, and LHIN Home Care Delivery will be key to ensuring Ontario Health's oversight and influence of these relationships. This includes working with the Ministry to support their plans for the future state of home care.</p>

<b>RISKS FACED BY ONTARIO HEALTH</b>	<b>DESCRIPTION</b>	<b>LIKELIHOOD AND IMPACT</b>	<b>MITIGATION</b>
<p><b>2. Multiple competing priorities due to the unprecedented impact of COVID-19</b></p>	<p>Responding to COVID-19 is a top priority of the entire health system including Ontario Health. Depending on the impact of COVID-19, other Ontario Health or system priorities may be delayed to ensure a coordinated, strong response to COVID-19.</p> <p>Ontario Health has already been tasked with a number of priorities that are additional to those initially envisioned for it and further priorities may be added. We will continue to meet these challenges that come our way, but also need to recognize that these new priorities may impact capacity across the organization.</p> <p>Finally, on account of the significant undertaking of the formation of Ontario Health, compounded by the unprecedented challenge of COVID-19, we have had to put on hold some of the remaining foundational work that is a priority to creating a high functioning organization such as our cultural alignment, values development, multi-year priorities and planning, and the establishment of key internal foundations such as the implementation of a target operating model. This also includes having limited face-to-face engagement with Indigenous partners due to travel restrictions and social distancing. The potential need to modify aspects of this business plan remain given the uncertainties and dependence on factors outside of Ontario Health's control.</p>	<p>High likelihood on account of our significant role in responding to COVID-19.</p> <p>Moderate impact as Ontario Health can utilize much of our response to COVID-19 to transform and innovate.</p>	<p>Senior management will reassess progress against the business plan on a quarterly basis.</p>

<b>RISKS FACED BY ONTARIO HEALTH</b>	<b>DESCRIPTION</b>	<b>LIKELIHOOD AND IMPACT</b>	<b>MITIGATION</b>
<b>3. Clarity on sustained funding and achievement of any constraint</b>	<p>Coming into formation as a result of the transfer of multiple agencies, Ontario Health's budget is made up of the amalgamation of previous agency budgets.</p> <p>In order to be truly transformative and innovative, Ontario Health requires support from the Ministry to streamline funding that has historically been provided through a variety of separate streams.</p> <p>Finally, the development of Ontario Health would be further impacted should additional mid-year savings targets be provided by the Ministry, as they were in 2019.</p>	<p>High likelihood as the response to COVID-19 will continue to be a key priority of the government.</p> <p>Moderate impact as this will delay the modernization of practices and innovation to incentive frameworks in the health care system.</p>	<p>Senior management and the Board of Directors will continue to work with the Ministry to modernize funding processes and decisions that we are currently restricted by.</p>
<b>4. Clarity on accountabilities</b>	<p>In 2019, we signed our first Memorandum of Understanding with the Ministry as well as our first interim Accountability Agreement that accounts for the past practices of the multiple agencies that were transferred into Ontario Health. What is now required is a new, modernized, and integrated accountability agreement that enables Ontario Health to be transformative, innovative, and impactful in ways that are independent from yet supportive to the Ministry's overall health system agenda.</p> <p>Clearly stated responsibilities will better enable Ontario Health to articulate success on its mandate.</p>	<p>Low likelihood that this will not be resolved within 2020/21</p> <p>High impact as Ontario Health may not be able to articulate success on its mandate without clearly stated responsibilities.</p>	<p>Senior management and the Board of Directors will continue to work with the Ministry to modernize accountability agreements that have previously been focused on process and outputs as opposed to enabling innovation and transformation.</p>

<b>RISKS FACED BY ONTARIO HEALTH</b>	<b>DESCRIPTION</b>	<b>LIKELIHOOD AND IMPACT</b>	<b>MITIGATION</b>
<p><b>5. Role in transformation and ability to innovate</b></p>	<p>While our staff and stakeholders are excited about the opportunities for Ontario Health to make a difference within the health system, Ontario Health has much room to expand to play a meaningful role in transformation and leading and sparking innovation across the system.</p> <p>Ontario Health requires an accountability and funding relationship with mental health and addictions Health Service Providers providing the continuum of mental health and addictions services.</p> <p>OHTs: There is a risk in Ontario Health inheriting an OHT model that we have not helped to design in any meaningful way.</p> <p>Hallway Healthcare: Ontario Health requires an accountability and funding relationship with Health Service Providers in order to influence hallway healthcare in a sustainable way.</p>	<p>Low likelihood as Ontario Health has shown first-hand our impact in the health care system through our COVID-19 response.</p> <p>High impact to the transformation agenda if the status quo were to remain.</p>	<p>Senior management and the Board of Directors will continue to work with the Ministry to evolve the way we collaborate on transformative initiatives within an overall established governance structure.</p>
<p><b>6. Privacy Modernization</b></p>	<p>The privacy regulatory and related public interest landscape is changing faster in the last few years than ever before in Ontario's health system in an effort to balance protections while providing supports for the benefits of patients. These changes directly impact Ontario Health and the many important roles it has in supporting patients and health care providers, the Ministry and researchers so data can be used for the benefit of all in improving patient care.</p> <p>This significant change presents great opportunities but also significant potential for privacy risks related to the rights of individuals, data integrity and interoperability and compliance issues for Ontario Health as it integrates the significant and highly regulated data stores (with their embedded and very restricted legal authorities) from agencies that have transferred.</p> <p>Specifically, the combined challenges of balancing public trust and interest through privacy, information security and responsible data governance is exacerbated by OH's current data sharing restrictions associated with it's complex, legacy regulatory compliance obligations. Unleashing the full potential of data uses in the broader health sector is also complex and is often only facilitated through cumbersome agreement frameworks.</p>	<p>Low likelihood where privacy design is not built into the integration structure for Ontario Health's legacy business units.</p> <p>High impact for Ontario Health's reputation as a trusted partner in the health sector, but also for possible legal and regulatory action.</p> <p>High likelihood and associated impact for Ontario Health's reputation as a proactive partner in data reporting and testing due to data sharing restrictions and need for enhanced and consolidated system infrastructure.</p>	<p>Senior Management to work with the Ministry and the Information and Privacy Commissioner to confirm a mutually acceptable and updated regulatory model that provides Ontario Health with the ability of operating under a single consolidated Personal Health Information Act (PHIPA) authority as opposed to managing the complexities and challenges of operating under multiple authorities going forward.</p>

We are also mindful of risks facing the health care system, and we will work actively with patients, families, and caregivers, providers, and the front-line, the Ministry, the Government of Ontario, researchers and innovators to identify risks that Ontario Health should track and help to mitigate where doing so would directly benefit the health system. For example:

## ***RISKS TO THE HEALTH SYSTEM***

### **Economic and labour**

- The Health system's response to COVID-19 has required significant resources.
- Several collective agreements are set to expire in 2020 and 2021.
- Aspiring OHTs have identified current labour agreements/practices as potential barriers to healthcare integration across organizations.
- There are current disparities in the wages of front-line providers such as PSWs depending on what sector they work in.
- Determining which of Ontario's several healthcare funding models best support improved healthcare quality and efficiency will be key to ensuring value for money in the health system.

### **Socio-cultural and social determinants of health**

- The Ontario population is growing, aging, increasingly diverse and embraces new technology. As displayed in our regional overviews, a one-size fits all approach to care is increasingly irrelevant.
- Our current environment during COVID-19 limits important face-to-face engagements with Indigenous partners due to travel restrictions and social distancing.
- The entire health care system must acknowledge and commit to fighting racism and inequity. This includes a commitment to listening, to providing safe spaces for important conversations around all forms of racism, prejudice and discrimination, and to co-leading the kind of change that is necessary in our organization and across our communities.
- Current performance indicators used throughout the healthcare system are inadequate for measuring the success of upstream solutions intended to prevent and proactively manage health.
- Patients, family members, and caregivers want an integrated health care system that they can easily navigate. This requires providers to commit to fundamental change and putting a patient-centred system above their individual organizations.

### **Health System Challenges**

- Increased capacity pressure and health care professional shortages have made front-line provider burnout a growing concern.
- There is a risk of growing levels of caregiver burnout.
- The impact of COVID-19 on health system capacity limits the ability to return to scheduled and elective procedures.
- The potential for delays in visiting primary care and hospitals with health-related concerns due to fear related to contracting COVID.
- There is a critical need to respond to the crisis in long-term care homes.
- There is a provincial PSW shortage that requires a coordinated strategy amongst levels of government and health sectors.
- COVID-19 has stressed provincial supplies, in particular the equipment and supplies that keep front-line providers safe.

### **Technological**

- Advancements and new technologies in electronic health records, digital health platforms and virtual care are increasingly being adopted and supported by the public; enabling legislation and regulation, as well as cyber security capabilities, are needed to keep pace to facilitate secure, seamless, publicly funded interoperability.
- Data strategies need to consistently support new types of data and measurement including big data, predictive analytics, and data mining from new or unconventional sources in a safe and transparent way.
- Advancements and new technologies such as genome sequencing, robotics, artificial intelligence and machine learning have the potential to revolutionize both front-line care delivery and back office services, and these investments need to continue.

# Operations and Staffing Plans

**Table A: Estimated Revenues and Expenditures**

<b>2020/21 BUDGET</b>	
<b>Revenue</b>	<b>\$2,912,772,546</b>
Ministry of Health	\$2,875,202,057
Amortization Capital Grant	\$27,212,305
Other Recoveries and Revenues	\$10,358,184
<b>Expense</b>	<b>\$2,912,772,546</b>
Transfer payments	\$2,407,889,884
Salary and Benefits	\$251,918,726
Information technology	\$156,956,154
Purchased services	\$34,699,707
Amortization	\$28,866,541
Office space	\$21,169,549
Administration, supplies and meeting expenses	\$10,483,298
Travel and accommodation	\$788,687

*NOTE - the budget corresponding to the 183 LHIN staff has not yet transferred from the LHINs to Ontario Health. TGLN has not yet transferred to Ontario Health, hence its budget is not included.*

# Human Resources

Ontario Health's People Strategy supports our commitment to the design and delivery of culture-based Human Resource programs that link internal culture to the requirements of external customers and business strategy. It additionally focuses on Human Resource activities, designed to create and sustain the desired culture. The plan incorporates the design of organizational structures, policies and work processes. It further delivers on Ontario Health's talent management approaches, to support team and organizational learning and development. Priority areas within this fiscal year include:

- Ongoing organizational design
- Final transfer activities
- Internal engagement
- Stabilizing and retaining talent
- Developing a sustainable culture, work environment and employee offerings

## Table B: Staffing Levels

As of March 31, 2020, our staffing numbers were as follows:

<b>MARCH 31, 2020 FTE</b>			
	<b>Filled</b>	<b>Vacant</b>	<b>TOTAL</b>
CCO	774.00	84.00	<b>858.00</b>
Digital Services	634.00	28.00	<b>662.00</b>
HFO	32.00	14.00	<b>46.00</b>
Quality Services	216.00	40.40	<b>256.40</b>
Shared Services	174.00	5.00	<b>179.00</b>
OTN	187.20	20.00	<b>207.20</b>
Corporate Office	15.00	0.00	<b>15.00</b>
LHIN <sup>NOTE</sup>	183.00	0.00	<b>183.00</b>
<b>TOTAL</b>	<b>2,215.20</b>	<b>191.40</b>	<b>2,406.60</b>

*NOTE - the budget corresponding to the 183 LHIN staff has not yet transferred from the LHINs to Ontario Health.*

*NOTE - TGLN has not yet transferred to Ontario Health, hence its staffing numbers are not included.*

*NOTE - the Office of the Patient Ombudsman is hosted by Ontario Health on behalf of the Government of Ontario. In this capacity, Ontario Health provides back office support to the Patient Ombudsman and as such, the staff that work for the Patient Ombudsman are employees of Ontario Health. The Patient Ombudsman, however, is an independent division housed within Ontario Health. The Patient Ombudsman has a protected budget as provided by the Government of Ontario and the Patient Ombudsman reports directly to the Minister of Health. There is no reporting relationship between the Patient Ombudsman office and the CEO or the Board of Directors of Ontario Health.*

# Strategic Communications Plan

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Communications is a core enabler for Ontario Health to deliver on its mandate. Our communications will be designed to inform, engage and inspire our diverse audiences about our mandate, and our work in partnership with others.

## Overall communications objectives:

- **Awareness and action:** Heighten awareness of Ontario Health's vital role in connecting the health system and the meaningful opportunities to partner, and act upon, our evidence-based recommendations and business products.
- **Thought leadership:** Position Ontario Health as a trusted source of information and collaboration to affect positive change.
- **Inspiration:** Shine a spotlight on our success stories and impact to demonstrate the benefits of our work.
- **Stakeholder outreach:** Engage system stakeholders and communities, listening to their needs, using feedback to inform ongoing work and sharing compelling information to support them.
- **Patient-centered approach:** Demonstrate that Ontario Health is working with patients, residents, families and diverse communities and operating in their best interests.

## Our target audiences are:

- Patients, residents, clients, families, and other caregivers
- Indigenous and francophone communities
- The general public, and across diverse communities
- Health care professionals across all disciplines and sectors
- Health system organizations and associations
- Government (Ministry of Health, Ministry of Long-Term Care, Ministers' Offices, Cabinet Office, Premier's Office, other ministries)
- All Ontario Health staff across our network

## Our performance measures and targets for responding to complaints:

- Actively respond to public inquiries within 1 to 2 business days and refer them to the appropriate source. For example, for complaints regarding an organization, direct the inquiry to the organization's client relations program or to the Patient Ombudsman. For complaints about a clinician, direct them to the appropriate professional college.

## Our strategic approach:

- Build clear narratives that inform and contextualize, so our audiences understand the "why" behind our messaging.
- Use multifaceted communications channels to engage meaningfully with our audiences, such as media relations, issues management, digital communications, social media, e-communications, stakeholder communications, etc.
- Demonstrate that Ontario Health is operating in Ontarians' best interests and create narratives the public can relate to and understand.
- Leverage the voices of third-parties to credibly share our messages and to reflect upon our work (e.g., system leaders, health care providers, patients, residents and families, associations, etc.)
- Guided by our Memorandum of Understanding, work with the Ministry as partners and take a "no surprise" approach.

Individual communications plans and message narratives will be developed for specific initiatives that are outlined in our 12-month calendar-at-a-glance, and as these activities unfold.

## Our tactics:

With our foundational communications program now in place, our plan this year is to expand the ways we communicate in four key areas, while continuing to use the other functions already in place:

- An internal communications program that moves beyond informing into more meaningful outreach and connections.
- Social media platforms that engage our audiences with thoughtful and frequent content.
- E-communications to leverage our thought-leadership and information-sharing with our stakeholder partners.
- The building blocks toward an integrated Ontario Health website across the entire Ontario Health network.

# Information Technology (IT) / Electronic Service Delivery (ESD) Plan

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Ontario Health's digital and virtual services are key enablers of the strategic priorities outlined in this Business Plan. We are committed to enabling patients and providers to have new ways to access care and have timely access to the care information they need. In enabling this, we will continue to place the utmost priority on ensuring our systems are managed securely, efficiently, and reliably and we will continue to evolve these systems in support of health system transformation and our own organizational improvement efforts. We will do this in partnership with the Ministry, patients and caregivers, health care providers, and other innovative partners.

Below are key highlights of digital and virtual initiatives in support of our strategy priorities.

## **Continue to support the COVID-19 pandemic response efforts**

Digital and virtual efforts across Ontario Health will continue to be focused on supporting a rapid and integrated response to COVID-19. For example, as part of Ontario Health's response to COVID-19: we are supporting the delivery of virtual care services for primary care, home and community care, long-term care, virtual emergency department (ED), virtual surgical programs, and mental health and addictions services; we are enhancing the coordination of personal protective equipment through centralized solutions; and, we are supporting the Ministry in improving integrations across provincial and federal systems to advance public health monitoring, support case and contact management, and enable future population health research. Solutions will also continue to focus on improving testing. For example, we are focused on expanding access to the mobile COVID-19 Test Results Viewer, a digital solution that allows them to receive their COVID-19 test results online; and, supporting expanded lab capacity to enable increased testing across the province through lab automation innovations.

## **Continue to establish modern digital and virtual services for Ontario Health**

The inception of a single integrated Ontario Health

has also created great potential to find efficiencies, eliminate silos, and to define uniform frameworks, methodologies and processes for digital and virtual services. For example, in alignment with the Ministry's Digital First for Health strategy, we are driving the implementation of foundational technology systems across Ontario Health and defining a common product and service catalogue for the province. We will also continue to modernize our own practices, such as through the transition of our on-premise applications to the cloud, through establishing common cyber security policies and standards, and advancing our data centre consolidation strategy.

## **Support digital and virtual requirements of Ontario Health Teams for better integrated patient care**

In partnership with the Ministry, we will also utilize our digital and virtual expertise to support Ontario Health Teams (OHTs). For example, we will support streamlined adoption, deployment, education, training, and change management activities related to digital and virtual care. This will include providing OHTs with access to existing provincially funded solutions that support integrated care delivery (e.g. provincial clinical viewers, Health Report Manager, and eServices). We will further support through the establishment of an integrated digital health support model for OHTs covering digital health products and services, and we will design and implement necessary changes to scale the home care Client Health and Related Information System (CHRIS) to support OHTs requirements for shared care plans. We will oversee and contribute to the development of standards and supports (e.g. service standards, procurement supports) to streamline Ontario Health Teams' decision-making for the adoption of patient-facing digital health solutions (e.g. online appointment booking solutions and patient access channels/patient portals). Finally, we will collaborate with the broader set of partners to provide ongoing support for the provincial eService program for advancing eReferrals, eConsults, and other digital health services and products that directly impact the coordination of care across sub-sectors.

### **Continue to build, enhance, and integrate digital health assets that support Ontario Health's areas of direct clinical focus**

Ensuring patient-facing impact is of utmost importance to all of our digital and virtual care efforts; this is a priority we will place on all of our areas of existing and emerging clinical focus. For example, we will continue to provide end-to-end technology support for the delivery and coordination of organ and tissue donation and transplantation services. We will also focus on how we can utilize digital and virtual supports to enhance access to care for First Nations, Inuit, Métis, and Urban Indigenous populations, Francophone Ontarians, and additional priority, underserved, and vulnerable populations to ensure equitable and effective health care. Finally, we will continue to enhance, scale, and integrate digital health solutions that will increase adoption by health care professionals.

### **Support the operationalization of the Mental Health and Addictions Centre of Excellence**

Digital and virtual care have an important role in the development of the provincial mental health and addictions system. In partnership with patient and family advisors, providers, and front-line care providers, we will work to expand access to priority populations such as children and youth, First Nations, Inuit, Métis, and Urban Indigenous populations, and Francophone Ontarians in Ontario. We will also work to expand the development and implementation of IT infrastructure, data collection and use, and access to virtual and digital solutions in the mental health and addictions system. This will include supporting the implementation planning for the Roadmap to Wellness Mental Health and Addictions Data Digital Initiative including the expansion of measurement-based care.

### **Support the Ministry's Digital First for Health Strategy**

Finally, underpinning all this work is our commitment to supporting the Ministry's Digital First for Health Strategy, which will be enabled by many of the digital health solutions operated by Ontario Health. For example, we will pursue the implementation of the Future State Modernization project, including the development of the Digital Health Information Exchange (DHIE) approach and framework that will allow Ontario Health to establish interoperability specifications that pertain to digital health assets or interactions with digital health assets. This will directly support cross-sector connectivity and interoperability of systems using provincial standards. We will also work to improve tools that will benefit patients, such as the improvement of identity, access, and authorization to enable Ontarians to access their personal

health information and participate in virtual care with their providers, the improvement of online appointment booking and virtual care, and the development and improvement of virtual tools and services for specialty care. We will support initiatives aimed at advancing the province's strategic objectives for enabling health care providers and Ontario Health Teams to enhance their clinical systems maturity through a focus on clinical and data standardization, management of provider access to patient information and high-quality provincial systems. Our contributions to this work will include involvement in projects aimed at deploying new data sources and clinical functionality to point-of-care systems across the health sector, as well as broader cross-sector efforts to support enhancements to the maturity of the province's clinical systems landscape.

# Information Management, Data and Analytics (IMDA)

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Information Management, Data and Analytics as another important component to enabling our strategic priorities. Through the transfer of several former agencies, Ontario Health is now hosting and managing an abundance of clinical and non-clinical data repositories that can provide a wealth of insights to health care professionals, researchers, provider organizations, and system planners. With a focus on leveraging these strengths, we will align with provincial strategies in developing a multi-year data and analytics strategy for Ontario Health that will ensure our capability and capacity to support the Ministry in evidence-based health system decision making. For example, the thoughtful use of data and reporting will inform our existing and emerging clinical focus areas and will help us build or expand performance management, capacity planning, public reporting, performance improvement, and support for research in a way that is aligned with key provincial priorities. With a focus on continuously improving, we will partner with system stakeholders at the forefront of health system data and analytics advancement in the areas of machine learning, data integration, and multi-sector collaborations to tackle health system and health care challenges.

The following list identifies programs and/or activities related to the acquisition, collection, storage and provision of data and analytics.

- Support the provincial COVID 19 response as a key partner in the Ontario Health Data Platform.
- Continue to support the Ministry in the integration and collection of critical data sets in a privacy protected way to support longer-term health system planning initiatives.
- Enhance virtual care data collection, governance and quality for reporting, analytics and planning purposes.
- Begin to define an approach to acquire and use Clinical Data Repositories (EHR Data) to support various analytic requirements including health system planning, screening/early detection, quality improvement and reporting.
- Build partnerships that positions Ontario Health to play a lead role in supporting effective data and information sharing across the province.

In order to meet our strategic objectives related to data and analytics, Ontario Health requires access to personal health information (PHI) and personal information (PI) from stakeholders across Ontario's health care system, which is subject to both the Personal Health Information Protection Act (PHIPA) and the Freedom of Information and Protection of Privacy Act (FIPPA). We are committed to respecting personal privacy, safeguarding the PHI and PI within our custody or control, and maintaining compliance with our legislative requirements. Developing and implementing effective privacy and security practices across the organization as a whole is key to meeting these commitments and maintaining the trust of Ontarians.

We will continue to mature, evolve, and harmonize our privacy program governance and accountability framework in order to fulfil obligations as a Prescribed Person, Prescribed Entity, and as a newly proclaimed Prescribed Organization in respect of maintaining and supporting new uses of the Electronic Health Record (EHR), and in accordance with recent PHIPA regulatory amendments. These latest amendments equip Ontario Health with the requisite legislative authority to discharge our role in support of the Digital Health Information Exchange (DHIEX) policy, the Virtual Visit Vendor Verification Process, and the Ontario Health Data Platform. As health care transformation and PHIPA modernization continue, Ontario Health looks forward to ongoing consultation with the Ministry and the Information and Privacy Commissioner (IPC) on a new overarching designation for Ontario Health under PHIPA, recognizing the diverse roles it is carrying out and the need to enable broader sharing and use of data within the organization in order to achieve its objectives as set in the Connecting Care Act (CCA).

# Initiatives Involving Third Parties

<b>THIRD PARTIES USED TO SUPPORT THE DELIVERY OF PROGRAMS AND ACTIVITIES</b>	
<b>Canada Health Infoway (CHI)</b>	CHI Infoway is helping to improve the health of Canadians by working with Ontario Health to accelerate the development, adoption and effective use of digital and virtual health solutions across Canada.
<b>Ministry of Labour and Canadian Cancer Society</b>	Operational funding received for the Occupational Cancer Research Centre (OCRC). The Occupational Cancer Research Centre (OCRC) is an applied research program for the study and prevention of cancers caused by work. The OCRC builds scientific knowledge of occupational cancer through three broad categories of research: <ol style="list-style-type: none"> <li>1. Surveillance: Research that identifies the industries, occupations, and workers where the risks of occupational cancer are the highest.</li> <li>2. Causation: Epidemiologic research that identifies the causes of cancer in the workplace and synthesizes the results of previous studies.</li> <li>3. Prevention: Research that helps identify the most effective, context-sensitive interventions to reduce exposure to workplace carcinogens.</li> </ol>
<b>Université Laval</b>	Funding for a large research grant entitled 'Personalized Risk Assessment for Prevention and Early Detection of Breast Cancer: Integration and Implementation'. The funding period is April 1, 2018 to March 31, 2022. This research study is funded federally by Genome Canada/CIHR.
<b>BC Cancer</b>	The Canadian Centre for Applied Research in Cancer Control (ARCC) was originally established in 2009 as a formal partnership between Cancer Care Ontario, BC Cancer (then known as the BC Cancer Agency), the University of British Columbia, and the University of Toronto. At Ontario Health – Cancer Care Ontario (OH-CCO), full funding is (and has been since 2009) provided to employ and support the activities (printing/ technology/ travel/ professional development) of the ARCC Network Manager. Additional funding has also been made available to OH-CCO at varying amounts over the past decade to support further resources. ARCC is currently fully funded through 2022, and we anticipate further sustainable funding beyond that date as well.
<b>Canadian Partnership Against Cancer</b>	Fund cancer agencies to support cancer patients during the COVID-19 Outbreak
<b>Ontario Hospitals, Local Health Integration Networks, Long-term care homes, independent health facilities, labs, Dialysis units, screening/assessment centres, universities</b>	Ontario Health works with healthcare providers in every Local Health Integration Network (LHIN) to better coordinate and connect the health care system from top to bottom, make it more efficient, and support the delivery of the best possible patient-centred care.

# Sources

## DEMOGRAPHICS (page 17)

### Projected population growth over next 10 years

**North:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**East:** 2020-2030 projections from Intellihealth, 2020-02-11

**Central:** Ministry of Finance. 2011 Census-based Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

**Toronto:** Ministry of Finance. 2011 Census-based Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

**West:** 2020-2030 projections from Intellihealth, 2020-02-11

### Increasing aging population

**North (Projected):** 2020-2030 projections from Intellihealth, 2020-02-11

**North (Current):** Statistics Canada, table 17-10-0134-01: Estimates of population (2016 Census and administrative data), by age group and sex for July 1st, Canada, provinces, territories, health regions (2018 boundaries) and peer groups. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710013401>

**East: (Projected):** 2020-2030 projections from Intellihealth, 2020-02-11

**East (Current):** 2020-2030 projections from Intellihealth, 2020-02-11

**Central (Projected):** Ministry of Finance. 2011 Census-based Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

**Central (Current):** Ministry of Finance. 2011 Census-based Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

**Toronto (Projected):** 2020-2030 projections from Intellihealth, extracted 2020-06-1

**Toronto (Current):** 2020-2030 projections from Intellihealth, extracted 2020-06-1

**West (Projected):** 2020-2030 projections from Intellihealth, 2020-02-11

**West (Current):** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

### Population that identifies as Indigenous

Ontario Ministry of Finance, 2016 Census Highlights Fact sheet 10: Aboriginal Peoples of Ontario: [www.fin.gov.on.ca/en/economy/demographics/](http://www.fin.gov.on.ca/en/economy/demographics/)

**North:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**East:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Central:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Toronto:** Our Health Counts Toronto – custom request in 2017

**West:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

### Population that identifies as Francophone

Government of Ontario, Profile of the Francophone Population in Ontario: [www.ontario.ca/page/profile-francophone-population-ontario-2016#section-0](http://www.ontario.ca/page/profile-francophone-population-ontario-2016#section-0)

**North:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**East:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Central:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Toronto:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**West:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

### Population that identifies as visible minority

Ontario Ministry of Finance, 2016 Census Highlights Fact sheet 9: Ethnic Origin and Visible Minorities: [www.fin.gov.on.ca/en/economy/demographics/](http://www.fin.gov.on.ca/en/economy/demographics/)

**North:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**East:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Central:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Toronto:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**West:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

## NORTH REGIONAL PROFILE (page 18)

**Population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Projected population growth over next 10 years:** 2020-2030 projections from Intellihealth, 2020-02-11

**Projected population over age of 65 in 10 years:** 2020-2030 projections from Intellihealth, 2020-02-11

**Identify as Indigenous:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as Francophone:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as visible minority:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Immigrant population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Designated French-Language Service Areas:** Provincial FLHS report, January 2020)

## EAST REGIONAL PROFILE (page 19)

**Population:** 2020-2030 projections from Intellihealth, 2020-02-11

**Projected population growth over next 10 years:** 2020-2030 projections from Intellihealth, 2020-02-11

**Projected population over age of 65 in 10 years:** 2020-2030 projections from Intellihealth, 2020-02-11

**Identify as Indigenous:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as Francophone:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as visible minority:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Immigrant population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Designated French-Language Service Areas:** Provincial FLHS report, January 2020)

## CENTRAL REGIONAL PROFILE (page. 20)

**Population:** 2020-2030 projections from Intellihealth Accessed February 2020.

**Projected population growth over next 10 years:** Ministry of Finance. 2011 Census-based Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

**Projected population over age of 65 in 10 years:** Ministry of Finance. 2011 Census-based Population Estimates (2011-2013) and Projections (2014-2041) for Local Health Integration Networks.

**Identify as Indigenous:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as Francophone:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as visible minority:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Immigrant population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Designated French-Language Service Areas:** Provincial FLHS report, January 2020)

## TORONTO REGIONAL PROFILE (page 21)

**Population:** 2020-2030 projections from Intellihealth, extracted 2020-06-1

**Projected population growth over next 10 years:** 2020-2030 projections from Intellihealth, extracted 2020-06-1

**Projected population over age of 65 in 10 years:** 2020-2030 projections from Intellihealth, extracted 2020-06-1

**Identify as Indigenous:** Our Health Counts Toronto – custom request in 2017

**Identify as Francophone:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as visible minority:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Immigrant population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Designated French- Language Service Areas:** Provincial FLHS report, January 2020)

## WEST REGIONAL PROFILE (page 22)

**Population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Projected population growth over next 10 years:** 2020-2030 projections from Intellihealth, 2020-02-11

**Projected population over age 65 in 10 years:** 2020-2030 projections from Intellihealth, 2020-02-11

**Identify as Indigenous:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as Francophone:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Identify as visible minority:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Immigrant population:** Ministry of Health Health Analytics and Insights Branch. 2016 Census Profile- LHINs and Sub-regions with ranks (2018 Environmental Scan)

**Designated French-Language Service Areas:** Provincial FLHS report, January 2020)

# Abbreviations

<b>ABBREVIATION</b>	<b>DEFINITION</b>
CCA	Connecting Care Act
CCO	Cancer Care Ontario
CSP	Cancer Screening Program
DHIEX	Digital Health Information Exchange
DME	Diagnostic and Medical Equipment
eCTAS	Electronic Canadian Triage and Acuity Scale
EHR	Electronic Health Record
FIPPA	Freedom of Information and Protection of Privacy Act
HFO	Health Force Ontario
HHR	Health Human Resource
ICP	Integrated Care Plan
IPC	Information and Privacy Commissioner
LHIN	Local Health Integration Network
Ministry	Ministry of Health
NDFP	New Drug Funding Program
OCP5	The Ontario Cancer Plan 5
OHT	Ontario Health Team
ORN	Ontario Renal Network
ORP3	The Ontario Renal Plan 3
OTN	Ontario Telemedicine Network
PHI	Personal Health Information
PI	Personal Information
PROM	Patient Reported Outcome Measure
PSW	Personal Support Worker
TGLN	Trillium Gift of Life Network

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