Ontario Health Annual Report

2022/2023

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Ontario Health

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A Message from Ontario Health's Board Chair and President & CEO

For the first time in Ontario Health's history, we are writing our annual report while not in the midst of a COVID-19 surge. Although fiscal year 2022/23 opened with a sixth and then seventh wave, we were able to shift from acute pandemic response to an endemic approach as the year progressed. As a result, much of our focus this year was on health system recovery and transformation.

In our role as health system coordinator, we worked closely with our partners to balance provincial pandemic response and recovery efforts. In preparation for anticipated pressures related to the combination of COVID-19 with influenza and other seasonal viruses, we undertook initiatives in alignment with the government's Plan to Stay Open. We leveraged regional and provincial structures and strategies to provide advice, respond quickly when needed and partner at a system level. We accelerated improvements in system access and flow. To support inpatient surgical recovery and avoid increasing hallway patients, we reduced Alternate Level of Care (ALC) census. We also provided time-sensitive supports to frontline health human resources.

By the turn of the calendar year, with COVID-19 and respiratory metrics declining or flattening, we were in a position to dedicate more of our time and renewed focus on the transformational initiatives for which Ontario Health was created (particularly those related to primary care, virtual care, long-term care, home care, Ontario Health Teams, mental health and addictions, as well progress on equity-advancing initiatives).

We now have in place several foundational cornerstones for our organization: a great team, unifying Vision, Mission and Values, an effective integrated operating model, consolidated policies and procedures, and a strong leadership team. We also have close partnerships with health service providers, patients and families, and leaders from various sectors and organizations, including those serving priority populations. These mutually trusting and respectful relationships, forged in fire through our engagements and collaborations during the pandemic, will serve us all well in the future.

We extend sincere appreciation to everyone working in the health system, especially those on the front lines who showed incredible dedication in caring for patients and families through incredibly difficult times. We are also very grateful for the many contributions, resilience and commitment of our team members and senior leaders across Ontario Health, our Board of Directors, and our partners across the province, including the Ministry of Health and the Ministry of Long-Term Care.

This annual report describes our work with our many partners to connect the health system to drive improved and equitable health outcomes, experiences and value. As we shift away from the crisis of the past three years, we look forward to continuing to work together to be a leader in health and wellness for all.

Bill Hatanaka
Board Chair, Ontario Health

Matthew Anderson
President & CEO, Ontario Health

Introduction

Ontario Health's mandate is to connect, coordinate and modernize our province's health care system to ensure that the people of Ontario receive the best possible patient-centred care, when and where they need it. Ontario Health oversees health care planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities.

The Connecting Care Act

The *Connecting Care Act*, *2019* (the "Act") sets out our role and our focus moving forward. According to the Act, Ontario Health was created to:

- Implement the health system strategies developed by the Ministry of Health (the ministry).
- Manage health service needs across Ontario, consistent with the ministry's strategies to ensure the quality and sustainability of the health system. We do this through:
    - Health system operational management and coordination;
    - Health system performance measurement and reporting;
    - Quality improvement;
    - Clinical and quality standards;
    - Knowledge dissemination;
    - Patient engagement and patient relations;
    - Digital health (and all that entails); and
    - Supporting health care provider recruitment and retention.
- Support, through the Mental Health and Addictions Centre of Excellence, the mental health and addictions strategy (Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System) provided for under the *Mental Health and Addictions Centre of Excellence Act, 2019.*
- Support the planning, coordination and delivery of organ and tissue donation and transplantation patient services, in accordance with the *Gift of Life Act, 1990*.
- Support the office of the Patient Ombudsman.
- Support or provide supply chain management services to health service providers and related organizations.
- Provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of health care issues that the Minister may specify.
- Promote health service integration to enable appropriate, coordinated and effective health service delivery.
- Respect the diversity of communities (including Indigenous, Black and other racialized, and 2SLGBTQI+ communities) through stronger engagement and targeted interventions to address their unique and specific health needs.
- Provide services in French to address the legislative requirements of the *French Language Services Act.*

- Provide shared services to:
  - Home and Community Care Support Services (formerly known as Local Health Integration Networks),
  - health service providers and Ontario Health Teams (OHTs) funded through Ontario Health in respect of home and community care services those providers and OHTs provide, and
  - placement coordinators designated under the *Fixing Long-Term Care Act, 2021* in respect of the long-term care home placement coordination services those placement coordinators provide.
- Conduct or fund research programs that are specified in the accountability agreement between Ontario Health and the Minister.
- Develop or adopt standards respecting digital health products and digital health services and the suppliers of such products and services, and certify products, services and suppliers in accordance with such standards.
- Carry out the powers, functions and responsibilities provided for in sections 27 to 34 of Ontario Regulation 329/04 (General) made under the *Personal Health Information Protection Act, 2004*.
- Our roles and duties also include assessing and planning for local health needs, in support of OHTs, and recognizing the role of Indigenous people in the planning, design, delivery and evaluation of health services in their communities.

Vision, Mission and Values

In all that we do, we are guided by a commitment to our vision, mission and values.

Our vision: Together, we will be a leader in health and wellness for all.

Our mission: To connect the health system to drive improved and equitable health outcomes, experiences and value.

Our values:

- Integrity
- Inspiration
- Tenacity
- Humility
- Care

Quintuple Aim

Our work is also guided by five objectives critical in the delivery of world-class health care services, to:

- enhance patient experience
- improve population health
- improve provider experience
- improve value
- advance health equity*

*This year, a fifth aim was added to the former Quadruple Aim to recognize the importance of advancing health equity.

Annual Business Plan 2022/23

Ontario Health's Annual Business Plan (ABP) is a critical planning document that sets out our overarching goals, priorities and key activities. Our 2022/23 ABP aligned to our long-term, strategic priorities and was guided by the government's eight priorities set out for the year in our mandate letter, including: competitiveness, sustainability and expenditure management; transparency and accountability; risk management; workforce management; data collection; digital delivery and customer service; diversity and inclusion; and COVID-19 recovery.

Our 2022/23 ABP identified five multi-year priorities (1 – 5) and three areas of focus (A – C):

1. Reduce health inequities

Health system performance monitoring, management, coordination, and integration – Areas of focus

   A. Stabilize and transform health human resources

   B. Support pandemic response, emergency risk management program, and recovery

   C. Improve access and flow (ALC, community paramedicine, and clients waiting in crisis in the community)

2. Transform care with the person at the centre

3. Enhance clinical care and service excellence

4. Maximize system value by applying evidence

5. Strengthen Ontario Health's ability to lead

This annual report highlights our progress with our partners from April 1, 2022 to March 31, 2023, aligned to the above priorities and areas of focus.

2022/23 Highlights

1. Reduce Health Inequities

1.1 Improve equitable outcomes and experiences

Ontario Health is committed to reducing health inequities by improving health care access, experiences and outcomes. To do so, we must understand and respond to the distinct needs of communities. Our work focused on First Nations, Inuit, Métis and urban Indigenous peoples; Black communities; equity-deserving, high-priority populations and communities with geographic disparities in access to care; older adults; children and youth; and the Francophone population.

- To ensure equitable access to care, especially during the pandemic, we provided access to a free virtual visit service available to all providers. We hosted over 1.5 million digital patient/clinician visits in 2022/23. In addition, for providers wishing to use another digital solution, we have verified 48 commercial virtual video visit solutions to ensure that the platforms offered for patient care in Ontario meet standards for privacy, security and functionality.
- With extensive engagement and partnership with Indigenous communities and organizations, we developed the Indigenous Data Governance Matters process. This process provides direction, accountability and a standardized approach to ensure the appropriate use of Indigenous data at Ontario Health.
- In March 2023, we launched the refreshed Indigenous Relationship and Cultural Awareness courses. These courses aim to help individuals working with First Nations, Inuit, Métis and urban Indigenous people in providing culturally appropriate and person-centred care. These free courses offer information about Indigenous history, culture and health landscape and support a call to action made in the 2015 Truth and Reconciliation Commission of Canada report.
- Our research team worked in collaboration with Sunnybrook Research Institute on the "Catching Cancers Early" research project, which aims to assess how Ontario's cancer screening programs are working for First Nations people. Work included the creation of knowledge-translation products, a research report and accompanying summary guide.
- Several research projects were completed and released to advance equitable outcomes for First Nations, Inuit, Métis and urban Indigenous peoples:
  - "Increasing Cancer Screening in the Métis Nation of Ontario: Final Report from the Métis Cancer Screening Research Project," in partnership with the Métis Nation of Ontario;
  - "Wequedong Lodge Cancer Screening Research Project" and "Steps in Cancer Screening: Guide for First Nations," in partnership with Wequedong Lodge of Thunder Bay; and
  - Indigenous Lens Tool to complement the ministry's Health Equity Impact Assessment resource.
- Two new cancer comic books are now available to help Inuit and Métis community members of any age understand cancer and the journey to survivorship, in addition to the First Nations cancer comic book made available previously.
- We began engaging experts and Black-led organizations to employ strategies addressing disparities experienced by Black people in Ontario in renal health. For example, we expect to

implement a recommended new estimated glomerular filtration rate (eGFR) equation (used to measure kidney function) that will eradicate race-based correction, a historical practice that created disproportionate barriers for Black people in accessing timely, appropriate care.

- We held a Black Health Summit in March 2023 with more than 150 attendees to recognize accomplishments and impacts of the Black Health Plan, as well as lessons learned, and set key priorities for 2023/24.
- To improve the delivery of high-quality care for people with sickle cell disease, a condition disproportionately affecting Black people, we worked with a committee of expert clinicians and community members with lived experience to develop the Sickle Cell Disease Quality Standard. It includes clear accountabilities and success metrics.
- To further support community-based health promotion efforts, engage communities and connect Black communities directly to Black health practitioners, we supported the Black Physician Association of Ontario and Black Health Alliance's "Black Health Talks," a series consisting of 11 educational talks, on topics such as hypertension awareness, healthy relationships and healthy boundaries, cancer screening, and respiratory health. We also supported these organizations' Black Health and Wellness Initiative, providing tailored outreach and support to Black communities in health promotion, preventative care and cultural safety through more than 320 community events, and administered more than 75,600 COVID-19 vaccines.
- We mobilized a monthly vaccine and COVID-19 therapeutics distribution tracker with the Black Health Plan Working Group, which consists of leaders across the province representing health providers, community-serving organizations, public health units, municipalities and other health system partners, to coordinate and plan culturally relevant access to testing, COVID-19 therapeutics, vaccination and wrap-around supports, and to strategize a response to communities experiencing disproportionate barriers, including international agricultural workers.
- We collaborated with the Wellesley Institute to pilot the Engagement, Governance, Access, and Protection framework, which envisions Black communities gaining control over their data.
- We continued supporting the High Priority Communities Strategy to serve 17 identified high-priority communities with targeted response, resources and wrap-around supports by working directly with local community-serving agencies and community ambassadors, and trusted local leaders. Pandemic recovery efforts through this strategy focused on preventative care through screening for cancer and other chronic diseases, mental health and addictions supports, developing population-specific wellness models, and addressing unmet primary care needs.
- We supported the High Priority Communities Strategy, which included funding partnerships with the Black Physicians Association of Ontario, the Black Health Alliance, and the Health Commons Solutions Lab. We also worked in partnership with public health units, municipalities, and other community partners to take a coordinated approach, and deliver key interventions for areas in the province experiencing disproportionately poorer health outcomes and barriers to care. We developed a COVID-19 therapeutics strategy for racialized populations to lower barriers and enhance equitable access to COVID-19 therapeutics, supporting the availability of molecular testing with ID Now machines, in communities with greater need.
- Additional information about our engagement with Black communities and health leaders, including the Black Health Plan Working Group, are included in the Engagement and Relationship Building section (page 34).
- To reduce barriers to care that result in poorer health outcomes for 2SLGBTQIA+ people, we incorporated 2SLGBTQIA+ inclusive language across several patient-facing resources and

communications in clinical programs (e.g., cervical cancer screening letters, breast density letters, trans screening policy for cervical cancer, etc.).

- Reflecting our commitment towards French Language Services legal requirements, we drafted a strategy focusing on French Language Services awareness and the development of services available in French and Francophone engagement.
- We continued to support funded health service providers (HSPs) to develop and implement their FLS plans to increase health services available in French in designated areas under the *French Language Services Act*. As a result, in our North East Region, Timiskaming Home Support and the Centre de santé communautaire de Timmins were designated under the *French Language Services Act*, meaning that they provide health services in French on a permanent basis. In addition, four long-term care homes were identified to develop and provide services in French. In the East Region, Service familial et counselling Ottawa were also designated under the *French Language Services Act*; the Children's Hospital of Eastern Ontario and Renfrew Victoria Hospital added new designated programs available in French.
- Service Accountability Agreements (see Section 5.2) with Ontario Health-funded HSPs continued to include French Language Services conditions, such as the development of a French Language Services plan that takes into consideration the needs of the Francophone population and French Language Services annual reporting.
- Existing equity and Indigenous equity requirements in OHT accountability agreements (i.e., transfer payment agreements) include ensuring that patients, families, caregivers, First Nations, Inuit, Métis and urban Indigenous and equity-deserving populations (including racialized and Francophone populations) are engaged in the planning, design, delivery and evaluation of each OHT's plan (a document that describes the work of the OHT against priority areas) and improvements described within. As new OHT agreements are developed, Ontario Health is taking the opportunity to strengthen equity and Indigenous requirements, in alignment with the requirements in the Service Accountability Agreements.
- We supported six major provincial initiatives to ensure that Francophones were engaged, and the development of services in French was taken under consideration. These services included Ambulatory Systemic Treatment Models of Care, Health 811, Ontario Structured Psychotherapy program, Ontario Palliative Care Network, Breaking Free Online and OHTs.
- We began development and consultations of the Chronic Disease Prevention Plan to improve the health of Ontarians, prevent chronic disease onset and enable early intervention, including input from Public Health Ontario and Ministry of Health partners. The plan was completed, and work began in 2023/24.
- We initiated development of a Diabetes Action Plan to identify opportunities to improve diabetes care. This work included: a funding survey; value stream maps to identify high-value and high-impact activities; community and provider engagement; and a jurisdictional scan on diabetes models of care. Recommendations were developed including to: improve diabetes prevention and screening as part of the Chronic Disease Prevention Plan, improve program accountability and performance, reporting, and support more integrated models of care.
- In collaboration with Public Health Ontario, we published the "Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario" report in February 2023.

For more information, see Section 5.5 (Implement our Equity Inclusion Diversity and Anti-Racism strategy) and Engagement and Relationship Building, below.

1.2 Improve access to supportive care in housing

- As part of our targeted ALC avoidance strategy, all our regions supported the rapid prioritization and deployment of funding to increase supports and services in community (assisted living, adult day programs, respite, etc.) to ensure people were supported at home and in their community. Regions optimized all additional funding sources to increase community capacity. As a key enabler to ALC avoidance moving forward, and to support prioritization and equity of access to supports across the region, a current state and capacity plan is being developed with a focus on all high volume and high-cost community support services.
- We launched the Let's Go Home program across all 15 OHTs in the West Region to support ALC avoidance. This program coordinates seamless discharge from hospital and Emergency Department diversion for those at greatest risk. The program focuses on the social determinants of health that affect community stability, such as food security, home risk, transportation to home and follow-up appointments, system navigation, and connection into other local community resources. Since the program launch in the fourth quarter, more than 1,000 people have been supported.

1.3 Advance whole person care experiences and outcomes

- Health811 was launched as a one-stop 'Digital Front Door' to Ontario's health care system, a place where all Ontarians can access health information, advice and initial triage to become connected to health care services. Over the year, 956,876 calls and 95,362 online chats were handled via this service.
- In the fall, we endorsed the Patient Reported Measurement (PROMs/PREMs) Strategy, which takes a provincially coordinated approach to collecting and reporting on patient and caregiver voices to advance person-centred care. Patients' responses provide important insights into what matters most and to inform treatment plans and shared care decision-making.
- Four new Quality-Based Procedure-funded hospitals went live collecting hip and knee PROMs, bringing total sites to 43 out of 57 hospital sites now collecting.
- We successfully implemented Heart Failure PROMs collection in seven OHTs as part of the integrated clinical pathways effort.

Health System Performance Monitoring, Management, Coordination and Integration

Our strategic priorities are achieved alongside our daily objectives of health system operational management, coordination, performance measurement and management and integration. In addition to these objectives and our ongoing system supports and issues management, we continued to work with the Ministry of Health, Ministry of Long-Term Care and our delivery partners towards the objectives below.

A. Stabilize and transform health human resources (HHR)

- We supported the stabilization of Emergency Department (ED) physician staffing by providing over 60,000 hours of urgent physician coverage in rural and Northern hospitals. This work included providing crisis staffing support to hospitals facing imminent risks of ED closure due to a lack of

physician resources, which translated into 410 ED closures averted through Ontario Health intervention. Our team also worked with communities to optimize the use of ministry temporary physician funding to help stabilize local coverage and prevent unplanned closures.

- We provided nearly 8,000 days of specialist physician coverage to hospitals in the North to support the timely provision of acute care and help ensure people in Northern Ontario could access specialist services close to home.
- We supported rural communities across Ontario by helping to maintain on-going primary care services through over 10,000 days of rural family physician coverage.
- The ED Peer-to-Peer Program launched to 56 sites, providing real-time coaching and mentoring to rural and remote ED physicians. The program has supported over 300 calls, for both adult and pediatric patients, including avoidable patient transfers.
- We improved the ability to monitor health workforce capacity and needs by establishing a minimum dataset to track key HHR metrics such as vacancies and absenteeism.
- We supported the recruitment of over 500 personal support workers (PSW) through return of service agreements aiming to integrate recent PSW graduates into long-term care and home and community care.
- We improved overall nursing capacity across the system through the Supervised Practice Experience Partnership program delivered in partnership with the College of Nurses of Ontario. Through this program, over 1,500 internationally educated nurses were registered in Ontario's health care system in 2022/23. Additionally, another 1,500 nurses were recruited through the Community Commitment Program for Nurses, supporting stabilization of the workforce by funding two-year return of service agreements with nurses in priority areas.
- We led the implementation of the Surgical Pathway Training Fund, which funds training of health care professionals along the surgical pathway to increase the number of operating room, diagnostic imaging and systemic therapy health professionals for added surgical capacity.

B. Pandemic response, emergency risk management program, and recovery

- We increased access to COVID-19 therapeutics, COVID-19 testing and influenza-like illness (ILI) assessment across Ontario via clinical guidance, which included recommendations to implement COVID-19 assessment centres. We created the guidance document with a panel of medical and administrative experts, including the Associate Chief Medical Officer of Health.
- We supported the expansion of Ontario’s temporary COVID-19 Clinical Assessment Centres (CACs) to include ILI and pediatrics. More than 100 CACs were established to address population needs during the fall/winter respiratory surge, providing increased access to care for patients. The development and operations of centres grounded in partnership (e.g., primary care and hospitals) and adaptable to community needs helped support emergency department diversion during the fall and winter ILI surge.
- Surgical recovery efforts were maximized by determining the best way to allocate $300 million in funds invested by the ministry to help tackle the backlog of surgeries and diagnostic imaging as a result of the pandemic.
- In August 2022, we launched the new Health System Insights (HSI) platform to hospitals, providing health system leaders with a single portal and the ability to gain critical insights associated with how the health system is performing. This new enhanced visibility to waitlists and comparative performance is expected to highlight performance improvement opportunities and drive data

quality during recovery. As of March 31, 2023, out of all hospitals who report Surgery to the Wait Time Information System (WTIS), 73 sites (85%) were actively registered and utilizing HSI.

- In March 2023, a critical component of the Central Waitlist Management program was launched: Ontario Health's new eReferral Repository. The repository collects referral information from a range of health sources and health sectors to map the patient journey from a patient's primary care physician or other health care provider, through referrals to specialists, and on to surgical procedures and other interventions. Once the repository contains more fulsome eReferral data, repository data will allow health system planners to plan for Ontarians' evolving health service needs, enhance visibility into provincial service demand, inform and facilitate active load management, and support coordinated patient flow.

C. Improve capacity, access and flow (Alternate Level of Care [ALC], community paramedicine, and clients waiting in crisis in the community)

- We worked with the ministry to support investments to drive improvements in ALC through admission diversion/avoidance. We received approvals from the ministry for over 170 initiatives, totaling $71.8 million. In addition, approximately 190 initiatives were also put forward to the Ministry of Long-term Care, supported by a $20 million investment through the Local Priorities Fund. More than 4,100 ALC patients were discharged from hospital to more appropriate care settings, and more than 3,000 hospital admissions were averted.
- The provincial Community Paramedicine Advisory Committee was implemented to inform a current state analysis of Community Paramedicine Program initiatives provincially and support recommendations on funding, program implementation and integration moving forward. This work enhances understanding of community paramedicine, scope of practice and common language for collaborative practice among and across providers. A provincial Knowledge Exchange Committee was formed to optimize utilization and equity of access to community paramedicine programs, and to support providers with common tools, referral processes and information sharing. The committee also shares high impact interventions and ways to support patients in community or waiting in community for LTC (and to reduce ED visits and avoid uncessessary 911 calls and hospitalizations).

2. Transform Care with the Person at the Centre

This year we focused on working with patients, providers and partners to advance initiatives that will continuously improve planning and delivery of high-quality connected and coordinated care for all people in Ontario.

2.1 Support improved access to high-quality mental health and addictions care

- We expanded access to care for depression and anxiety-related disorders: 13,222 new clients enrolled in the Ontario Structured Psychotherapy program; 10 Network Lead Organizations are now caring for clients. Fifty-five per cent of clients who completed or exited the program had reliable improvement.
- We released the Eating Disorders Quality Standard in February 2023, which outlines nine quality statements to improve care for people with eating disorders.

- Implementation of the Addictions Recovery Fund continued; 60% of approved addictions recovery beds were operational by the end of fiscal year, and 2,834 clients had received care over six months. We developed an inaugural Addictions Recovery Fund bed-based services insights report.
- Breaking Free is a free online support tool designed to help Ontarians ages 16 and up reduce or stop the use of over 70 substances, such as tobacco, alcohol and drugs, including opioids. Breaking Free served 3,972 clients from April 4, 2022, to April 2, 2023.
- Five Mobile Mental Health & Addictions Clinics provided access to services where people live: 436 clients were served, with 84% subsequently referred to other supporting services.
- We worked to onboard eight new Youth Wellness Hubs in 2022/23 which will support a total of 22 sites. These hubs offer mental health and substance use services integrated with a range of other youth services.
- 1,570 registrants in Extension for Community Healthcare Outcomes Peer Support and 1,925 health care workers received timely access to one-on-one virtual support (April 2022 to February 2023).
- We established a Provincial Mental Health and Addictions Oversight Model, which will improve transparency, accountability and system management, and facilitate bi-directional provincial, regional and local engagement.
- Several data and digital initiatives were completed to enable the Mental Health and Addictions Centre of Excellence. We:
    - Completed implementation of the Mental Health and Addictions Data and Digital Initiative Provincial Data Set in first two vendor Clinical Management Systems;
    - Onboarded 12 community mental health providers to receive ongoing data feeds through the Provincial Data Set to Ontario Health;
    - Established ongoing bulk data transfers from the Provincial System Support Program at Centre for Addiction and Mental Health (CAMH) to Ontario Health; and,
    - Established a mental health and addictions-specific tenant in the Ontario Health Analytics Data Hub (which restricts us to using data assets we have been approved for) and added key linkable datasets.

2.2 Improve a person-centred continuum of long-term care (and support fixing the long-term care plan)

- We continued to support the planning, development and implementation of initiatives that responded to the COVID-19 pandemic and helped stabilize the LTC sector through the recovery period. The Infection Prevention and Control Hub program linked LTC homes to hospital or public health unit hubs that provided coaching, training and advice to homes. The LTC proactive outreach program supported LTC homes most vulnerable to outbreak during the respiratory illness season and helped keep Ontario's LTC residents safe.
- Enhanced access to diagnostic testing can improve resident experience and outcomes and ease the pressure on the health care system. We collaborated with the Ministry of Long-Term Care on an initiative to implement two regional hospital demonstration projects to improve access to diagnostic imaging, such as x-rays and ultrasounds in their local hospitals. Our collaborations continue the development of a broader provincial plan featuring a multi-initiative approach to increase access to diagnostic testing for immediate, mid and longer-term impact.

- Additional achievements in ALC/patient flow to LTC, HHR, palliative care, community paramedicine, and quality within LTC can be found under other sections of this report as part of all-sector deliverables.

2.3 Expand access to high-quality integrated care through accelerated implementation of OHTs

- In collaboration with the ministry, we oversaw the successful transition of the OHT Transfer Payment Agreements to Ontario Health. Ontario Health is now responsible for administering all OHT Implementation Support Transfer Payment Agreements and direct relationship management with the 54 Ministry-approved OHTs. As part of Ontario Health's new oversight role, we developed revised OHT Implementation Support Transfer Payment Agreements reporting templates and guidance materials to streamline the reporting process for OHTs and encourage focus on patient outcomes.
- Working with the ministry, we launched a refreshed OHT program governance structure, comprised of multiple bilateral workstreams associated with *The Path Forward.* This structure is overseeing critical strategy and policy work to advance the OHT model.
- We procured advice that developed recommendations for a future state model of OHT implementation supports. These recommendations are under review with implementation to begin in 2023/24.
- An approach to primary care engagement and integration into the OHTs was developed. A time-limited ministry-Ontario Health Primary Care in OHTs Working Group was launched in February 2023 to support this work.
- We allocated funding to OHTs to support digital and virtual care projects. This fiscal year, 194 projects were approved by the Digital and Virtual Care Secretariat to allocate approximately $41 million in funding: 91% of approved OHTs received funding for projects to advance OHT digital and virtual care maturity.
- Of the funds allocated, 25 remote care management and 28 surgical transitions projects went live, supporting 5,978 and 20,226 (respectively) unique patients to receive care in the community.
- Health care innovation was fostered in the second year of the Tests of Change funding envelope, with nine funded projects with a population health focus and nine projects for next generation health care solutions. The goal of next generation health care projects is to demonstrate how digital solutions and data can be used to increase patient access to the appropriate level of care, improve patient safety and the quality of care and transform care coordination, transitions, and recovery at home. Examples of the projects within this category would be digital pathology, AI-mediated vision care screening (diabetic retinopathy), texting circle of care and change (which offers 24/7 access to coordinated care and system navigation services).
- We launched the Population Health Data Platform for OHTs. This is a secure, user-authenticated platform for health system partners to access interactive data about their attributed population, equity metrics, local health system utilization and performance. This platform has been used extensively for informing health system planning and quality improvement at the regional and community levels and complement data accessible through the ministry's IntelliHealth platform.
- We led the implementation of the Surgical Pathway Training Fund, which funds training of health care professionals along the surgical pathway to increase the number of operating room, diagnostic imaging and systemic therapy health professionals for added surgical capacity.

2.4 Support people in the community (Integrate home care to points of care)

- Seven OHT-led Leading Projects are expected to deliver innovations in integrated home care services within OHTs and improve client outcomes and experience. These projects are currently in the planning and project development stages. Learnings and insights from these Leading Projects will be used to spread and scale more integrated home care services for all Ontarians.

- 2.5 Digitally enable patient navigation and seamless patient transitions (implement Digital First for Health Strategy)

- eConsult platforms were used to provide just over 104,000 electronic consultations between practitioners and specialists in the past fiscal year; 570,000 patient referrals to specialists were done electronically during the same time.
- To date, approximately 300,000 health care providers in Ontario are registered to access their patient health information using Ontario Health clinical viewers. We continue to integrate provincial data sets to point-of-care systems to ensure data is at hand for clinical decision-making. As hospitals upgrade their digital systems, these connections need to be maintained to protect continuity of care as part of sustainment work.
- We released guidance and supporting tools for clinically appropriate use of virtual care in primary care. Early evaluation indicated that majority of respondents found the guidance helpful; 42% indicated that they reflected on their virtual care practice after reading the guidance; 34% reported beginning to ask patients' preferences after reading it.
- Pharmacists were granted an expanded scope of practice this year, with the authority to prescribe for minor/common ailments and Paxlovid. We onboarded 704 pharmacy sites to securely access the clinical viewers, enabling them to access patient health records and provide these services safely.
- We set the path as part of a multi-year endeavour to have a comprehensive medication record available to providers at the point of care. This will avoid patients having to keep and track their own medication lists when they move between providers and ensure informed clinical decision-making.
- Digital and Virtual Care funding supported the implementation and adoption of Online Appointment Booking. This fiscal year, more than 4,000 providers received an Online Appointment Booking licence and approximately 300,000 patients booked an online appointment. Enabling more Ontarians to book an online appointment with their primary care provider and other members of their health care team will improve patient experience.

3. Enhance Clinical Care and Service Excellence

As we accelerate major transformations, Ontario Health continues to pursue the delivery of best-in-class care through the experience and well-established success of our clinical programs. We are advancing new strategies while further improving access, quality and innovation within clinical areas of cancer, renal, cardiac and palliative care, transplant services, and genetic services.

3.1 Advance clinical integration and chronic disease care

- An integrated clinical pathway (ICP) implementation blueprint has been established with core elements to enable the successful and repeatable adoption of ICPs. Elements include: clinical

evidence, project management, funding policy and accountability, program design and implementation, measurement and evaluation, patient-reported measurement, equity considerations and spread and scale.

- A temporary (stable but short-term) funding protection solution was secured for Heart Failure Quality-Based Procedure funding to protect hospitals from receiving a reduction in funding if and when they are successful in lowering heart failure inpatient admissions.
- Early-stage planning has begun for COPD and Stroke Integrated Clinical Pathways with a focus on establishing the areas of clinical focus for each, compiling the evidence-based guidance and incorporating lessons learned from heart failure and lower limb preservation ICPs.
- For additional information, see Section 3.6.

3.2. Expand Provincial Diagnostic Network and genetic testing

- Our lab electronic ordering solution made end-to-end digital ordering of COVID-19 lab tests possible for family doctors and community practitioners; 730 sites and 5,000 users of this electronic solution are now avoiding paper processes and the potential data errors and delays that come with manual processes.
- To reduce health human resource strain and support COVID-19 testing in pharmacies and community settings, we have expanded a COVID-19 self-collection model utilizing lab-based PCR self-collection kits with a patient-facing digital application for test ordering.
- We supported the introduction of real-time monitoring of COVID-19 variants of concern through the early identification of variant testing with Public Health Ontario and ongoing surveillance through the establishment of the Ontario COVID-19 Genomics Network.
- To support quicker identification of influenza cases and outbreaks in long-term care, we integrated influenza testing for LTC and retirement homes within the Provincial Diagnostic Network.
- To mitigate impact of assessment centre closures, the network monitored COVID-19 testing access across the province to determine appropriate wind-down and identify assessment centres in community settings that require continued operation due to lack of alternative testing options.
- Base funding received in response to a Refreshed Program Plan will support the completion of the planned Provincial Genetics Program build by the end of 2023/24, including resources to support focused work on equity and wait time measurement.
- To support patient access to standardized, comprehensive, evidence-based and coordinated genetic testing across the province, we implemented testing for breast cancer genetic profiling, chronic lymphocytic leukemia, myelodysplastic syndromes, myeloproliferative neoplasms and myelodysplastic syndromes/myeloproliferative neoplasms. We also expanded hereditary cancer testing to include pediatric patients.
- Our Genetics Digital Strategy will help advance comprehensive, coordinated, evidence-based genetic services by implementing a standardized approach to clinical genetics data collection, use and reporting. Foundational work this year included securing resources for the initiation and planning phase, defining the governance model and loading the Ontario Laboratories Information System (OLIS) data into the Analytic Data Hub (ADH) to support reporting. The ADH is now updated three times a day with OLIS data.

3.3. Improve access and quality in cancer care

- We were awarded a competitive Canadian Agency for Drugs and Technologies in Health grant to establish the Canadian Cancer Real-World Evidence Platform. This multi-province cancer analytics platform will provide important information to federal/provincial/territorial decision-makers and will expand Ontario Health's work in real-world effectiveness.
- We added funding for 26 new cancer indications, providing approximately $855 million to hospitals treating a variety of solid tumors and hematological malignancies.
- We implemented a funding mechanism to support the incremental supply costs of robotics surgery for three disease indications (endometrial cancer BMI > 35, partial nephrectomy and prostatectomy) retroactive to April 2022. Evidence indicates that in comparison to open surgery, robotic cancer surgery reduces hospital length of stays, blood transfusion rates, wound complications and postoperative pain control. Program evaluation will occur through assessment of the Ontario quality indicators (real-world measures) and a revised Health Technology Assessment.
- We developed a new five-year plan for the expansion of complex malignant hematology services in Ontario to ensure people have access to timely, high-quality care.
- New funding was implemented to support drug costs and the delivery of care associated with less intensive chemotherapy for acute leukemia patients. This new funding will support the delivery of potentially curative care to approximately 300 patients in Ontario.
- We redesigned the Your Voice Matters survey to collect oncology patient-reported experience measures for in-person and virtual care that better reflect what is most important to patients and deliver actionable insights.
- ESAS-r+ symptom screening tool (i.e., Your Symptoms Matter – General Symptoms +) for cancer patients was implemented in 46 additional hospitals, which enables patients to report on their sleep, constipation and diarrhea symptoms, in addition to other common cancer-related symptoms.
- The ministry approved Ontario Heath's provincial plan to fund Luxturna, a non-cancer gene therapy for adult and pediatric patients. By leveraging the existing infrastructure for provincial oversight of high-cost cancer drugs/therapies, Ontario Health is positioned to support the administration of non-cancer therapy funding.
- In collaboration with the University of Toronto, we developed an accredited Massive Open Online Course for biosimilars, which will educate patients, caregivers and health care providers on cost-saving biosimilar use. This is particularly important given the timing of the new Ontario biosimilar switching policy that launched in March 2023.
- We developed a keratinocyte cancers (non-melanoma skin cancers) repository by successfully leveraging advanced AI tools to extract data from narrative clinical pathology reports. This enables us to understand the number of Ontarians affected by this most common cancer diagnosis and advance work in understanding health care utilization and outcomes for these patients. Learnings from this proof-of-concept initiative will also inform future work to leverage AI at Ontario Health.
- In alignment with recommendations in the 2017 Ontario Auditor General's report on cancer services, the development of the first ever Radiation Treatment Quality-Based Procedure was completed. Introduced April 1, 2022, the program represents approximately $200 million in funding and enables a consistent funding model across the 17 facilities offering radiation treatment and allows funding to more accurately follow the patient. The transition to this funding model, as well as changes to reporting, will provide data-driven insights to guide future

improvements to how patients are treated and alignment of treatment with evidence-based quality standards.

- We launched a reimbursement program to fund rectal spacers for eligible prostate cancer patients receiving radiation treatment supported by clinical guidance and expert panel input. Rectal spacers reduce rectal toxicity during radiotherapy and are a cost-effective option that offers a clinically significant improvement in the quality of life for prostate cancer patients.
- We launched two guidelines to improve the safety for patients receiving systemic treatment in Ontario: *Hepatitis B Virus Screening and Management for Patients Receiving Systemic Treatment*; and *Flouropyrimidine Treatment in Patients with Dihydropyrimidine Dehydrogenase Deficiency*.
- We released two reports on cancer and chronic disease prevention to inform health system stakeholders: *The Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario;* and *The Prevention System Quality Index: Special Report on Cancer Prevention for People Living with Serious Mental Illness*.
- We launched the Dementia PET registry (amyloid PET), enabling patient access to specialized PET scans in the context of real-world evaluation for clinical and system impact. Patients include those diagnosed with early dementia or mild cognitive impairment, where a differential diagnosis of Alzheimer's disease may impact clinical management.
- We released *Ontario Cancer Statistics 2022*, the fourth in a series of cancer surveillance reports that provide comprehensive information on the burden of cancer in Ontario. This edition also includes a chapter that explores the estimated future prevalence of cancer.
- We expanded access to breast screening, with five new average-risk breast screening sites and 14 breast assessment sites added to the Ontario Breast Screening Program.
- We improved colorectal cancer screening by launching the Sioux Lookout and Area Fecal Immunochemical Test (FIT) Kit Initiative, which made kits available in 28 communities. We also worked with partners to decrease overall requisition rejections from May 2022 to February 2023, compared to the same period last year (10.4% versus 28.8%, respectively).
- We collaborated with CAMH and seven Regional Cancer Programs to implement the Smoking Treatment for Ontario Patients program. This program provides free nicotine replacement therapy to people who want to quit or reduce their smoking.
- For the first time, we were able to systematically collect patient-level data on smoking cessation outcomes (i.e., quit rates). Data was collected from two regional cancer centres as a part of a pilot project, and efforts are now underway to expand data collection.
- Following a data-informed process and robust stakeholder engagement, we regionally allocated 19 net new Provincial Oncology Alternate Funding Plan physicians for medical oncology/ malignant hematology and radiation oncology. They will contribute to supporting care closer to home for approximately 95,000 new cancer patients annually.
- We funded high-priority radiation treatment replacement equipment in alignment with Ontario Health Master Pricing Agreements (23 replacements and 27 upgrades across all 14 Regional Cancer Programs) via the 2022/23 Diagnostic Medical Equipment Grant. We mitigated significant global supply chain risks through ongoing partnership and engagement with hospitals, vendors and purchasing groups to ensure that equipment was delivered on time. We also funded new and replacement PET machines to improve access to care for patients, including one machine in a region previously without access.

3.4. Improve access and quality in renal care

- We continued to advance a high-quality and person-centred system of care for Ontarians with chronic kidney disease, as outlined in the Ontario Renal Plan 3 (2019 – 2024).
- This year, 212 people received a living kidney donor transplant, and 25.1% of chronic dialysis patients were dialyzing at home.
- The Ontario Renal Network, in partnership with the ministry, facilitated the transition of services from three independent health facility sites to Regional Renal Program hospitals as of December 2022. This transition enabled increased renal system integration and maintained continuity of dialysis services for 116 patients in the Brockville, Ottawa and Cornwall areas.
- Regional Renal Programs continued to administer or facilitate COVID-19 vaccines to vulnerable renal patients. As of March 26, 2023, 45.8% of chronic dialysis patients without a COVID-19 infection in the last 90 days (based on PCR testing) had received a bivalent booster, while 41.5% of Multi-Care Kidney Clinic patients had received a bivalent booster (PCR testing is not reliable in this population due to lack of access).
- For the first time, recommendations to enable a more patient-centred, efficient and integrated pre-transplant process were jointly developed by Regional Renal Programs and Transplant Centres.

3.5. Increase life-saving organ and tissue donations and transplants

- Trillium Gift of Life Network (TGLN) continued to raise public awareness and encourage Ontarians to register consent for life-saving organ donation. The Ontario public demonstrated their support for donation through gifts from 320 organ donors and 1,788 tissue donors, and by registering their consent to donation at end of life through an additional 110,470 new registrations.
- In collaboration with hospital Operational Leads and Donation Physicians, TGLN implemented hospital-based education strategies to improve the overall rate of approaches to patients or their families for organ donation. Early results show an improvement, with the province meeting the provincial target of 90% in the last reporting period.
- In 2022/23, 925 deceased donor transplants and 307 living donor transplants helped to save the lives of patients. The average wait time for an organ dropped 12%.
- On October 30, 2022, a new Organ Allocation and Transplant System (OATS) went live across all transplant programs and at Trillium Gift of Life Network, replacing the former TOTAL system as TGLN's core information technology. The enhanced functionality of OATS will improve the Ontario transplant system's performance by streamlining clinical care and decision making, while also maximizing access to transplantation.

3.6. Improve access and quality in cardiac, vascular and stroke care

- Seven Congestive Heart Failure and 11 Lower-Limb Preservation Integrated Clinical Pathway OHT Demonstration Programs were launched and began working on change initiatives to improve patient outcomes.
- Heart Failure demonstration programs established a local measurement and evaluation plan and launched the collection of patient-reported outcomes measures in a hospital-based setting, including key performance indicators for inpatient heart failure admissions and readmissions.

- Among these seven demonstration programs, the participating hospitals have incorporated or expanded the use of the Interactive Symptom Assessment and Collection beyond cancer patients to those with heart failure. By capturing the patient experience and their reported outcomes, clinical decision-making is better informed for this new cohort of patients.
- Communities of Practice have been launched for heart failure and lower limb preservation integrated clinical pathways, enabling robust sharing of learnings, clinical toolkits, enabling structures, engagement practices and implementation supports.
- We established and communicated a provincial definition of community-based stroke rehabilitation, including models of care, episode of care, setting, intensity, activities and roles in the stroke system; $4.6 million funding flowed to providers to begin implementing this model of care.

3.7. Transform and improve access and quality in palliative care

- We advanced the development of the Model(s) of Care Recommendations for Adults Receiving Palliative Care in the Hospital Settings and for Pediatric Populations, through the engagement of providers, patients and caregivers from across the province. This will enable timely and equitable access to high quality, person-centred palliative care for all Ontarians who need it, regardless of their age or illness.
- In consultation with provincial and regional stakeholders, we developed the implementation strategy for the Model(s) of Care recommendations to improve access and delivery of palliative care for adults in community settings.
- We completed and disseminated a summary report of an Environmental Scan of Grief and Bereavement Services in Ontario to regional partners. This report will inform future planning around grief and bereavement services by focusing regional and provincial quality improvement efforts on the most pressing challenges identified by the survey, across all levels (client, system and provider).
- One-time $2.5 million ministry funding was allocated to enable staff, clinicians and administrators involved in the care of cancer patients to participate in palliative care education, thereby building knowledge and capacity for the provision of palliative care.
- At the request of the ministry, we conducted demand analysis for hospice beds in the province. This informed the siting of 23 additional hospice beds that the ministry approved for operationalizing in 2022/23.

4. Maximize System Value by Applying Evidence

Our approach to system and clinical transformation means we are continuing to improve across several of our core capabilities that maximize system value by applying evidence (e.g., our data, quality and reporting strategies, and value identification).

4.1 Use data to enhance equitable access to care

- In collaboration with the ministry, under the Bed Management Initiative, we successfully implemented a set of digital assets that collect, integrate and visualize provincial occupancy data associated with hospitals and LTC facilities in support of bed capacity monitoring and health system planning.

- We provided organizations involved in implementing the High Priority Communities Strategy with local area analyses showing disparities across neighbourhood areas in access, quality and outcomes in order to support efforts to target preventive care activities to vulnerable populations.
- We developed a Sickle Cell Disease dashboard that enables hospitals to see their performance against a set of quality indicators from the Sickle Cell Disease Quality Standard, guide their quality improvement activities and compare their performance with peer hospitals.
- We distributed a monthly Vaccination and COVID-19 Therapeutics Tracker report to organizations involved in implementing the Black Health Plan and High Priority Community strategies that provides easy-to-use neighbourhood level data and maps on COVID-19 vaccination and COVID-19 therapeutics rates. This tracker helps guide targeted outreach strategies to communities in need.
- We began to set equity targets for our corporate scorecard indicators, starting with cancer screening. These targets make explicit goals to close disparities between the most and least deprived areas of the province.
- We examined primary care attachment rates for children, including how rates of unattached children have increased since the start of the COVID-19 pandemic, how attachment varies by socioeconomic status and how attachment varies at the forward sortation area level.

4.2 Advance data collection, analysis, sharing and reporting to drive Continuous Quality Improvement

- We completed five final health technology assessments and associated funding recommendations for the ministry. Topics included cancer, surgical site infections, hypercholesterolemia, pre-eclampsia and blood clots.
- We released three new quality standards on eating disorders, sickle cell disease, and surgical site infections.
- We updated two quality standards on schizophrenia and two clinical guidance documents on Lyme disease and post-COVID condition.
- We supported a consortium of partners to establish the Evidence2Practice Ontario program. This program will digitize quality standards and other evidence-based guidance into point-of-care clinical systems, beginning in primary care and acute care (with heart failure, anxiety, depression and type 2 diabetes quality standards).
- We released 601 MyPractice reports and OurPractice reports for general medicine, 446 MyPractice reports for long-term care, 5,322 MyPractice reports for primary care, and 237 MyPractice reports for general surgery and for orthopedic surgery.
- We began developing a Public Reporting Roadmap that will provide a unified approach for public reporting, aiming to align public reporting activities to our priorities and mandate and introduce new public reporting products.

4.3 Develop the Quality Framework for long-term care

- We continue to support the Ministry of Long-Term Care in the development of this framework. We are also supporting the Ministry of Long-Term Care in work to identify options to standardize surveys for measuring resident and family/caregiver experience that can inform improvements across the sector.

4.4 Quantify value-add opportunities for the health system (Identify efficiencies, savings, and value creation)

- To create efficiencies, we decommissioned some older technology and replaced them with modern solutions; decommissioning the One Mail system involved retiring 18,000 email boxes from the legacy system.
- Multi-year efforts are underway to migrate data from Ontario Health's 15 physical data centres to the cloud to ensure the highest levels of safety and security for the billions of records we hold.
- Evaluations were completed on funded projects related to virtual urgent care, remote care management, surgical transitions and in virtual care models designed to support ALC patients, people with diabetes and tools to support quality improvement.
- We continue to support and cooperate with the Office of the Auditor General on three new 2023 value for money audits. They include Northern Hospitals, EDs and Long-Term Care Residential Services.

4.5 Support improvement of patient safety

- As part of the goal of improving patient safety, a focus on learning from Never Events (patient safety incidents that are preventable) for hospitals was initiated in 2022/23 through engagement, partnership and a strong focus on quality improvement.
- Development of a secure, digital process for collecting quality improvement information and learning from these patient safety incidents was also initiated this year.

5 Strengthen Ontario Health's Ability to Lead

Underpinning all our priority areas is the critical foundation of strengthening Ontario Health's ability to lead, fueled by an engaged, connected and accountable team. This includes focusing on building the internal team at Ontario Health and strengthening our supports to the system and general system accountabilities, giving us the ability to build Ontario Health's reputation among our partners and stakeholders. It involves us being an effective system operator and collaborator and advancing our role in key areas such as primary care.

5.1 Continue building Ontario Health team

- Following extensive consultation with team members, senior leaders and our Board, we launched our Vision, Mission and Values. This was an important step in our evolution to building a single, integrated team from 22 separate and distinct agencies. Our Vision, Mission and Values define who we are as an organization, what we want to achieve and how we will work together to get there.
- The North region's operating model was reviewed and two distinct regions (North East and North West) were established in April 2022. This led to enhancing services and support for the people residing in the North.
- Ontario Health's Learning and Development Programs continue to evolve in support of cultural and organizational advancement and the continued focus on building talent. Two Leadership Summit's introduced coaching as a key aspect of leadership and set the stage for coaching programs and expanded leadership offerings for 2023/24. Employees, teams and emerging

leaders could also take advantage of a variety of learning offerings, both asynchronous and instructor-led, across a broad spectrum of topics.
- We continued to identify and develop talent through our annual Performance Development Process. The development of a comprehensive plan in 2023/24 will further enable harmonizing talent management and workforce planning.
- We continued the review of key foundation policies and programs. In Q4, we reviewed total rewards, talent attraction and learning and development to respond to employee feedback and align to Ontario Health values and post-integration harmonization goals.

5.2 Strengthen system supports and accountabilities

- Key changes included: updated performance metrics to align with our Annual Business Plan (i.e., focus on surgical long waiters and ALC throughput); setting expectations for service providers to align with digital standards and technologies that enable improved data exchange; interoperability and security; and introduction of consistent local obligations across all regions (previously LHIN-based) in areas of equity, Indigenous health, surgical recovery and stabilization and improving access and flow.
- Through a province-wide cyber security operating model (CSOM), we provide health sector guidance, direction and support to increase resiliency to cyber attacks. Last year, we completed a two-year ministry-funded pilot initiative for the CSOM, where over 100 organizations received cyber security shared services through six existing Local Delivery Groups, including participation from OHTs, primary care, hospitals, LTC and community care organizations. Leveraging the outcomes and lessons from this pilot phase, engaging a broad range of stakeholders and results of a third-party evaluation, we developed the second version of the CSOM.
- We established a sector-wide incident response notification framework to guide the process in the event of a cyber security breach and also established a provincial cyber threat intelligence exchange solution. Through a competitive procurement process, four leading Managed Security Service Providers were identified that are qualified and obliged to operate in alignment with CSOM. Moving beyond the pilot in the coming year, we will operationalize and expand the operating model by establishing 10 Local Delivery Groups across the province, increasing coverage of critical cyber security controls and services, and initiate design development for non-acute sectors.
- Ontario Health received approval for three provincial interoperability specifications that were developed in 2022/23. These specifications make the accurate and secure exchange and use of data and information possible in the following areas: mental health and addiction, electronic referral and consultation, and the Patient Summary.
- The Digital Health Information Exchange program made significant progress to ensure a repeatable process for developing, publishing and maintaining interoperability specifications, certification of vendor solutions and vendor/health care provider compliance monitoring and remediation. We worked with numerous stakeholders to ensure the interoperability specifications are aligned to national and international standards.

5.3 Increase our role with primary care

- A ministry-Ontario Health Primary Care Steering Committee was launched to discuss strategic matters and emerging provincial primary care issues and ensure alignment of primary care work across organizations.
- We completed a commissioned current state assessment of OHT primary care structures and supported early function recommendations in collaboration with the OHT Policy and Operations Branch at the ministry. This work will lead to improved primary care engagement within OHTs.
- We launched the Primary Care Integrated Reporting project. This project aims to reduce the number of reports going to primary care providers from Ontario Health, improve delivery and availability of data at various levels of information, support quality improvement, create a value-added user experience for primary care providers, and improve patient care by making relevant data more easily accessible for providers.

5.4 Support supply chain centralization

- We continued to work with Supply Ontario, the ministry and external stakeholders in supporting and finalizing the provincial procurements for home care medical equipment, supplies and related services that will bring significant value for Ontario, simplify and standardize key processes focusing on patient care and improve the overall provider experience.
- We developed the first-ever provincial formulary for home care products, which will be made available to all patients irrespective of where they are located in the province and will improve the quality of patient care and patient equity.
- We enhanced the provincial formulary for advanced wound care products, which will improve patient care and provide some relief to HHR.

5.5 Implement our Equity Inclusion Diversity and Anti-Racism (EIDA-R) strategy (Year 2)

- In addition to our extensive work to improve equitable outcomes and experiences detailed in section 1.1 above, we continued to reduce disparities in services related to access, experiences, and outcomes by using equity data to inform health system planning. This included:
    - Continuing a reporting dashboard focused on recovery with equity stratifications, and implementing equity stratifications in all corporate scorecard indicators and all clinical program dashboards;
    - Refreshing the Measuring Health Equity Data set, following extensive consultations and community engagement in Toronto Region;
    - Leveraging existing area-level and encounter-based data to inform health planning, including with the Vaccine Tracker, and execution of wellness clinics; and,
    - Establishing a new advisory committee and working groups to develop data governance principles to inform a model that engages communities in the collection, management and use of sociodemographic data, as well as to establish a core set of standard sociodemographic data elements and response values that will be used across Ontario Health programs.
- We completed Ontario Health's first Diversity Survey. This process gathered sociodemographic data and experiences of belonging from team members to understand how our workforce reflects the province we serve and to understand barriers affecting recruitment, advancement and retention to advance our objective to foster an equitable, anti-racist, safe workplace.

- We embedded health equity and Indigenous health priorities into the 2023/24 Service Accountability Agreements (see Section 5.2). These new obligations will require HSPs across the province to create equity and First Nations, Inuit, Métis, and urban Indigenous health plans and see that their leadership teams take Indigenous cultural safety training and EIDA-R education.
- Our team members broadened their understanding and appreciation of Indigenous history, culture and health system needs through educational information events and programming for significant dates such as National Indigenous History Month, National Indigenous Peoples Day and National Day for Truth and Reconciliation, and an Indigenous book club.
- Ontario Health's Indigenous community of inclusion, "Nation to Nation," provided First Nations, Inuit, Métis, and urban Indigenous team members a safe place to meet, share, learn and support one another.

Our Team and Core Operations

First and foremost, our Operating Model starts with those we serve. We are focused on ensuring everyone in Ontario receives the best quality health care. This includes patients, families, long-term care residents, community clients, caregivers, volunteers, and diverse communities including First Nations, Inuit, Métis and urban Indigenous communities; Francophone, Black and 2SLGBTQIA+ communities; and people with disabilities.

It also reflects the partners with whom we work, health providers and OHTs, including social service agencies, public health units, hospitals, long-term care homes, and emergency-based care, primary, home and community care, and specialty disease-based care.

We have seen that when we integrate our efforts, apply clinical expertise across programs, and leverage our capabilities and digital infrastructure, we achieve tangible results with our partners in effective and timely ways. Our Operating Model is designed to reflect and help bring to life this vision and those efforts even more, and to be focused on a common people-centred purpose to improve health experiences and outcomes.

Below are descriptions of our regions and portfolios, along with select highlights of accomplishments from April 1, 2022, to March 31, 2023. (Current population statistics and other data about Ontario Health regions are available in our most recent Annual Business Plan.)

Central Region serves over five million people (one-third of Ontario's population), residing in fast-growing and diverse communities from Mississauga to Huntsville and Orangeville to Markham. Almost half of the population identifies as a visible minority and/or as an immigrant, the highest rate in the province.

- Our Equity and Priority Populations team engaged with multiple lead agencies across Central to develop and implement two key equity initiatives: Food security through the High Priority Communities Strategy and Urban Black Health Model. This innovative model works to improve equitable outcomes and experiences of Black communities by expanding access to primary and preventative care services in non-traditional spaces (e.g., bars and restaurants, barber shops, etc.). A Regional Health Equity Community of Practice was also established.
- The Mental Health and Addictions team collaborated with three Network Lead Organizations to support the regional implementation of the Ontario Structured Psychotherapy program across Central. By year end, all three Network Lead Organizations in Central successfully increased access to the program by 5% and either achieved or went above their enrolment targets.
- Seventeen new mental health and addictions beds were added in our region. These beds provide much needed withdrawal management and addiction services, close to home, for patients and families.
- The Clinical Programs & Innovation team worked diligently with HSPs and emergency departments resulting in no ED closures across the Region.
- We successfully rolled out 55 ALC initiatives, resulting in the opening of 989 beds (including 622 LTC isolation beds), increasing access to more than 2,000 patients. The LTC Local Priorities Fund supported 21 LTC homes in Central to purchase equipment, which will help reduce ED transfers.

- The percentage of long waiters for all surgeries reduced from 49% in the first quarter of 22/23 to 38% in the fourth quarter. In the end of the fiscal year, Central Region performed 1.6 times more surgeries than added to the wait list.
- Twenty-three temporary COVID-19 CACs in high-priority areas provided exceptional patient experience and leveraged a shared booking platform to improve patient access to ILI care. Clinics also led to significant ED diversion.

East Region serves more than 3.7 million people (more than 25% of Ontario's population) who reside in diverse urban and rural communities from Scarborough to Deep River to Hawkesbury.

- We established a Health Equity Community of Practice for the region, which aims to co-design a network for equity leaders and practitioners to share resources, access documents and transfer knowledge to support advancing the work of reducing disparities in health experiences and outcomes.
- The Ontario Health East Region Palliative Care Leadership Table was established in January 2023, and works collaboratively across the East region, to support integrated palliative care service delivery for individuals with chronic, progressive, life-limiting illnesses. This approach will enable provincial alignment and regional coordination of efforts, while building on the strengths of existing local structures, including OHTs. The table is developing a workplan that is aligned with Ontario Palliative Care Network priorities.
- Following an in-depth recruitment process, 15 new clinical leads are now in place for the East Region to provide leadership in the areas of critical care, emergency medicine, primary care, palliative care, mental health and addictions, and pediatrics.
- We established a regional Community Support Services Advisory Table to provide an opportunity for community providers to collaboratively identify, plan, and implement change opportunities that address common challenges, such as health human resources, service delivery, and supporting implementation of the Assisted Living Services 2023 Policy.
- With the support of the Ontario Health East Access and Flow Working Group, there was a significant decline in the overall ALC open cases across the region by the end of the fiscal year (reduced by ~300 ALC open case volumes, a 12% reduction). There are over 23 new patient flow / ALC-reduction initiatives that have been supported across the East Region. These investments include projects focused on early discharge teams, remote care monitoring, emergency department diversion teams and transitional care beds. The East Region has also added capacity around @home programs to enable complex patients to be better supported in the community.
- Central to our ALC reduction effort, we bolstered bedded capacity within hospitals, transitional care, LTC and other settings to facilitate patient flow and care in the most appropriate setting. This enhanced capacity includes over 196 newly funded transitional care beds across eight organizations (providing additional care to 800+ patients a year); reopening of 186 convalescent care beds; reopening of 62 respite beds; and 615 LTC beds back online that were previously set aside for COVID-19 isolation purposes.
- Our Surgical Working Group supported a regional focus on patients waiting beyond surgical targets on waiting lists. Striving to complete 40% of surgical activity as long waiters across all surgical disciplines resulted in reaching pre-pandemic long waiter levels in many of the small and medium hospitals. Surgical Innovation Funding and HHR Innovation Funding opportunities were accessed by several hospitals and will have an upcoming end-of-project review.

- We initiated an Incident Management System in response to the major surge in pediatric acute respiratory illness in the late summer and fall at our pediatric hospitals. The incredible demand for the limited critical care beds and ward beds was supported with daily calls between the major centres that facilitated the transfer of pediatric patients to maintain access to Level 2 and Level 3 beds.

North East Region serves 557,000 people who live in largely rural communities. The largest urban community in the region is Sudbury with a population of 165,958. The North East Region covers 30.6% of Ontario's land mass.

- An HHR Data Collection Tool was launched with 139 North East Region HSPs to better understand persistent HHR vacancies.
- The Weeneebayko Area Health Authority participated in the Emergency Department Peer-to Peer Pilot Program, which supported patients as well as ED physicians in rural, harder-to-staff ED departments.
- One hundred and twenty-five ALC projects were initiated (Ministry of Health and Ministry of Long-Term Care funding streams) to ensure patients received the right care, in the right place and at the right time; approximately 1,800 ALC patients were discharged to more appropriate settings (October 2022 – March 2023) through innovative initiatives such as the North East Geriatric Centre's 11-week specialized geriatric services foundational training program for North East HSPs. The total investment for the North East Region was $24,209,184.
- Surgical recovery efforts provided hospitals with the resources needed to tackle the post-pandemic surgical backup, resulting in a reduction of approximately 939 patients, including 120 long waiters. Hospitals in the North East Region received $1.46 million in funding to support surgical recovery initiatives and $1.48 million in Surgical Pathway Training Funding. The funding helped the hospitals expand specific surgical services (including gastrointestinal, orthopedic, ophthalmic and gynaecologic) and train approximately 116 hospital staff.
- The incident management team developed a fall preparedness approach to help ensure that the system was positioned to respond to continued pandemic pressures, in addition to seasonal respiratory illnesses. The team maintained regional system response and recovery tables and worked with providers on human resource pressures, bedded capacity of hospitals, testing, assessment and COVID-19 therapeutics.
- We worked with provincial, federal and First Nations partners to support the coordination of potential evacuations of James and Hudson Bay Coastal communities (Kashechewan and Fort Albany) in the North East due to flooding to five host communities across the North, ensuring COVID-19 testing and health care supports remained in place.

North West Region serves 232,299 people who live in largely rural communities. The largest urban centre in the region is Thunder Bay with a population of 113,000. The North West Region covers 58% of Ontario's land mass.

- An HHR Data Collection Tool was launched with 84 North West Region HSPs to better understand persistent HHR vacancies.
- The Emergency Peer-to Peer Pilot Program supported patients as well as ED physicians in rural, harder-to-staff ED departments. The program offered access to coaching and mentoring 24 hours a day, supporting all patient acuity levels in rural and remote emergency departments in Northern

and rural communities. Hospitals supported included Sioux Lookout Meno Ya Win Health Centre and Geraldton District Hospital.

- Fifty-eight ALC projects were initiated (Ministry of Health and Ministry of Long-Term Care funding streams) to ensure patients received the right care, in the right place and at the right time; 1,350 ALC patients were discharged to more appropriate settings (October 2022– March 2023) though programs like the Nurse-Led Outreach team at Thunder Bay Regional Health Science Centre, which offered assisted living services to 960 high-risk seniors. The total investment for the North West Region was $8,087,477.
- Surgical recovery efforts provided hospitals with the resources needed to help tackle the post-pandemic surgical backup, resulting in a reduction of approximately 1,958 patients, including 1,669 long waiters. Hospitals in the North West Region received $1.54 million in funding to support surgical recovery initiatives and $843,000 in Surgical Pathway Training Funding. The funding helped the hospitals increase the number of operations performed with additional staffing, update surgical equipment across seven hospitals, and train approximately 43 hospital staff, including OR RNs, RPNs, technicians, as well MR technologists and systemic therapy RNs.
- The incident management team developed a fall preparedness approach to help ensure that the system was positioned to respond to continued pandemic pressures, in addition to seasonal respiratory illnesses. The team maintained regional system response and recovery tables and worked with providers on human resource pressures, bedded capacity of hospitals, testing, assessment and COVID-19 therapeutics.

Toronto Region serves more than 1.4 million residents, as well as tens of thousands of people who live outside of the region's catchment area but access world-class services within the City of Toronto. Toronto Region is uniquely urban, with a highly diverse population that speaks more than 200 languages and dialects.

- Working with the City of Toronto, we brought health partners together to provide health supports for individuals experiencing homelessness through mobile health supports, case management, and peer supports. Most recently we created the University Health Network Stabilization & Connection Centre, an alternate hospital site targeted to patients with no fixed address (homeless and shelter) who are intoxicated and brought to the ED but do not require medical support. Toronto Region directed current shelter and homeless funding to support this initiative, enabling the site to provide 24-hour staffing by community partners, including harm reduction workers, case managers and peer support workers. From the pilot launch in December 2022 to March 31, 2023, 200 patients were diverted from UHN ED. At the UHN Stabilization & Connection Centre, Toronto EMS are able to achieve offload times ranging from 8 to 10 minutes per client.
- About half of all patients were referred to community/addiction services upon discharge and approximately 15% were referred to shelter bed, community, or health services upon discharge. At maturity, the program aims to support 20 to 40 clients a day.
- We worked with Michael Garron Hospital and other Toronto partners to launch a new Women's Withdrawal Management Services facility in August 2022. The facility supports women-identifying individuals with mental health and substance use concerns. Previously, there were no dedicated women's withdrawal management services beds available between the city of Oshawa and Bathurst Street.

- Our health analytics team and the Canadian Health Workforce Network developed a Toronto Primary Care Workforce Planning Toolkit. It provides neighbourhood-level data to support evidence-based decision-making, helping providers and planners to understand the patients they are serving, estimate primary care resources needed, identify future emerging needs, and build capacity for primary care planning.
- We entered into a new partnership with the University of Toronto's Department of Family and Community Medicine to support primary care engagement. This partnership supports quality improvement and health system integration, and promotes the engagement and involvement of primary care clinicians across the region. In lieu of the traditional Primary Care Clinician Lead role, four local physician leaders were recruited to drive regional work in the areas of primary care engagement, patient attachment, HHR planning and COVID recovery, all with a focus on reducing inequities for priority populations, including Indigenous, Black and racialized communities.
- In response to a significant increase in volume of children with acute respiratory illness in late summer/early fall, we launched surge strategy to support system access and flow, preserve pediatric tertiary care capacity, and ensure pediatric patients received an appropriate level of care in the best possible location. Our teams supported daily pediatric patient flow calls, which enabled the timely transfer of patients from tertiary to community hospitals, or between community hospitals, optimizing patient flow and care closer to home. Summarized regional pediatric bed capacity data was shared with stakeholders twice daily. Between November 2022 and March 31, 2023, more than 300 pediatric patients were discussed, with 221 transfers completed (in addition to regular patient transfer processes).

West Region serves 4.1 million people (more than one quarter of Ontario's population) who reside in diverse urban and rural communities from Burlington to Windsor and Tobermory to Niagara Falls.

- We led engagement sessions with over 20 Black community-led and serving organizations, resulting in the identification of three high-impact interventions: primary care access, workforce strategy and sociodemographic data collection.
- Ontario Structured Psychotherapy targets were exceeded with 12 service delivery sites onboarded, resulting in 1,191 client enrollments.
- Over 1,300 of our staff and health partners in this region completed Cultural and Linguistic Sensitivity training.
- We advanced primary care access for international agri-workers, beginning in the fourth quarter of the fiscal year. More than 770 individuals were supported through 2,422 service provider interactions. Each year this investment will support primary care access to more than 4,400 international agri-workers.
- To improve capacity and reduce ALC, 60 ministry-funded ALC initiatives launched, with 18,353 individuals served and 3,264 individuals supported for ED diversion, hospital admission avoidance, or discharge support.
- We improved wait times for surgeries, with approximately 70,000 patients on the surgery wait list at the end of the fiscal year, compared to 87,979 patients at the start of 2022/23.
- Our regional leadership co-led the primary care capacity plan with a cross-departmental team. Extensive analytic work was completed across the West teams, the ministry and INSPIRE (a network of primary care researchers, stakeholders, and knowledge users who work to facilitate better coordination and integration of primary health care with other parts of the health and social care system).

Clinical Institutes and Quality Programs portfolio is focused on the delivery of high-quality care and positive health outcomes for the people of Ontario. We do this through advancing evidence-based care, engaging with clinicians, setting standards and supporting integration and equity. We also develop and support implementation of quality programs and improvement initiatives, support change management through various knowledge translation and exchange activities, and play a key role in the performance measurement, monitoring and management process.

- **Cancer** programs work in partnership with Ontario's 14 Regional Cancer Programs and are guided by the Ontario Cancer Plan. We are the government's key advisor on the cancer system. We support providers, policy makers and health care organizations in the provincial cancer system to achieve the best outcomes for patients through continual improvement in the quality, safety and accessibility of cancer services from screening and diagnosis through to long term follow-up and end-of life care.
- **Provincial Genetics Program** supports access to comprehensive, coordinated and evidence-based genetic services at all stages of life for Ontarians across the province. Our work encompasses oversight for genetic testing including rare and inherited conditions, hereditary cancer and tumour biomarkers. With our partners across the health system, we develop evidence-based guidance for genetic diagnostic testing and genetic counselling services.
- **Cardiac, Stroke, Vascular** team (CorHealth) aims to advance cardiac, stroke, and vascular care for all Ontarians by increasing equitable access to high-quality, appropriate treatment options for cardiac, stroke, and vascular care by driving evidence-informed practice; informing planning, access, and resource allocations; and focusing on quality and outcomes.
- **Mental Health & Addictions Centre of Excellence** oversees the delivery and quality of mental health and addictions services and supports provincially, including system management, supporting quality improvement, disseminating evidence, and setting service expectations. We work in partnership with the regions to support priority populations and mental health and addictions system infrastructure.
- **Ontario Palliative Care Network** is the principal advisor to the government for quality, coordinated palliative care in Ontario. This partnership of HSPs, community and social support service organizations, health system planners, as well as patient and family/caregiver advisors was formed to develop a coordinated, standardized approach for delivering palliative care services in the province.
- **Ontario Renal Network** funds, coordinates and provides clinical guidance on the delivery of services to patients with chronic kidney disease (CKD) and advises the Ontario government on CKD and the renal care system. We are committed to advancing a high-quality and person-centred system of care for Ontarians with CKD, as outlined in the Ontario Renal Plan.
- **Quality** works with patients, residents and their families/caregivers, providers and organizations across Ontario's health system to advance a culture of quality to improve outcomes, promote health equity and patient safety, standardize care across the province, and enhance patient and provider experiences. We provide an integrated suite of supports (clinical and quality standards, quality improvement supports and quality reporting) to drive the development of knowledge, skills and structures within our health system to enhance the patient and provider experience.
- **Trillium Gift of Life Network** (TGLN) mandate includes planning, promoting, coordinating and supporting activities related to donation of organs and tissue for transplantation. We provide donor/family case management, develop educational resources for health care professionals, manage the patient wait lists for organ transplants, operate a 24/7 call centre for donor screening,

organ matching and allocation, and are responsible for the recovery of organs and tissues. By raising public awareness, we encourage Ontarians to register consent for donation. We establish provincial policies and guidelines for organ donation and allocation to maximize donation opportunities and make effective and equitable use of each available donor organ.

Digital Excellence in Health portfolio operates over 150 major digital assets, services and data repositories that enable the provision of care across the province. Due to the merger of the former legacy agencies into Ontario Health and the need faced during the pandemic, Ontario Health has continued its focus on digitizing and modernizing to meet the changing and urgent need of patients and the clinicians who serve them. Last year, our team completed 86 digital projects, with an additional 136 projects continuing as planned multi-year projects.

Population Health and Value-Based Health Systems portfolio drives high-quality, efficient and equitable health services by advancing and strengthening OHTs throughout the regions to improve population health outcomes. We ensure that digital and virtual services enable OHTs and meet patient, clinical and population health needs. We help to keep the population healthy through prevention and screening. We also design and implement value-based approaches that transform health care service delivery and focus on reducing health disparities by strengthening integrated primary care and advancing person-centred care. And finally, we support the health of Ontarians through the Ontario Laboratory Medicine Program, with lab services that are easy to use, add value and are appropriate in meeting needs.

Pandemic Response portfolio was established to bring together members of Ontario Health who are directly involved in addressing the COVID-19 pandemic. We worked closely with our regions and portfolios as well as the government, health system and other partners to oversee and coordinate Ontario's response to the pandemic. Within this portfolio, HealthForceOntario assists with the planning, recruitment, retention, transition and distribution of health professionals in Ontario, including delivery of key health service programs such as the Ontario Physician Locum Programs. In addition, Laboratory Network Operations supports COVID-19 testing across the province through the coordination of testing laboratories, the establishment of assessment centres and the implementation of new testing programs and methodologies.

Sector Support, Performance and Accountability portfolio unlocks the potential of health system data to support performance and improve the lives of people in this province. In close partnership with our regional teams, we coordinate and report data used in evidence-informed decision-making, capacity and HHR planning, and for measuring and improving health system performance. We also manage funding and accountability for parts of the health system.

Engagement and Relationship Building

Our corporate engagement team champions and embeds stakeholder engagement as part of our organizational culture. By actively listening and learning from the experiences of health system users and partners, we better understand what matters most to develop solutions that address the diverse needs of our population.

Our corporate stakeholder engagement framework provides a process for how we operationalize engagement with health system partners. CEO-stakeholder engagement is a cornerstone of our relationship building and stakeholder engagement. Our CEO met more than 30 times in 2022/23 with key stakeholders, including those representing acute care, community services, French language services and Indigenous partners.

Our Health System Advisory Council provides advice on system-wide issues that support our mandate of improving integrated care for all Ontarians. The council is comprised of 29 members from across Ontario, including health system leaders from various sectors and organizations serving priority populations, as well as patient and family advisors. The council met seven times last year to discuss a solutions-focused approach to improvement on issues such as the health system recovery, fall preparedness, HHR and primary care strategy.

The CEO's Patient and Family Advisors Group met throughout the year to discuss topics of strategic importance to ensure patient perspectives and input are incorporated into program design and implementation plans. The membership of this group was revamped with equity and diversity considerations in mind to ensure insights represent diverse experiences. In 2022/23, the group met nine times on topics that included health system recovery, primary care, essential care partner support, accessing care during respiratory illness waves and patient-reported measures.

The engagement team provides advice and support to enable engagement initiatives across the organization. In 2022/23, the team supported over 30 projects on a wide range of priority areas including provincial clinical and virtual care programs, population health, mental health and addictions, as well as regional planning, coordination, integration and program implementation.

The team works to assist in integration of patient and family advisor representatives on committees and working groups by connecting the regions and programs with the Ontario Health Patient and Family Advisory Network and providing guidance for onboarding and including the patient voice at these tables. As a result of this work, there are now over 40 tables across the organizations with patient and family advisors.

As part of our commitment to advancing equity and diversity in our engagement activities, corporate engagement worked with finance to launch a corporate remuneration/honorarium policy for patients and caregivers volunteering with Ontario Health to reduce participation barriers in health system improvement. This honorarium is now accessible organization-wide and has been taken up by our regions and program areas, such as cancer care, renal, quality and mental health and addictions.

Engagement with Francophone Communities

Engagement with Francophone communities is legislated and requires Ontario Health to engage and collaborate with the six French Language Health Planning entities in the province. The entities – whose mandate is to advise Ontario Health on how to best plan for health services in French – were engaged to provide their feedback on our 2023/24 Annual Business Plan and on various provincial initiatives, including Health 811, Breaking Free from Substance Use, Clinically Appropriate Use of Virtual Care, Cancer and Renal draft plans, our draft French language health services strategy, and social determinants of care. In addition, our regions collaborated with the entities to engage Francophone communities and to plan for health services available in French.

In collaboration with the ministry, we participated in the process to collect French Language Services health system data through the annual French Language Services report 2022/23 of Ontario Health-funded HSPs. The process launched in 2022/23 to collect this data from fiscal year 2021/22 and was successfully completed with a submission rate of 93%.

We engaged Francophone regional and provincial stakeholders including the health committee of l'Assemblée de la Francophonie de l'Ontario, and la Fédération des Ainés et Retraités Francophones de l'Ontario. Ontario Health West conducted four sessions with Francophone Black people to collect their feedback, which supported the development of a health plan that identified health priorities specific to Black people in this region. In addition, West Region worked with the Community of Practice for Bilingual Professionals to better understand existing services, services needed and the demand for health services in French.

We collaborated with the French Language Services Commissioner's Office to support complaint resolutions and be attentive to emerging trends of issues reported by Francophones in the health care system.

Engagement with Indigenous Communities

Relationship building with Indigenous leadership, organizations and communities is key to improving health care with and for Indigenous people in Ontario.

We continued to build relationships founded on respect and trust between Ontario Health and First Nations, Inuit, Métis and urban Indigenous leadership. To date, the Indigenous Health Equity and Coordination (IHEC) unit and the Indigenous Cancer Care Unit (ICCU) facilitated follow-up leadership meetings with the Ontario Federation of Indigenous Friendship Centres, Ontario Native Women's Association, Anishinabek Nation, Association of Iroquois and Allied Indians, Champlain Inuit Service Providers Relationship Table, Six Nations of the Grand River, Mississaugas of the Credit First Nation and the Métis Nation of Ontario. IHEC and ICCU are working to schedule meetings with leadership from Grand Council Treaty #3, Nishnawbe Aski Nation and Chiefs of Ontario. Discussions with Indigenous partners will be ongoing to formalize relationships and reporting accountabilities.

IHEC initiated the monthly Provincial Indigenous Leadership Network meetings, which includes representation of Indigenous Leads across Ontario Health to support coordination across the organization, share knowledge and have a forum for discussion and collaboration. The ministry's Indigenous Health Policy Unit also attends the Provincial Indigenous Leadership Network as a guest and provides updates.

Operational Performance

April 1, 2022 – March 31, 2023

Area of Focus	Performance Measure (22/23)	Target	Reporting Period	Performance Outcome	Comments
Improve Mental Health and Addictions Services	% of patients with 4+ ED visits for mental health and addictions	Lower is better	2021/22 fiscal (Annual)	10%	This indicator reports annually and experiences a data reporting delay.
Improve Access to Appro-priate Virtual Care	Proportion of Virtual to In-Person Primary Care Visits	Lower is better <50% Virtual	Q3 (Dec 2022)	Virtual Visits: 1,357,822 (22%) In-Person: 4,913,045 (78%)	We are monitoring these indicators as part of the recovery efforts to understand the trends for resuming in-person visits. This is important to ensure patients have access to primary health care through both virtual and in-person (face-to-face) means. The target for this indicator is for virtual care primary care visits to perform under 50% of total primary care visits. At the end of Q3, 22% (1,357,822) of primary care visits were performed virtually in comparison to 4,913,045 in-person visits.
Improve Access to Appro-priate Virtual Care	Number of unique patients accessing Ontario Health supported online virtual care (% increase	N/A	January 2023	15%	Ontario Health is committed to expanding virtual care to Ontarians. Through the use of Ontario Health (OTN) solutions and other modalities, Ontario Health aims to increase the number of unique consumers accessing care virtually.

	over 2019-20 visits)				This indicator experiences a data lag and is reporting on January 2023. At the end of January 2023, 15% unique patients had access to Ontario Health supported virtual care.
Improve Access to Appro-priate Virtual Care	% of Ontarians who had a virtual visit in the last 12 months.	Higher is better (No Target)	Q4 (March 2023)	47%	Ontario Health is committed to expanding virtual care to Ontarians. Through the use of Ontario Health (OTN) solutions and other modalities, we aim to increase the number of unique consumers accessing care virtually. At the end of Q4 (March 2023), 47% Ontarians reported having a virtual visit in the last 12 months. This is a 5% increase in comparison to the 2021/22 which reported at 42% in Q4 21/22.
COVID-19 Response	Percentage of COVID-19 Tests Completed within Two Days	Year End: 90% or more test results are within 2 days	Q4 (March 2023)	96%	We are accountable for coordinating the Provincial Lab Network to ensure sufficient COVID-19 testing capacity. Testing capacity is viewed in conjunction with test turnaround times to ensure efficient processing of COVID-19 tests.
Equitable System Recovery	Percentage of Fecal Tests Completed Compared to Pre-pandemic	Year-End: 105% of pre-pandemic volumes	Q4 (Jan-Mar)	Q4 22/23: 184,587 Q4 19/20: 175,287 105%	To support the equitable restoration and ramp up of cancer screening services to pre-pandemic levels to support prevention and early detection. This will be measured by cancer screening volumes as

					percentage activity expected vs. performed. Note: This indicator is sensitive to government directives to alleviate the pressure on hospitals during the COVID-19 waves, especially for procedures that mainly take place in the hospitals such as mammography.
Equitable System Recovery	Percentage of Pap Tests Completed Compared to Pre-pandemic	Year-End: 105% of pre-pandemic volumes	Q3 (Oct - Dec)	Q3 22/23: 252,269 Q3 19/20: 224,601 109%	As above.
Equitable System Recovery	Percentage of Mammo-gram Tests Completed Compared to Pre-pandemic	Year-End: 105% of pre-pandemic volumes	Q4 (Jan-Mar)	Q4 22/23: 174,260 Q4 19/20: 162,535 107%	As above.
Equitable System Recovery	Wait times for hip/ knee surgery (% within recommend ed target wait time)	Hip/Knee: NO TARGET P2 = within 6 weeks P3 = within 12 weeks P4 = within 26 weeks	Q4 (Jan-Mar)	Hip: 67% Knee: 68%	In March, the percentage of surgeries completed within access target was hip = 67%, knee = 68%. Note that the priority was given to more urgent surgeries during COVID-19 Omicron wave. With a focus on addressing longest waiting patients (i.e., Long Waiters) a decreasing percentage signals that hospitals are addressing Long Waiters and are moving back towards pre-pandemic waitlist composition.

Equitable System Recovery	Wait times for cancer (overall) (% within recommended target wait time)	Cancer (Overall): NO TARGET P2 = within 14 days P3 = within 28 days P4 = within 84 days	Q4 (Jan-Mar)	Cancer (Overall) 74%	There is a gradual increase since April of 2022 but the % of surgeries within target are still low (76% within wait time target for March). The more urgent cancer surgeries are prioritized therefore wait time for surgeries by priority are also presented.
Equitable System Recovery	Wait times for cancer (by priority) (% within recommended target wait time)	Cancer (By Priority): NO TARGET P2 = within 14 days P3 = within 28 days P4 = within 84 days P2 Being most urgent to P4 being least urgent	Q4 (Jan-Mar)	P2 = 55% P3 = 66% P4 = 91%	As above.
Equitable System Recovery	Total number of surgeries performed for Adult Cancer	Year End: Greater or equal to 90% of pre-pandemic volumes	Q4 (Jan-Mar)	Q4 (22/23): 14,813 Q4 (19/20): 14,172 105%	Surgical volumes are a proxy for the resumption of care in the health system which requires continued testing, availability of critical care and acute care bed capacity. We are monitoring surgical volumes in comparison to 2019 volumes and has applied monitoring targets. Adult Cancer surgical volumes concluded at 14,813 surgeries (Q4). Non-Cancer volumes

					concluded at 136,510 surgeries (Q4).
Equitable System Recovery	Total number of surgeries performed for non-cancer	Year End: Greater or equal to 90% of pre-pandemic volumes	Q4 (Jan-Mar)	Q4 (22/23): 136,510 Q4 (19/20): 137,789 99%	As above.
Flow and Co-ordination: Improve Trans-itions in Care	The average number of inpatients receiving care in unconven-tional spaces or ER stretchers per day within a given time period	Lower is Better (No Target)	Q4 (March 2023)	1,326	Ending hallway medicine is a key priority of the government. Ontario Health has a system oversight function as well as commitment to improving integrated care, patient flow and ensuring a positive patient experience. At the end of Q4 (March 2023) an average of 1,326 inpatients were reported receiving care in unconventional spaces.
Flow and Co-ordination: Improve Trans-itions in Care	Number of ALC Open Volume Waiting for Placement	Year End: 3,000	Q4 (March 2023)	4,565	By reducing the number of patients designated ALC across the province we will help increase inpatient care capacity, allowing for more appropriate bed usage by improving patient flow across the health care continuum. This indicator is a measure of the open ALC volume. At the end of Q4, this indicator concluded at 4,565.

Flow and Co-ordination: Improve Trans-itions in Care	Number of ALC Open Volume Waiting for Placement (LTC)	Lower is Better (No Target)	Q4 (March 2023)	ALC - LTC = 1,802 (39% of ALC total)	As above.
Flow and Co-ordination: Improve Transitions in Care	Number of applicants waiting in the community in crisis for LTC placement	Lower is Better (No Target)	Q4 (March 2023)	2,238	The number of applicants waiting in the community in crisis (Priority 1A) on the LTCH waitlist increased in March 2023 after several months of declines and continues to be significantly higher than pre-pandemic levels. The increase was driven by growth in new long-term placement referrals, as placements from community remained high following the return isolation beds to the system.

Risk Identification and Mitigation

Through 2022/23, Ontario Health continued to build upon and advance maturity of our enterprise risk management program. Key accomplishments include:

- Establishing clear thresholds for risk appetite and tolerance levels across various risk categories to balance mitigation activities against the need to be innovative and forward thinking when tackling some of our most complex risks and health system challenges;
- Embedding risk management concepts within enterprise-wide corporate reporting tools; and
- Driving strategic risk-focused discussions to enable executive alignment on enterprise risks.

RISK: Clarity on Accountabilities
Ontario Health operates in a complex health system environment with many stakeholders involved in the delivery of care to patients across Ontario. This includes federal and municipal jurisdictional partners, health services providers, primary care, ministries and other board-governed Crown agencies such as the 14 Home and Community Care Support Services (HCCSS). As Ontario Health advances key business transformation programs such as the implementation of OHTs, home care modernization, advancing health equity, delivery of mental health and addictions programs, etc., aligning on accountabilities across partners has been crucial to maximize health system resources, optimize patient experience and more broadly achieve goals of the quintuple aim.

Mitigation
Senior management and the Board have continued to work with the Ministry of Health and Ministry of Long-Term Care to establish clear governance and accountability frameworks to align with new health service delivery approaches associated with business transformation programs. Specific actions include: a Ministry of Health-Ontario Health-HCCSS working structure, ongoing discussions on expectations and funding processes, and collaboration with the Ministry of Long-Term Care to clarify sector roles and responsibilities.

Ontario Health is well positioned to engage with health system partners to align on joint goals associated with transformational programs.

Likelihood and Impact
Likelihood: Possible, given Ontario Health's ability to work with health system partners to achieve common goals (as demonstrated through the pandemic response).
Impact: Moderate, due to the effect on patient experience and utilization of scarce health system resources.

RISK: Cyber Security
As Ontario Health continues to advance and rely on digital health platforms to support and enable the delivery of patient-centred care, the organization is inherently subject to increasing cyber security threats from internal and external sources, resulting in potential financial, legal and reputational impacts.

Mitigation
Ontario Health formally reviewed and validated privacy and security programs, and merged agency accountabilities for Digital Excellence in Health, including cyber security. A robust cyber security program is in place, incorporating people, process and technology controls to prevent, detect and respond to cyber threats.

In partnership with provincial health service delivery partners, Ontario Health has developed a Provincial Cyber Security Operating Model to operationalize the provincial vision for cybersecurity. The goal is to establish a provincial model to help manage cyber risks and build more robust cyber security postures, with alignment across the broader public sector.

Likelihood and Impact
Likelihood: Possible, given the controls and cybersecurity program in place but challenged by the persistent and evolving external threat landscape.
Impact: Critical, given the impact on various aspects of Ontario Health business and stakeholders.

RISK: Multiple Competing Priorities
COVID-19 and the 2022/23 fall/winter respiratory virus season created a significant strain on health system capacity, and response remained a top priority for the entire health system, including Ontario Health. Due to the far-reaching impacts of COVID-19 and other respiratory viruses on the health system, priorities continued to be re-evaluated. Additionally, much of our work was contingent on the capacity and capabilities of our health system partners who have been experiencing HHR constraints and provider burnout, and other underlying systemic issues such as health system access and flow challenges.

Mitigation
The 2022/23 Annual Business Plan considered capacity needed for ongoing pandemic response activities, as well as health system stability and recovery efforts. Ontario Health worked closely with the Ministry of Health and Ministry of Long-Term Care to ensure health stabilization, and recovery efforts were appropriately resourced and prioritized in support of the *Plan to Stay Open: Health Stability and Recovery*. Areas of focus included improving system access and flow, preventing emergency department closures, increasing HHR capacity, and reducing surgical waitlists.

Senior management also reassessed progress against the Annual Business Plan on a quarterly basis and undertook strategic prioritization exercises.

Likelihood and Impact
Likelihood: Likely, given the current resources allocated to health system recovery and stabilization efforts and the need to balance against other ABP priorities and operational activities.
Impact: **Major**, given ongoing evaluation of priorities and ensuring organizational capacity is allocated accordingly.

RISK: Health System Transformation
Health service providers and partners made progress towards integrated service delivery models through the implementation of OHTs, however structural barriers to full OHT maturity still exist. Provincial direction on mechanisms and structures to enable full engagement and coordination of key

sectors such as primary care, home and community care, and mental health and addictions has been identified as critical to the success of the OHT vision.

Mitigation

The Board and senior management have continued to work with the Ministry of Health and HCCSS to put forward home care modernization and OHT implementation plans. A key component of this was to conduct analysis and develop advice to inform policy decisions. Significant focus was on establishing structures to appropriately involve clinicians, primary care providers and home and community care leaders in planning for evolving governance structures and integrated service delivery models.

The Ministry of Health and Ontario Health have advanced discussions to formalize Ontario Health's leadership role to support and drive implementation of health system transformation programs such as OHTs.

Likelihood and Impact

Likelihood: Possible, given that direction and support is being provided on how best to engage and organize these sectors.
Impact: Major, given the importance in engaging these sectors in OHT governance and decision-making.

Governance

Board Members	Appointment Date	Current Term Expires	Remuneration
Bill Hatanaka (Chair)	March 7, 2019	March 6, 2024	$15,225.00
Elyse Allan (Vice Chair)	March 7, 2019	March 6, 2025	$10,375.00
Jay Aspin	March 7, 2019	March 6, 2025	$8,696.50
Alexander Barron	March 7, 2019	Resigned March 6, 2023	$5,600.00
Jean-Robert Bernier	April 9, 2020	April 8, 2025	$0
Adalsteinn Brown	March 7, 2019	March 6, 2024	$0
Gillian Kernaghan	March 13, 2022	March 12, 2025	$4,382.05
Lynda Hawton Kitamura	November 25, 2021	November 24, 2024	$7,298.60
Jacqueline Moss	March 7, 2019	March 6, 2024	$6,700.00
Paul Tsaparis	March 7, 2019	March 6, 2025	$8,000.00
Anju Virmani	March 7, 2019	March 6, 2023 (term ended)	$5,400.00

Total remuneration paid to members of the Board of Directors during the year amounted to $72,577.15. (Note: This amount includes $900 paid in April 2022 to Board Member Garry Foster, whose term ended March 6, 2022.)

Analysis of Financial Performance

Ontario Health achieved a balanced operating position in the 2022/23 fiscal year, ensuring that expenses incurred to fulfill the agency's mandate, totaling $36.7 billion, remained within the funding provided by the Ministry of Health and Ministry of Long-Term Care.

Transfer payments to health service providers (HSPs) accounted for 85.8% or $31.5 billion of the total expenditure. These payments primarily supported hospitals, other health service providers (formerly Local Health Integration Networks), as well as cancer and screening services, chronic kidney disease services, cancer drug reimbursements, and community mental health and support services. Transfer payments to long-term care providers constituted 12.4% or $4.5 billion of the total expenditure. Direct program delivery expenses were lower than budgeted, driven by vacancies and lower screening services than budgeted.

The actual funding and expenditure surpassed the budget, as Ontario Health received ministry funding letters to support various programs and initiatives within the 2022/23 fiscal year, after the approval of the budget by the Board of Directors.

Information on transfer payments by HSP sectors is provided in Note 17 of the Financial Statements. Schedule 2 of the Financial Statements provides detail for the Office of the Patient Ombudsman. For the 2022/23 fiscal year, there was no variance in total in the Office of the Patient Ombudsman between the actual expenses and the budget.

Abbreviations

ALC – Alternative Level of Care

CAC – Clinical Assessment Centre

CSOM – Cyber Security Operating Model

ED – Emergency Department

EIDA-R – Equity, Inclusion, Diversity and Anti-Racism

FIT – Fecal Immunochemical Test

HCCSS – Home and Community Care Support Services

HEIA – Health Equity Impact Assessment

HHR – Health Human Resources

HSI – Health System Insights

HSP – Health Service Provider

ICCU – Indigenous Cancer Care Unit

IHEC – Indigenous Health Equity and Coordination

ILI – Influenza-Like Illness

LTC – Long-Term Care

OATS – Organ Allocation and Transplant System

OHT – Ontario Health Team

PET – Positron Emission Tomography

PSW – Personal Support Worker

QBP – Quality-Based Procedure

SAA – Service Accountability Agreement

TGLN – Trillium Gift of Life Network

WTIS – Wait Time Information System

Ontario Health

Financial Statements

March 31, 2023

Ontario Health

June 21, 2023

Management's Responsibility for Financial Information

Management and the Board of Directors are responsible for the financial statements and all other information presented in this financial statement. The financial statements have been prepared by management in accordance with Canadian public sector accounting standards and, where appropriate, include amounts based on management's best estimates and judgements.

Ontario Health is dedicated to the highest standards of integrity and patient care. To safeguard Ontario Health's assets, a sound and dynamic set of internal financial controls and procedures that balance benefits and costs has been established. Management has developed and maintains financial and management controls, information systems and management practices to provide reasonable assurance of the reliability of financial information. Internal audits are conducted to assess management systems and practices, and reports are issued to the Finance, Audit and Risk Committee.

For the period ended March 31, 2023, Ontario Health's Board of Directors, through the Finance, Audit and Risk Committee was responsible for ensuring that management fulfilled its responsibilities for financial reporting and internal controls. The Committee meets regularly with management and the Auditor General to satisfy itself that each group had properly discharged its respective responsibility, and to review the financial statements before recommending approval by the Board of Directors. The Auditor General had direct and full access to the Finance, Audit and Risk Committee, with and without the presence of management, to discuss their audit and their findings as to the integrity of Ontario Health's financial reporting and the effectiveness of the system of internal controls.

The financial statements have been examined by the Office of the Auditor General of Ontario. The Auditor General's responsibility is to express an opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Auditor's Report outlines the scope of the Auditor's examination and opinion.

On behalf of Ontario Health Management,

Matthew Anderson,
Chief Executive Officer

Elham Roushani, BSc, CPA, CA
Chief Financial Officer

Office of the Auditor General of Ontario
Bureau de la vérificatrice générale de l'Ontario

INDEPENDENT AUDITOR'S REPORT

To Ontario Health

Opinion

I have audited the financial statements of Ontario Health, which comprise the statement of financial position as at March 31, 2023, and the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Ontario Health as at March 31, 2023, and the results of its operations, changes in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

I conducted my audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of Ontario Health in accordance with the ethical requirements that are relevant to my audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Ontario Health's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless Ontario Health either intends to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Ontario Health's financial reporting process.

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Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ontario Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ontario Health's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ontario Health to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Toronto, Ontario
June 21, 2023

Bonnie Lysyk, MBA, FCPA, FCA, LPA
Auditor General

Statement of Financial Position

As at March 31, 2023
(in thousands of dollars)

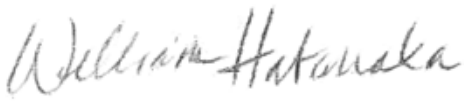
	2023 $	2022 $
Financial assets		
Cash	612,049	211,282
Due from Ministry and Health Service Providers (note 5)	1,651,319	1,383,906
Accounts receivable (note 6 and 22)	36,657	31,956
	2,300,025	1,627,144
Liabilities		
Due to Ministry and Health Service Providers (note 7)	1,899,512	1,306,420
Accounts payable and accrued liabilities (note 8 and 22)	264,685	113,585
Deferred revenue (note 9)	174,273	238,874
Obligations under capital leases (note 10)	5,226	177
Post-employment benefits other than pension plan (note 11)	1,700	1,857
Deferred revenue related to capital assets (note 12)	25,757	33,441
	2,371,153	1,694,354
Net debt	**(71,128)**	**(67,210)**
Non-financial assets		
Tangible capital assets (note 13)	31,680	35,406
Prepaid expenses and other assets (note 14)	40,584	32,940
	72,264	68,346
Accumulated surplus	**1,136**	**1,136**

Commitments and contingencies (notes 19 and 20)

Guarantees (note 21)

The accompanying notes are an integral part of these financial statements.

Approved by the Board of Directors



William Hatanaka
Chair, Board

Lynda Hawton Kitamura
Chair, Finance, Audit & Risk Committee

Statement of Operations and Accumulated Surplus

For the year ended March 31, 2023
(in thousands of dollars)

	2023 Budget $	2023 Actual $	2022 Actual $
Revenues			
Ministry of Health	32,902,206	32,080,227	30,614,867
Ministry of Long-Term Care	2,886,938	4,530,338	4,350,739
Amortization of deferred revenue related to capital assets	11,054	12,896	19,326
Other revenue (note 15)	4,235	32,067	29,566
Grant funding	-	3,928	2,521
	35,804,433	**36,659,456**	**35,017,019**
Expenses			
Transfer payments (note 17):			
Transfer payments to Health Service Providers	32,233,711	31,461,958	30,068,421
Transfer payments to Long-Term Care	2,886,938	4,530,338	4,350,739
Operations:			
Direct program delivery	621,364	601,515	533,568
Corporate services	42,499	45,216	41,701
Occupancy	15,757	16,265	19,091
Patient Ombudsman (schedule 2)	4,164	4,164	3,499
	35,804,433	**36,659,456**	**35,017,019**
Annual operating surplus	**-**	**-**	**-**
Payment of surplus funds to the Ministry of Health (note 16)	-	-	**(37,036)**
Net Assets transferred to Ontario Health (note 3)	-	-	1,136
Annual surplus (deficit)	**-**	**-**	**(35,900)**
Accumulated surplus, beginning of year	1,136	1,136	37,036
Accumulated surplus, end of year	**1,136**	**1,136**	**1,136**

The accompanying notes are an integral part of these financial statements.

Statement of Changes in Net Debt

For the year ended March 31, 2023
(in thousands of dollars)

	2023 Budget $	2023 Actual $	2022 Actual $
Net debt, beginning of year	(67,210)	(67,210)	(33,602)
Annual surplus (deficit)	-	-	(35,900)
Non-financial assets transferred to Ontario Health (note 3)	-	-	(4,568)
Changes in non-financial assets:			
Acquisition of tangible capital assets (note 13)	(5,215)	(11,708)	(4,090)
Disposal of tangible capital assets (note 13)	-	1	39
Amortization of tangible capital asset (note 13)	11,230	15,433	21,240
Changes in prepaid expenses and other non-financial assets	-	(7,644)	(10,329)
Changes in net debt	**6,015**	**(3,918)**	**(33,608)**
Net debt, end of year	**(61,195)**	**(71,128)**	**(67,210)**

The accompanying notes are an integral part of these financial statements.

Statement of Cash Flows

For the year ended March 31, 2023
(in thousands of dollars)

	2023 $	2022 $
Operating transactions:		
Annual surplus (deficit)	-	(35,900)
Changes in non-cash items:		
Amortization of tangible capital assets (note 13)	15,433	21,240
Recognition of deferred capital revenue (note 12)	(12,896)	(19,287)
Loss on disposal of tangible capital assets (note 13)	1	39
Decrease (increase) in:		
Due from Ministry and Health Service Providers	(267,413)	(982,161)
Accounts receivable	(4,701)	(6,935)
Prepaid expenses and other non-financial assets	(7,644)	(10,329)
Due to Ministry and Health Service Providers	593,092	991,974
Accounts payable and accrued liabilities	151,100	(147,794)
Non-pension post-retirement benefits (note 11)	(157)	(474)
Deferred revenue (note 9)	(64,601)	234,934
Non-cash balances transferred to Ontario Health (note 3)	-	11,826
	402,214	57,133
Capital transactions:		
Acquisition of tangible capital assets (note 13)	(11,708)	(4,090)
Financing transactions:		
Restricted capital contributions received (note 12)	5,212	4,051
Payments on obligations under capital leases (note 10)	5,049	(336)
	10,261	3,715
Increase in cash	**400,767**	**56,758**
Cash, beginning of year	211,282	154,524
Cash, end of year	**612,049**	**211,282**

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements

For the year ended March 31, 2023
(in thousands of dollars)

1. Nature of operations

Ontario Health (the Agency) is a Crown Agency established on June 6, 2019 pursuant to the Connecting Care Act, 2019 (the CCA). This legislation is a key component of the government's plan to build an integrated health care system. The Agency is responsible for implementing the health system strategies developed by the Ministry of Health (the Ministry), Ministry of Long-Term Care (MLTC) and for managing health service needs across Ontario consistent with the Ministry's health system strategies to ensure the quality and sustainability of the Ontario health system. The Agency's objectives are contained in the CCA and associated Ontario regulations.

The CCA grants the Minister of Health (the Minister) the power to transfer assets, liabilities, rights, obligations, and employees of certain government organizations into Ontario Health, a health service provider, or an integrated care delivery system. The CCA also grants the Minister the power to dissolve the transferred organizations.

The following transfers were completed during the prior year:

On March 15, 2021, the Minister issued a transfer order to Trillium Gift of Life Network (TGLN). Effective April 1, 2021, the employees, assets, liabilities, rights and obligations of TGLN were fully transferred to Ontario Health.

On March 17, 2021, the Minister issued concurrent transfer orders to each of the 14 Local Health Integration Networks (LHINs) in the province. Effective April 1, 2021, LHINs transferred rights and obligations of service accountability agreements with health service providers (HSPs) to the Agency. In addition, certain employees who occupy the specific positions, along with identified assets, liabilities, rights and obligations, as identified in the transfer order, were transferred to Ontario Health.

On November 17, 2021, the Minister of Health issued a transfer order to CorHealth Ontario (CorHealth). Effective December 1, 2021, the employees, assets, liabilities, rights, and obligations of CorHealth were fully transferred to Ontario Health.

No transfer orders were issued during the fiscal year.

The Agency is primarily funded by the Province of Ontario through the Ministry of Health and Ministry of Long-Term Care. As a Crown Corporation of the Province of Ontario, the Agency is exempt from income taxes.

2. Significant accounting policies

Basis of presentation

These financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) and reflect the following significant accounting policies.

Revenue Recognition

Revenue is recognized in the period in which the transactions or events that give rise to the revenue occurs, as described below. All revenue is recorded on an accrual basis, except when the accrual cannot be determined within a reasonable degree of certainty or when estimation is impracticable.

(i) Government transfers

Transfers from the Ministry of Health and Ministry of Long-Term Care are referred to as government transfers.

Government transfers are recorded as deferred revenue when the eligibility criteria for the use of the transfer, or the stipulations together with the Agency's actions and communications as to the use of the transfer, create a liability. These transfers are recognized as revenue as the stipulations are met and, when applicable, the Agency complies with its communicated use of the transfer.

All other government transfers, without stipulations for the use of the transfer, are recorded as revenue when the transfer is authorized and the Agency meets the eligibility criteria.

Government transfers received for the purpose of capital assets are recorded as deferred capital revenue and are amortized on the same basis as the related capital assets.

Transfer payments to Health Service Providers (HSPs) for hospital operations from the Ministry of Health and for long-term care operations from the Ministry of Long-Term Care are based on the terms of the HSP Accountability Agreement with Ontario Health, including any amendments made throughout the year. The cash associated with these transfer payments flow directly from the Ministry of Health and Ministry of Long-Term Care to the HSP and does not flow through Ontario Health's bank account. Ontario Health ensures that payments made for hospital operations and long-term care operations are in accordance and cannot exceed the allocations approved within the agreements in place. The amounts for hospital operations and long term-care operations are disclosed in note 17.

(ii) Other revenue and grant funding

The Agency has received approval from the Lieutenant Governor of Ontario to receive funding from sources other than the Ministry of Health and to generate revenue in connection with specified activities as specified in the Order in Council 322/2020. These other revenues and recoveries, without stipulations, are recorded as revenue when the transfer is authorized and the Agency meets the eligibility criteria.

Externally restricted non-government contributions, are recorded as deferred revenue if the terms for their use, or the terms along with the Agency's actions and communications as to their use create a liability. These resources are recognized as revenue as the terms are met and, when applicable, the Agency complies with its communicated use.

Expenses

Expenses are reported on an accrual basis. The cost of all services received during the year are expensed.

Expenses include transfer payments to recipients under funding agreements. Transfers are recorded as expenses when the transfer is authorized and eligibility criteria have been met by the recipient. Recoveries transfers are recorded as a reduction to expenses and as a reduction in revenue when the recovery is reasonably estimated and likely to occur. Due to this process, each year expenses will equal revenues on the Statement of Operations and Accumulated Surplus.

Cash

The Agency considers deposits in banks as cash.

Financial instruments

Financial assets and liabilities are measured at fair value when acquired or issued. In subsequent periods, financial assets and liabilities are reported at cost or amortized cost less impairment, if applicable. Financial assets and liabilities measured at amortized cost include cash, due from Ministry and Health Service Providers, accounts receivables, due to Ministry and Health Service Providers, accounts payable and accrued liabilities.

Tangible capital assets

Tangible capital assets are recorded at cost, less accumulated amortization and accumulated impairment losses, if any. The cost of capital assets includes the cost directly related to the acquisition, design, construction, development, improvement, or betterment of tangible capital assets. Third party and internal labour costs are capitalized under software in connection with the development of information technology projects.

Capital assets are amortized on a straight-line basis over the estimated useful lives of the assets as follows:

Asset	Useful Life
Computer hardware	4 years
Computer software	3 years
Software – internally developed business applications	3-10 years
Office furniture and equipment	5 years
Leasehold improvements	Remaining term of lease

During the year a lodge that was included in land and building was transferred to University Health Network for a nominal value through a Purchase Agreement. The Treasury Board/Management Board of Cabinet approved the transfer of this lodge on March 31, 2022. The Agency and University Health Network signed a purchasing agreement effective April 1, 2022. This lodge was included in Land and buildings which was transferred to the Agency from Cancer Care Ontario. This was originally donated by the Canadian Cancer Society - Ontario Division. It was recorded at nominal value, as the fair value was not reasonably determinable at the time of the donation.

When a capital asset no longer has any long-term service potential to the Agency, the differential of its net carrying amount and any residual value, is recognized as a gain or loss, as appropriate, in the Statement of Operations and Accumulated Surplus.

For assets acquired or brought into use during the year, amortization is calculated for the remaining months.

Pension costs

Pursuant to an Order in Council, the Agency is an employer under the Public Service Pension Plan (PSPP), to which new employees are enrolled. The Order in Council permits employees who were members of the Healthcare of Ontario Pension Plan (HOOPP) as at the date of transfer into Ontario Health, to remain as members of that pension plan. Bargaining-represented employees participate in either PSPP or HOOPP, as stipulated in their collective agreement.

The Agency accounts for its participation in PSPP and HOOPP, both multi-employer defined benefit pension plans, as defined contribution plans because the Agency has insufficient information to apply defined benefit plan accounting. Therefore, the Agency's contributions are accounted for as if the plans were a defined contribution plan with the Agency's contributions being expensed in the period they come due.

Prior to January 1, 2022, the Agency administered the Ontario Health Employees' Retirement Plan, a defined contribution pension plan (DCPP) for employees transferred from eHealth Ontario. The investments were managed by Sun Life Financial Services of Canada Inc. The Agency's contributions to the plan are expensed on an accrual basis. On January 1, 2022, pursuant to an Order in Council, the Agency transferred employees who were DCPP members to the PSPP.

On April 22, 2022, the Financial Services Regulatory Authority of Ontario (FSRA) approved the wind up of the Plan with an effective date of February 28, 2022. Subsequent to March 31, 2023, benefits of the DCPP have been fully settled and distributed in accordance with Ontario's Pension Benefits Act.

Post-employment benefits other than pension plan

The cost of post-employment benefits other than pension plan is actuarially determined using the projected benefit method pro-rated on services and expensed as employment services are rendered. Adjustments to these costs arising from changes in estimates and actuarial experience gains and losses are amortized over the estimated average remaining service life of the employee groups on a straight-line basis.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Items subject to such estimates and assumptions include accruals related to drug expenditures, accounts payable and accrued liabilities, Due to/from Ministry and Health Service Providers, useful life of tangible capital assets, and liability for post-employment benefits other than pension plan. Actual results could differ from those estimates.

(in thousands of dollars)

3. Transfers to Ontario Health

There were no transfers that occurred within the year. During the prior year, effective April 1, 2021, the employees, assets, liabilities, rights and obligations of Trillium Gift of Life Network (TGLN) and the non home care employees and their related liabilities of Local Health Integration Networks (LHINs) were fully transferred to Ontario Health for no compensation. On December 1, 2021, the employees, assets, liabilities, rights and obligations of CorHealth Ontario were fully transferred to Ontario Health for no compensation. The net assets transferred to the Agency based on their carrying values at March 31, 2021 from Trillium Gift of Life Network and Local Health Integration Networks and November 30, 2021 from CorHealth Ontario were $1,136.

	TGLN	LHINs	CorHealth Ontario	2022 Transfers
	$	$	$	$
Financial assets				
Cash	11,802	-	1,160	12,962
Accounts receivable	1,419	1,874	215	3,508
	13,221	1,874	1,375	16,470
Liabilities				
Accounts payable and accrued liabilities	6,180	1,874	624	8,678
Payable to Ministry of Health	7,039	-	285	7,324
Post-employment benefits other than pension plan	-	-	317	317
Deferred Revenue	-	-	230	230
Deferred contributions related to capital assets (note 12)	3,288	-	65	3,353
	16,507	1,874	1,521	19,902
Net assets (debt)	(3,286)	-	(146)	(3,432)
Non-financial assets				
Tangible capital assets (note 13)	3,772	-	65	3,837
Prepaid expenses and other assets	649	-	82	731
	4,421	-	147	4,568
Net assets (debt) and non-financial assets transferred to Ontario Health	1,135	-	1	1,136

4. Cash

Cash includes $338 (2022 - $332) held in escrow for a pension plan that has been dissolved in the event that former members put forth a claim. The restricted cash held in beginning of the year (2022 - $88) for an endowment was transferred during the year in accordance with a Deed of Appointment to a Substitute Trustee. These funds are subject to externally imposed restrictions and are not available for general use.

5. Due from Ministry and Health Service Providers

	2023	2022
	$	$
Due from Ministry of Health	1,126,206	1,266,538
Due from Ministry of Long-Term Care	7,318	387
Due from Health Service Providers	517,795	116,981
	1,651,319	1,383,906

(in thousands of dollars)

6. Accounts receivable

	2023 $	2022 $
HST recoverable	15,329	13,912
Drug rebate receivable	6,609	4,563
Other receivables	14,719	13,481
	36,657	31,956

7. Due to Ministry and Health Service Providers

	2023 $	2022 $
Due to Ministry of Health	949,296	243,635
Due to Ministry of Long-Term Care	17,189	12,277
Due to Health Service Providers	933,027	1,050,508
	1,899,512	1,306,420

8. Accounts payable and accrued liabilities

	2023 $	2022 $
Trade payables	219,977	67,327
Accrued liabilities	44,370	45,926
Pension escrow (note 4)	338	332
	264,685	113,585

9. Deferred revenue

a) The change in the deferred revenue balance is as follows:

	Ministry of Health $	Other Funders $	2023 Total $	2022 Total $
Deferred revenue – beginning of year	236,663	2,211	238,874	3,710
Transferred to Ontario Health (note 3)	-	-	-	230
Funding received	36,556,505	8,025	36,564,530	35,210,873
Amounts recognized as revenue	(36,615,378)	(8,541)	(36,623,919)	(34,971,849)
Amounts utilized for capital purchases (note 13)	(5,212)	-	(5,212)	(4,090)
	(64,085)	(516)	(64,601)	234,934
Deferred revenue – end of year	172,578	1,695	174,273	238,874

(in thousands of dollars)

b) The deferred revenue balance at the end of the period is restricted for the following purposes:

	Ministry of Health $	Other Funders $	2023 Total $	2022 Total $
Health Service Providers through regions	171,203	-	171,203	235,088
Cancer and screening services	-	30	30	62
Virtual care network	-	13	13	111
Research and education	-	-	-	125
Endowment & restricted funds	-	1,652	1,652	963
Canada Health Infoway	-	-	-	950
Other	1,375	-	1,375	1,575
	172,578	1,695	174,273	238,874

10. Obligations under capital leases

The Agency has capital leases, with interest rates ranging from 4.51% to 6.10% and bargain purchase options for $1 at the end of the lease, for computer hardware. The computer hardware is amortized on a straight-line basis over its economic life of 4 years. The following is a schedule of future minimum lease payments, which expire in October 2026 together with the balance of the obligations.

	2023 $	2022 $
2023	-	185
2024	1,749	-
2025	1,749	-
2026	1,749	-
2027	283	-
Total minimum lease payments	5,530	185
Interest	(304)	(8)
Balance of the obligations	5,226	177
Less: current portion	(1,574)	(177)
Non-current obligations under capital leases	3,652	-

Total interest expense on capital leases for the period was $202 (2022 - $23).

11. Pension costs and post-employment benefits

Multi-employer contributory defined benefit pension plans

The Agency has 1,753 employees who are members of the Healthcare of Ontario Pension Plan (HOOPP) and 1,464 employees who are members of the Public Service Pension Plan (PSPP). Both are multi-employer contributory defined benefit pension plans, and the members will receive benefits based on length of service and the average annualized earnings.

(in thousands of dollars)

Contribution expense made to multi-employer plans during the period by the Agency on behalf of its employees amounted to $25,700 (2022 - $18,815) and are included in salaries and benefits expense, as detailed in note 17.

eHealth Ontario Employees' Retirement Plan

The Agency had 645 employees who were members of the Ontario Health Employees' Retirement Plan prior to their transfer to the PSPP on January 1, 2022. The Agency's contributions to this defined contribution plan for the period amounted to $0 (2022 - $2,160) and are included in salaries and benefits expense, as detailed in note 17.

Post-employment benefits plan other than pension plan

A closed post-employment non-pension benefit plan which provides health and dental benefits to employees who retired prior to January 1, 2006, was transferred to the Agency on December 2, 2019. Benefits paid during the period from April 1, 2022, to March 31, 2023 were $116 (2022 - $172). The actuarial valuation report for the post-employment benefits other than pension plan is dated March 31, 2022 and was extrapolated to March 31, 2025.

Information about the Agency's post-employment benefits other than pension plan is as follows:

	2023 $	2022 $
Accrued benefit obligation	854	937
Unamortized actuarial gains/(losses)	846	920
Post-employment benefits other than pension plan	1,700	1,857

The movement in the employee future benefits liability during the period is as follows:

	2023 $	2022 $
Post-employment benefits other than pension plan – opening balance	1,857	2,014
Interest cost	33	45
Funding contributions	(116)	(172)
Amortization of actuarial gains	(74)	(30)
Post-employment benefits other than pension plan – ending balance	1,700	1,857

The actuarially determined present value of the accrued benefit obligation is measured using management's best estimates based on assumptions that reflect the most probable set of economic circumstances and planned courses of action as follows:

Discount rate	3.75%
Extended health care trend rate	5.4167% in 2024 to 3.75% in 2029 and after
Dental cost trend rates	3.75%
Employee average remaining service life	9.0 years

(in thousands of dollars)

12. Deferred contributions related to capital assets

The change in the deferred contributions related to capital assets is as follows:

	2023	2022
	$	$
Balance – beginning of period	33,441	45,324
Transferred to Ontario Health (note 3)	-	3,353
Amounts received related to capital assets	5,212	4,051
Less: amounts recognized as revenue	(12,896)	(19,287)
Balance – end of period	25,757	33,441

13. Tangible capital assets

				2023
	Beginning of Year	Additions	Disposals	End of Year
Cost	$	$	$	$
Computer hardware	117,797	11,708	(22,086)	107,419
Computer software	190,285	-	(21,961)	168,324
Furniture and equipment	17,664	-	(8,958)	8,706
Leasehold improvements	27,439	-	-	27,439
Land and building	1	-	(1)	-
	353,186	11,708	(53,006)	311,888

				2023
	Beginning of Year	Additions	Disposals	End of Year
Accumulated Amortization	$	$	$	$
Computer hardware	105,144	7,727	(22,086)	90,785
Computer software	172,606	5,986	(21,961)	156,631
Furniture and equipment	16,949	409	(8,958)	8,400
Leasehold improvements	23,081	1,311	-	24,392
	317,780	15,433	(53,005)	280,208

(in thousands of dollars)

					2022
	Beginning of Year	Transferred to Ontario Health (note 3)	Additions	Disposals	End of Year
Cost	$	$	$	$	$
Computer hardware	117,363	1,542	3,812	(4,920)	117,797
Computer software	188,477	1,440	499	(131)	190,285
Furniture and equipment	15,864	1,802	-	(2)	17,664
Leasehold improvements	22,292	5,147	-	-	27,439
Land and building	1	-	-	-	1
Work in progress	221	-	(221)	-	-
	344,218	9,931	4,090	(5,053)	353,186

					2022
	Beginning of Year	Transferred to Ontario Health (note 3)	Additions	Disposals	End of Year
Accumulated Amortization	$	$	$	$	$
Computer hardware	99,892	1,150	8,983	(4,881)	105,144
Computer software	161,591	1,436	9,710	(131)	172,606
Furniture and equipment	14,841	1,492	618	(2)	16,949
Leasehold improvements	19,136	2,016	1,929	-	23,081
	295,460	6,094	21,240	(5,014)	317,780

	2023	2022
Net Book Value	$	$
Computer hardware	16,634	12,653
Computer software	11,693	17,679
Furniture and equipment	306	715
Leasehold improvements	3,047	4,358
Land and building	-	1
	31,680	35,406

14. Prepaid expenses and other assets

	2023	2022
	$	$
Prepaid Maintenance for hardware and software	39,752	32,278
Other prepaid expenses and other assets	832	662
Subtotal prepaid expenses and other assets	40,584	32,940

(in thousands of dollars)

15. Other revenue

The Lieutenant Governor of Ontario has authorized Ontario Health to receive funding from sources other than the Ministry and to generate revenue in connection with the following activities as specified in the Order in Council dated February 26, 2020:

a) Receive funds from charities or government agencies for the purpose of conducting or funding research or undertaking projects that are consistent with the objects of Ontario Health, and

b) collect service fees revenue on a cost-recovery basis for providing drugs, remote & virtual care technology-related services to health care providers and other organizations that support the provision of health care.

	2023 $	2022 $
Drug rebate	26,663	20,656
Remote care management	2,243	3,092
Cost recoverable projects	1,830	3,173
Virtual care connectivity services	887	1,078
Secondments	281	1,011
Other	163	556
	32,067	29,566

16. Payment of surplus funds to the Ministry of Health

Under section 16.4(1) of the Financial Administration Act, a public entity may pay into the Consolidated Revenue Fund any funds that it determines to be surplus to its current needs. Ontario Health made a payment of $0 (2022 - $37,036) to the Ministry of Health.

(in thousands of dollars)

17. Operating expenses by object

	2023 $	2022 $
Transfer Payments to Health Service Providers:		
Hospital operations	24,389,374	22,401,267
Clinical programs - cancer & screening	1,640,786	1,323,193
Clinical programs - drugs	846,283	713,513
Clinical programs - renal & transplant	733,752	701,534
COVID-19 testing program	135,688	1,564,941
Community mental health programs	1,061,615	982,582
Community support services	780,378	758,156
Community health centre	522,338	521,907
Assisted living services supportive housing	415,480	389,592
Addictions	334,478	287,621
Other	601,786	424,115
	31,461,958	30,068,421
Transfer Payments to Long-Term Care:		
Long-Term Care operations	4,530,338	4,350,739
Subtotal	4,530,338	4,350,739
Operating Expenses:		
Salaries and benefits	351,485	316,988
Information technology support and maintenance	104,757	108,754
Purchased services	140,430	78,430
Screening, lab and medical supplies	20,434	37,545
Amortization	15,433	21,240
Occupancy costs	16,502	19,312
Other operating expenses	18,118	15,551
Loss on disposal	1	39
Subtotal	667,160	597,859
Total expenses	36,659,456	35,017,019

Within transfer payments, transfer payments amounting to $32,246,168 (2022 - $29,844,720) flow directly from the Ministry of Health and Ministry of Long-Term Care to the Health Service Providers and does not flow through Ontario Health’s bank account.

(in thousands of dollars)

18. Related party transactions

The Agency is a related party to other organizations that are controlled by or subject to significant influence by the Province of Ontario. Transactions are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

Transactions with these related parties were as follows:

a) Under the CCA, the Lieutenant Governor in Council appoints the members to form the board of directors of the Agency. Board remuneration paid to members of the Board of Directors during the year amounted to $73 (2022 - $108).

b) The Agency incurred expenses of $19,285 (2022 - $18,503) to Acronym Solutions Inc (previously known as Hydro One Telecom Inc) for network and telecommunication services.

c) The Agency incurred expenses of $3,384 (2022 - 6,144) and $2,376 (2022 - $2,361) for the rental of office space and other facility related expenses from Infrastructure Ontario and the Ministry of Government and Consumer Services, respectively. As at March 31, accounts payable and accrued liabilities include $396 (2022 - $990) payable to the Ministry of Government and Consumer Services.

d) The Agency recorded expenses of $672 (2022 - $660) for the provision of administrative and other support services from the Ministry of Government and Consumer Services. As at March 31, accounts payable and accrued liabilities include $150 (2022 - $108) in respect of these services.

19. Commitments

The Agency has various multi-year contractual commitments for rental of office space, operating and information technology services. Payments required on these contracts are as follows.

	Base Rent	Operating and Information Technology Services	Total
	$	$	$
2024	5,592	33,378	38,970
2025	4,796	668	5,464
2026	3,976	668	4,644
2027	3,715	668	4,383
2028 and thereafter	2,318	611	2,929
	20,397	35,993	56,390

The Agency is required to pay associated realty taxes and operating expenses for the office space, which amounted to $7,437 (2022 - $9,309).

20. Contingencies

The Agency is a member of the Healthcare Insurance Reciprocal of Canada (HIROC), which was established by hospitals and other organizations to self-insure. If the aggregate premiums paid are not sufficient to cover claims, the Agency will be required to provide additional funding on a participatory basis. Since the inception, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses.

In the normal course of operations, the Agency is subject to various claims and potential claims. Management has recorded its best estimate of the potential liability related to these claims where potential liability is likely and able to be estimated. In other cases, the ultimate outcome of the claims cannot be determined at this time.

Any additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments to any amount recorded are determined to be required.

21. Guarantees

Director/officer indemnification

The Agency's general by-laws contained an indemnification of its directors/officers, former directors/officers and other persons who have served on board committees against all costs incurred by them in connection with any action, suit or other proceeding in which they are sued as a result of their service, as well as all other costs sustained in or incurred by them in relation to their service. This indemnity excludes costs that are occasioned by the indemnified party's own dishonesty, willful neglect or default.

The nature of the indemnification prevents the Agency from making a reasonable estimate of the maximum amount that it could be required to pay to counterparties. To offset any potential future payments, the Agency has purchased from HIROC directors' and officers' liability insurance to the maximum available coverage. The Agency has not made any payments under such indemnifications, and no amount has been accrued in the accompanying financial statements with respect to the contingent aspect of these indemnities.

Other indemnification agreements

In the normal course of its operations, the Agency executes agreements that provide for indemnification to third parties. These include, without limitation: indemnification of the landlords under the Agency's leases of premises; indemnification of the Ministry from claims, actions, suits or other proceedings based upon the actions or omissions of the representative groups of medical, radiation and gynecology/oncology physicians under certain Alternate Funding Agreements; and indemnification of the Integrated Cancer Program host hospitals from claims, actions, costs, damages and expenses brought about as a result of any breach by the Agency of its obligations under the Cancer Program Integration Agreement and the related documentation.

(in thousands of dollars)

While the terms of these indemnities vary based upon the underlying contract, they normally extend for the term of the contract. In most cases, the contract does not provide a limit on the maximum potential amount of indemnification, which prevents the Agency from making a reasonable estimate of its maximum potential exposure. The Agency has not made any payments under such indemnifications, and no amount has been accrued in the accompanying financial statements with respect to the contingent aspect of these indemnities.

22. Financial risk management

The Agency is exposed to certain financial risks, including credit risk, and liquidity risk.

Credit risk

Credit risk arises from cash held with financial institutions and credit exposures on outstanding receivables. Cash is held at major financial institutions that have high credit ratings assigned to them by credit-rating agencies minimizing any potential exposure to credit risk. The risk related to receivables is minimal as most of the receivables are from provincial governments and organizations controlled by them. Credit risk associated with other receivables is mitigated through collection practices and regular monitoring of the accounts.

The Agency's maximum exposure to credit risk related to accounts receivable was as follows:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	2023 Total $	2022 Total $
HST recoverable	15,329	-	-	-	15,329	13,912
Other receivables	19,660	25	1,639	4	21,328	18,044
Total receivable	34,989	25	1,639	4	36,657	31,956

No impairment allowance has been recognized in the above amounts (2022 - $0).

Liquidity risk

Liquidity risk is the risk the Agency will not be able to meet its cash flow obligations as they fall due. The Agency's exposure to liquidity risk is minimal as the majority of funding is sourced primarily by the Province of Ontario. The Agency mitigates liquidity risk by monitoring and controlling cash activities and expected outflows.

The following table sets out the contractual liabilities:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	2023 Total $	2022 Total $
Trade payable	217,978	1,834	24	141	219,977	67,327
Accrued liabilities	44,370	-	-	-	44,370	45,926
Pension escrow	-	-	-	338	338	332
Total payable	262,348	1,834	24	479	264,685	113,585

23. Comparative figures

Certain comparative figures have been reclassified to conform to the financial statement presentation adopted for the current year.

Schedule 1: Ministry of Health and Ministry of Long-Term Care Funding Reconciliation

As at March 31, 2023
(in thousands of dollars)

	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Funding Received (Recovered)	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred Revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
Prior Years									
Capacity Planning and Analytics	-	2,921	-	-	(4,080)	-	-	(3,011)	1,852
Digital	-	6,586	-	(4,112)	-	-	-	-	2,474
Hospitals and Capital	(9,299)	150,767	-	19,201	(42,994)	-	-	(31,975)	149,652
Mental Health and Addictions	(9,645)	4,148	-	9,820	4,517	-	-	-	8,840
Strategic Partnerships	-	4,096	1,575	-	(200)	-	1,375	-	4,096
Health Programs and Delivery	(818,739)	3,538	-	765,261	123,810	-	-	-	73,870
Office of Chief Medical Officer of Health, Public Health	-	116	-	-	-	-	-	-	116
Digital and Analytics Strategy	(9,466)	10,519	-	3,070	2,717	-	-	(1)	10,950
OTN Operating	-	6,162	-	(1,729)	-	-	-	-	323
Vaccine Strategy and Performance	-	104	-	-	-	-	-	-	104
Region Health Service Providers	(419,748)	60,917	235,088	1,498,469	(1,096,137)	-	-	-	273,774
Current Year									
Capacity Planning and Analytics	**-**	**-**	**-**	**6,976**	**(15,668)**	**-**	**-**	**(9,163)**	**471**
Community Commitment Program for Nurses	-	-	-	1,200	(5,536)	-	-	(4,336)	-
HealthForceOntario	-	-	-	5,776	(5,305)	-	-	-	471
PSW	-	-	-	-	(921)	-	-	(921)	-
Best Care in Primary Care	-	-	-	-	(2,200)	-	-	(2,200)	-
Supervised Practice Experience Program	-	-	-	-	(281)	-	-	(281)	-
Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses	-	-	-	-	(1,425)	-	-	(1,425)	-
Hospitals and Capital	**-**	**-**	**-**	**2,474,596**	**(2,457,210)**	**-**	**-**	**(14,900)**	**32,285**
Access to Care Operations	-	-	-	14,364	(14,120)	-	-	-	243
Cancer Care Program	-	-	-	1,508,769	(1,496,337)	-	-	(14,410)	26,842
Cancer Screening Program	-	-	-	82,196	(79,068)	-	-	-	3,128
Central WaitList Management	-	-	-	24,050	(23,351)	-	-	-	699

	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Funding Received (Recovered)	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred Revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
CorHealth	-	-	-	7,852	(7,842)	-	-	-	10
Diagnostic Medical Equipment Program (Capital Funding)	-	-	-	34,506	(34,500)	-	-	-	6
Electronic-Canadian Triage and Acuity Scale Support Tool	-	-	-	2,690	(2,543)	-	-	-	147
Ontario Renal Network	-	-	-	728,966	(727,958)	-	-	-	1,008
Organ and Tissue Donation and Transplantation	-	-	-	59,160	(59,159)	-	-	-	1
Nurse Incentive	-	-	-	334	(297)	-	-	-	37
Surrey Place (Featal Alcohol Syndrome Disorder)	-	-	-	316	(316)	-	-	-	-
Criticall Ontario	-	-	-	9,115	(9,115)	-	-	-	-
Critical Care Services Ontario	-	-	-	2,228	(2,074)	-	-	-	154
Rehabilitative Care Alliance	-	-	-	-	(490)	-	-	(490)	-
Provincial Vision Task Force	-	-	-	50	(40)	-	-	-	10
Mental Health and Addictions	**-**	**-**	**-**	**148,553**	**(145,626)**	**-**	**-**	-	**2,927**
CAMH New Youth Wellness Hubs Ontario	-	-	-	7,850	(7,825)	-	-	-	25
CAMH Preventure Education	-	-	-	500	(500)	-	-	-	-
CAMH System Support	-	-	-	6,501	(6,452)	-	-	-	49
COVID Internet Cognitive Behavioral Therapy	-	-	-	11,350	(11,315)	-	-	-	35
Mental Health and Addiction Data Digital Infrastructure	-	-	-	5,300	(5,134)	-	-	-	166
Mental Health and Addiction Healthcare Workers Support	-	-	-	4,075	(4,075)	-	-	-	-
Mental Health and Addiction Transfer Payments Agreements	-	-	-	21,837	(21,687)	-	-	-	150
Mobile Mental Health Clinics	-	-	-	4,387	(4,387)	-	-	-	-
Ontario Structure Psychotherapy Expansion	-	-	-	32,500	(32,243)	-	-	-	257
Ontario Structured Psychotherapy	-	-	-	28,900	(28,900)	-	-	-	-
Virtual Addictions	-	-	-	2,000	(2,000)	-	-	-	-
ConnexOntario	-	-	-	4,362	(4,362)	-	-	-	-
Provincial Coordinated Access Mental Health	-	-	-	3,430	(3,430)	-	-	-	-
Mental Health Indigenous Safe Service Delivery	-	-	-	6,206	(6,206)	-	-	-	-
Community Mental Health	-	-	-	5,280	(3,085)	-	-	-	2,195
Mental Health Systems Enabler	-	-	-	4,075	(4,025)	-	-	-	50

	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Funding Received (Recovered)	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred Revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
Strategic Partnerships	**-**	**-**	**-**	**153,817**	**(153,320)**	**-**	**-**	-	**498**
Health Quality Programs	-	-	-	28,867	(28,725)	-	-	-	142
Office of the Patient Ombudsman	-	-	-	4,164	(4,164)	-	-	-	-
Ontario Health Operations	-	-	-	2,321	(2,317)	-	-	-	4
Ontario Palliative Care Network	-	-	-	3,153	(3,004)	-	-	-	149
Patient Reported Outcomes: Orthopedic Surgery	-	-	-	1,591	(1,589)	-	-	-	2
Regional Coordination Initiatives	-	-	-	**8,936**	**(8,936)**	-	-	-	-
Regional Coordination Operations Support	-	-	-	51,717	(51,718)	-	-	-	-
Regional Coordination Operations Support - Shared Services	-	-	-	31,513	(31,312)	-	-	-	201
Ontario Health Teams Transfer Payments	-	-	-	21,555	(21,555)	-	-	-	-
Health Programs and Delivery	**-**	**-**	**-**	**1,130,618**	**(1,181,398)**	**-**	**-**	**(222,452)**	**171,672**
Digitizing provincial diagnostic network	-	-	-	15,503	(11,368)	-	-	-	4,135
Genetics Volumes	-	-	-	53,777	(52,397)	-	-	-	1,380
New Drug Funding Program	-	-	-	626,473	(848,925)	-	-	(222,452)	-
Testing Volumes, oversight, mobile testing	-	-	-	418,039	(266,798)	-	-	-	151,241
UHN COVID-19 Testing Supplies	-	-	-	14,759	-	-	-	-	14,759
Genetics	-	-	-	2,067	(1,910)	-	-	-	157
Office of Chief Medical Officer of Health, Public Health	**-**	**-**	**-**	**488**	**(486)**	**-**	**-**	**-**	**2**
Health Promotion Programs: Indigenous Tobacco Program	-	-	-	488	(486)	-	-	-	2
Digital and Analytics Strategy	**-**	**-**	**-**	**462,797**	**(457,551)**	**(5,212)**	**-**	**(4,717)**	**4,612**
Clinical System Challenge Fund	-	-	-	4,390	(4,282)	-	-	-	108
COVaxON Vaccination	-	-	-	429	(235)	-	-	-	194
Digital - Electronic medical record and pediatric clinical viewer programs	-	-	-	28,925	(28,925)	-	-	-	-
Digital Health Drug Repository	-	-	-	1,768	(1,702)	-	-	-	66
Digital Health Information Exchange (DHIEX)	-	-	-	6,200	(6,120)	-	-	-	80
Digital Identity	-	-	-	6,224	(6,224)	-	-	-	-
eHealth - Capital	-	-	-	5,215	-	(5,212)	-	-	3
eHealth - Operating	-	-	-	211,580	(211,541)	-	-	-	38

	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Funding Received (Recovered)	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred Revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
eHealth Ministry Recoverable Projects	-	-	-	6,196	(7,867)	-	-	(1,671)	-
Integrated Assessment Record	-	-	-	6,613	(6,596)	-	-	-	17
Online Appointment Booking	-	-	-	6,727	(6,462)	-	-	-	265
Ontario Health Data Platform (OHDP)	-	-	-	-	(3,046)	-	-	(3,046)	-
Ontario Telemedicine Network - Core Support Services; Virtual Care Programs and Technology Delivery; Network Circuits, & Data Centre & Cloud Hosting, Telestroke	-	-	-	26,832	(26,691)	-	-	-	3
Patient Portal Funding Stream Management	-	-	-	10,900	(10,554)	-	-	-	346
Regional Coordination Digital Initiatives	-	-	-	3,734	(3,640)	-	-	-	94
Regional Security Operation Centre	-	-	-	10,500	(10,460)	-	-	-	40
Regional Supports for eServices	-	-	-	23,604	(23,422)	-	-	-	182
SCOPE	-	-	-	6,000	(6,000)	-	-	-	-
Tests of Change Fund	-	-	-	8,484	(7,787)	-	-	-	697
Virtual care clinical guidance	-	-	-	700	(536)	-	-	-	164
Ontario Standards of Care	-	-	-	250	(250)	-	-	-	-
Health 811	-	-	-	44,540	(43,968)	-	-	-	572
Strategic Digital Health Projects	-	-	-	4,900	(4,900)	-	-	-	-
Virtual Care Programs	-	-	-	18,300	(17,460)	-	-	-	840
Comprehensive Medication Record for Ontarians	-	-	-	3,000	(2,814)	-	-	-	186
Clinical Viewer Consolidation	-	-	-	12,300	(12,055)	-	-	-	245
Ontario Case Costing	-	-	-	2,982	(2,602)	-	-	-	380
Telemedicine Nursing	-	-	-	934	(892)	-	-	-	42
COVAX Viewer Build	-	-	-	570	(520)	-	-	-	50
OTN Operating	-	-	-	**-**	**(138)**	-	-	-	-
Ontario Telemedicine Network - Core Support Services; Virtual Care Programs and Technology Delivery; Network Circuits, & Data Centre & Cloud Hosting, Telestroke	-	-	-	-	(138)	-	-	-	-
Strategic Policy, Planning, FLS	-	-	-	**36,800**	**(36,770)**	-	-	-	**30**
High Priority Communities	-	-	-	25,000	(25,000)	-	-	-	-
COVID Shelter Response	-	-	-	11,800	(11,770)	-	-	-	30

	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Funding Received (Recovered)	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred Revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
Region Health Service Providers	-	-	-	**30,678,566**	**(31,150,030)**	-	**171,203**	**(847,274)**	**204,608**
Region Health Service Providers	-	-	-	30,678,566	(31,150,030)	-	171,203	(847,274)	204,608
Grand Total	**(1,266,897)**	**249,874**	**236,663**	**37,383,191**	**(36,610,564)**	**(5,212)**	**172,578**	**(1,133,493)**	**943,156**

Schedule 2: Patient Ombudsman

For the year-ended March 31, 2023
(in thousands of dollars)

Operating expenses by object	Budget 2023	Actual 2023	Actual 2022
Salaries and benefits	3,335	3,489	2,828
Occupancy costs	261	237	221
Purchased services	294	164	197
Information technology support and maintenance	107	162	109
Other operating expenses	167	112	144
Total	**4,164**	**4,164**	**3,499**