Ontario Health

Ontario Health Annual Report 2021/2022

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Ontario Health
525 University Ave., Toronto, ON M5G 2L3
www.ontariohealth.ca

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

Fiscal year 2021/22 opened with ongoing challenges for us all as we entered our second year of the COVID-19 pandemic in the midst of a challenging third wave. Through the rest of the year, we battled successive waves fueled by highly transmissible variants, increasing vaccine hesitancy, misinformation and pandemic fatigue.

Throughout these significant challenges, Ontario Health's focus steadfastly remained on providing system-level leadership and on-the-ground support to coordinate the province's pandemic response and protect the overall integrity of Ontario's health care system. Our incident management system (IMS) tables continually reviewed both response and recovery metrics to ensure local and provincial strategies were in place. This enhanced data-informed approach – combined with local problem-solving, rapid intervention and issue escalation – allowed us to plan with our partners and the government and to immediately respond at the sub-regional, regional and provincial levels.

In the midst of managing these ongoing waves, we looked ahead to the pandemic entering a more stable endemic phase and planned for equitable health system recovery with our partners. This included providing clear operational direction to Ontario's health care system. We have continued to take a phased approach to the resumption of surgical and procedural care to tackle the province's surgical waitlist with a focus on those waiting for care longer than clinically appropriate. Another area of focus and a significant challenge has been our concentrated focus on patients designated as alternative level of care (ALC). Through on-the-ground partnerships at the region level, we have moved and continue to move hundreds of designated patients from hospitals to more appropriate care in community, long-term or sub-acute settings.

In addition to our pandemic response and recovery planning activities, we continued to harmonize our work and teams across the organization. Teams within each senior leader's portfolio were finalized, all jobs within the 22 legacy structures were evaluated, and all titles were harmonized and grouped into 21 job profile groups based on knowledge, skills and competencies required. This was a massive undertaking, impacting more than 2,300 employees.

This 2021/22 Annual Report details these initiatives as well as our work to advance our clinical program priorities as outlined in our mandate letter from the Minister of Health and Minister of Long-Term Care. These include our continued support of our core functions to ensure the people of Ontario have access to vital health services, such as cancer, kidney and cardiac care, transplant services, and mental health and addictions support.

We extend sincere appreciation to everyone working in the health system, especially those on the front lines who have continued to support patients through this period. They are the heart and soul of Ontario's health care system, and they have our gratitude and full support.

We are also very grateful to 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 Ministry of Long-Term Care. Thanks to their many contributions, ongoing tenacity and commitment over this extended and unprecedented period, we are achieving our goal to improve the health and wellness of all Ontarians.

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 Quadruple Aim

In all that we do, we are guided by a commitment to the "Quadruple Aim" – four objectives critical in the delivery of world-class health care services. These four aims are:

- Improved population health
- Enhanced patient, family and caregiver experience
- Enhanced provider experience
- Improved value

The Connecting Care Act

The *Connecting Care Act*, *2019 (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 provided for under the *Mental Health and Addictions Centre of Excellence Act, 2019.*
- Support the planning, co-ordination and delivery of organ and tissue donation and transplantation patient services, in accordance with the *Gift of Life Act.*
- 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 and the requirements of the *French Language Services Act.*

- Provide shared services to:
    - Home and Community Care Support Services (also known as local health integration networks),
    - health service providers and Ontario Health Teams (OHTs) funded by Ontario Health in respect of home and community care services those providers and OHTs provide, and
    - placement co-ordinators designated under the *Fixing Long-Term Care Act, 2021* in respect of the long-term care home placement co-ordination services those placement co-ordinators 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 peoples in the planning, design, delivery and evaluation of health services in their communities

Operating Model and Organizational Structure

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 the Indigenous, Francophone and Black 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 highlights of accomplishments from April 1, 2021, to March 31, 2022.

Our Regions
In order to ensure we understand and respond to the diverse needs of Ontarians, Ontario Health has six regional teams which operate as the “front door” to our communities and provider partners.

Through these regional and local community relationships, we can drive implementation, provide system-level leadership, fund and monitor performance in a way that meets the unique needs of Ontarians across the province. With local partners, our regional teams work to:

- Coordinate the COVID-19 Pandemic Response
- Collaborate to support health system recovery

- Facilitate local planning efforts through change management and quality improvement
- Enhance equity and access within and across the Regions
- Inform and implement provincial enablers and supports that build OHT maturity and ensure flow and coordination of services

Central Region funds, connects and coordinates health care for nearly five million people (one-third of Ontario's population) who reside in fast-growing and diverse communities from Mississauga to Huntsville and Orangeville to Markham.

2021/22 Highlights

- In partnership with Emergency Management Ontario and Indigenous health service providers, Central Region coordinated primary and specialist care teams to support the 351 Cat Lake community members who were evacuated to the region in summer 2021 as a result of forest fires in Northwestern Ontario. Eighteen local organizations provided a full spectrum of onsite care including primary care, mental health and addictions, as well as harm reduction supports.
- Nineteen COVID-19, Cold and Flu Care Clinics across Central Region offered in-person COVID-19 testing, physician assessment and vaccination in community settings to anyone requiring these services.
- Central Region created Mobile Enhanced Support Teams (MESTs) to provide emergency staffing support for Personal Support Worker (PSW), Registered Practical Nurse (RPN) and Registered Nurse (RN) roles due to COVID-19 staffing shortages. Integrated response tables worked with Central Region to determine the supports required, and 28 congregate settings received staffing support through this program. Thanks to MEST support, one home in Central Region received 23 additional long-term care admissions.
- Central Region launched Preview-ED, a digital observation tool that assists non-registered direct care staff with the identification of early health decline in four key areas and reduces unnecessary Emergency Department admissions from LTC homes.

East Region funds, connects and coordinates health care for nearly 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.

2021/22 Highlights

- Through one-time Integrated Virtual Care funding, three Unattached Patient Programs were developed to provide episodic and other care services by leveraging virtual care technologies. The three programs have seen over 2,000 patients and managed more than 4,000 visits since initiated in November 2021.
- Within the first seven months of the launch of AccessMHA, 3,536 clients were served, with more than 9,805 direct contacts. Building on the positive impact for clients who used the Champlain area AccessMHA model, East Region collaborated with the West and North Regions to develop a joint proposal in partnership with the Royal Ottawa Hospital AccessMHA support team to expand the existing AccessMHA model across the entire province.
- With East Region highlighting data on the inequitable allocation of long-term care (LTC) home beds in Durham West (60.5 LTC beds per 1,000 people aged 75+, versus the provincial average of 80.0 from 2011 census data), Lakeridge Gardens opened in Ajax in March 2022 as Ontario's first Accelerated Build Pilot Project with Infrastructure Ontario. It will be home to 320 residents.
- Peterborough Regional Health Centre and Peterborough Housing Corporation, along with other community partners, developed a proposal for an 85-unit affordable housing building currently

in development. At any given time, there are approximately 200 seniors waiting for assisted living services in the Peterborough area.

- In collaboration with local hospitals, community health centres, primary care and paramedic services, the East Region supported 52 COVID-19 assessment centres and care clinics across the region as over a million PCR tests were administered in 2021/22.
- East Region Hospital Incident Management System (IMS) table was established to maintain acute hospital services and maximize access to hospital beds during the surges of the COVID-19 pandemic. In 2021/22, East Region IMS issued 28 orders, which resulted in more than 300 patients transferred to 19 institutions across the region. To better understand staffing pressures, the East Region IMS also initiated the regional collection of health human resource indicators (e.g., number of staff off due to COVID-19).

North East Region and North West Region together cover 80% of Ontario's land mass and are home to almost 800,000 residents (5% of the province's overall population). Overall, the population is not growing but instead is aging; projected population growth over the next 10 years is -0.85%, and in 10 years 28% of this same projected population will be over the age of 65. People in Northern Ontario live in some of the province's most remote and rural communities. The North is home to 109 First Nations communities, of which 30 are remote fly-in communities with no road access.

2021/22 Highlights

- The Indigenous COVID-19 Community Response Working Group met with the Region's 109 First Nation communities, tribal councils, health service providers, federal and provincial partners to support pandemic planning, create culturally sensitive pathways and establish supply depots to deliver critical supplies to communities in outbreak.
- The Region supported more than 5,500 evacuees from approximately 10 First Nation communities in the northern host communities of Sault Ste. Marie, Sudbury, Cochrane, Kapuskasing, Val Rita, Timmins, Hearst, Thunder Bay, Kenora and Lac Seoul First Nation, by coordinating the health system response in each community during multiple emergencies, including summer forest fires and spring flooding. Staff monitored escalating issues on an ongoing basis to ensure readiness within the health system in the event of evacuation or other health system response need. (e.g., blastomycosis outbreak).
- 59 North Region virtual care proposals were approved, with 20% being from Indigenous health service providers.
- Over 2,700 unique patients were served through the Virtual Surgical Transition programs in 2021/22. The service received high satisfaction ratings: 85% of patients and 84% of providers were satisfied with the program which supports post-operative patients as they transition home, decreasing the needs for return visits to the Emergency Department and re-admission.
- The Regional Mental Health Assessment Team (RMHAT) provided virtual services to 419 individual clients (534 interactions), enabling access to care closer to home. During a six-month period (Q3, Q4), a 70% rate of avoiding transfer from a regional hospital to Lake of the Woods District Hospital or Thunder Bay Regional Sciences Health Centre (schedule 1 facilities) was achieved.
- Working with the Ministry of Health and engaging with hundreds of people across the North, the Region created a customized regional approach to advancing provincial coverage of OHTs in northern Ontario. In the North East, an application from a potential Indigenous-led OHT was reviewed; in the North West, applications from two potential OHTs were reviewed.
- Ontario Health North East, North East Behavioural Supports Ontario program and Alzheimer's Societies supported a total of 115 transitions from acute care to the LTC setting last year. They

also provided support to 233 other acute care patients living with dementia. These supports reduce the risk of hospital admission.

Toronto Region serves more than 1.3 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 over 200 languages and dialects.

2021/22 Highlights

- MESTs provided approximately 66,000 hours of support to 21 LTC Homes and 21 congregate sites across the Region with high or emergency needs by deploying 132 PSWs and 35 RPNs to provide interim staffing as they worked towards stabilization.
- 7,909 unique patients have accessed Virtual Urgent Care since April 2021 in Toronto Region. This innovative care model is used to improve patient's access and experience while diverting lower acuity patients with urgent health issues from emergency departments.
- In collaboration with Toronto Public Health, Toronto Region established the Toronto Vaccine Steering Committee to support vaccine planning, including strategies to support increased COVID-19 vaccinations in priority neighbourhoods. In the first two weeks of implementation, vaccination rates increased from approximately 12% to 35% in 13 priority neighbourhoods.
- In collaboration with City of Toronto and health system partners, Toronto Region established a Recovery and Isolation Site for people experiencing homelessness to have a place to safely isolate with embedded clinical, mental health, peer and harm reduction supports. The site has been used by 3,750 people since inception.
- Through Toronto Region's Shelter and Congregate Coordination Table, a mobile, barrier-free COVID-19 Testing Strategy was implemented, along with coordinated case and outbreak management.
- Toronto Region supported the development of five Infection Prevention and Control (IPAC) Hubs to support local implementation and sustainability of IPAC related changes in community congregate settings, including long-term care, retirement homes and congregate living settings (e.g., group homes, supportive housing and shelters).
- Service Resolution Tables were launched within Toronto Region to support identification and multi-partner discharge planning for patients waiting in hospital with an Alternate Level of Care designation who have an extraordinarily long length of stay. This has helped to create essential capacity and flow in hospitals and throughout the system.

West Region serves 3.7 million people (more than one quarter of Ontario's population) who reside in diverse urban and rural communities from Waterloo to Windsor and Tobermory to Niagara Falls.

2021/22 Highlights

- The launch of mobile Community Response and Stabilization Teams increased access to COVID-19 vaccine, testing and health assessment supports across the Region. This included delivery of more than 24,000 vaccines, 1,500 mobile deployments, 3,000 clinical health assessments and 20,000 testing swabs for Windsor Essex High-Priority Communities. More than 3,400 people were referred for case management supports.
- West Region led the co-implementation of 911 Palliative Care Response, a new model of care that provides the opportunity for paramedics to assist clients in the community to achieve their end-of-life goals of care.

- Three MESTs were selected for funding to support vulnerable congregate settings with an emphasis on rural homegrown solutions. MESTs in West Region had direct contact with 540 residents across 15 homes.
- Through an Indigenous-led partnership with Southwest Ontario Aboriginal Health Access Centre, Atlohsa Family Healing Services, and the Emergency Operations Committee, we supported more than 350 people who were evacuated from Wabaseemoong Independent Nation, due to forest fires, for three weeks, in August of 2021.
- A Regional Testing Advisory Committee was established, which supported COVID-19 testing and assessment in 40 centres across the West Region.
- We supported Canada's first community-based eating disorder treatment step program. The partnership between London Children's Hospital and Vanier Children's Mental Wellness will double eating disorder treatment capacity for children aged six to 13 in the region.

Clinical Institutes and Quality Programs (CIQP) 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. Our key program areas, along with our 2021/2022 highlights, are listed below.

- **Cancer** program works in partnership with Ontario's 14 Regional Cancer Programs and is guided by the Ontario Cancer Plan 5 (2019–2023). 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 diagnosis through to long term follow-up and end-of life care.
    - Funding for four new drugs will treat approximately 525 patients with acute leukemia in both the inpatient and outpatient setting annually.
    - 27 new or updated clinical guidance documents were developed and released (with an additional 20 guidelines initiated and in development) and two cancer pathway updates were completed, setting the standard of care and advancing quality in the cancer system.
    - The Cancer System Quality Index 2021 was published, providing a comprehensive view of Ontario's cancer system performance and highlighting opportunities for improvement as well as areas where Ontario is a leader nationally and internationally.
    - We streamlined access to publicly funded drugs; as a result, funding for 12 generic cancer drugs transitioned from the New Drug Funding Program to Systemic Treatment – Quality-Based Procedure, reducing reporting requirements from the hospital site.
    - We continue the implementation of the First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy (2019−2024), helping health system partners in Ontario to jointly develop, fund and implement cancer control policies and programs that improve the performance of the cancer system with and for Indigenous peoples in a way that honors the Indigenous Path to Well-being. This includes:
        - Funding the work of 10 Regional Indigenous Cancer Leads, developing Indigenous expertise within the Regional Cancer Programs and championing the Strategy's strategic vision.
        - Funding nine Indigenous Navigators supporting First Nations, Inuit, Métis, and urban Indigenous patients and their families along every step of the cancer journey from diagnosis onwards, as well as nine Coordinators who support the implementation of customized Regional Indigenous Cancer Plans.

        - Continuing to support Ontario Health's Indigenous Tobacco Program, which works with First Nation, Inuit, Métis and urban Indigenous partners to reduce and prevent commercial tobacco use and addiction.
        - Continuing to support the ministry's investments in Indigenous cultural competency / safety training initiatives for health care professionals, through Ontario Health's 13 online Indigenous Relationship and Cultural Awareness Courses. Since it was launched in 2015, enrolment has surpassed targets with 50,000 course enrolments and 43,000 course completions (86% rate).
    - The Bayshore symptom management nursing tele-triage services averaged over 2,000 calls per month from close to 1,400 unique patients, providing timely support to cancer patients managing symptoms at home and reducing inappropriate emergency department visits.
    - More than 7,000 low dose CT scans were performed through the Ontario Lung Screening Program, which transitioned from a pilot project to become Canada's first organized lung screening program.
    - We received approval for funding and procurement activities for the HPV Testing Implementation Project for the Ontario Cervical Screening Program and completed expert panel meetings to update clinical pathways for cervical screening.
    - See Operational Performance, page 27, for Cancer Screening and Cancer Surgery recovery data.
- **CorHealth** Ontario is the newest member of the Ontario Health family. This team provides strategic leadership to improve the quality, efficiency, accessibility and equity of cardiac, stroke and vascular services for patients across Ontario. As CorHealth joined Ontario Health on December 1, 2021, their financial statements to November 2021 will be published separately. While the following activities were accomplished prior to the transfer, this work continued with Ontario Health:
    - In collaboration with the Ministry of Health, we introduced a new cardiac services funding model; we continue to support the 20 advanced cardiac hospitals serving approximately 90,000 cardiac patients.
    - After launching the Provincial Lower-Limb Preservation Strategy framework and change package, implementation planning continues to support reducing non-traumatic major lower-limb amputations.
    - Alongside the Hyperacute Implementation Task Group, we continue to develop a provincial stroke repatriation reference to support cross regional flow of patients when endovascular thrombectomy is accessed outside of standard regional Memorandums of Understanding for bypass and repatriation.
- **Mental Health and 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. Our accomplishments over the last year are described in the 2021/22 Program Highlights, under Priority #7, page 20.
- **Ontario Palliative Care Network (OPCN)** is the principal advisor to the government for quality, coordinated palliative care in Ontario. This partnership of health service providers, 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.
    - We led stakeholder consultations to inform the development of the Ontario Provincial Framework for Palliative Care, released by the Ministry of Health in December 2021, in response to the requirement of the *Compassionate Care Act, 2020*.

- We partnered with Home Care Ontario, Home and Community Care Support Services and Pallium Canada to fund and make available just-in-time online training modules for over 400 nurses and personal support workers, to address the training needs of home care providers related to their palliative care competencies
- We developed a new OPCN provincial oversight structure in alignment with health system transformation which received approval from the Chief Regional Officers.

- **Ontario Renal Network (ORN)** 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 3 (2019 – 2024).
  - 230 people received a living kidney donor transplant, and 26.2% of chronic dialysis patients were dialyzing at home.
  - More than 82% of eligible chronic dialysis patients and 77% of Multi-Care Kidney Clinic patients received their third dose of the COVID-19 vaccine, well above the third dose rates in the general population. These are vulnerable populations with comparatively high risk of hospitalization and mortality due to COVID-19.
  - The joint Trillium Gift of Life Network-ORN Access to Kidney Transplantation and Living Donation Strategy was expanded to all 27 Regional Renal Programs with the goals of enhancing access and improving patients' experience with kidney transplantation, with a focus on living donation.
- **Quality** works with patients, 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.
  - We released four new quality standards that will enhance clinical care and updated the Heart Failure quality standard.
  - With a focus on patient care and safety, we released the Transitions from Youth to Adult Health Care Services quality standard, along with an accompanying patient guide and data measurement guide.
  - We distributed 8,735 MyPractice Care Reports (not including group reports), an increase of 18.6% from 2020/21.
  - The General Medicine Quality Improvement Network expanded, with hospital membership increasing from seven sites to 31 (60% of general medicine patients will receive care at a participating hospital.)
- **Trillium Gift of Life Network** (TGLN) is responsible for the delivery and coordination of organ and tissue donation and transplantation services across the province. 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.
  - 1,184 lives were saved through organ transplantation and many more lives were enhanced via 2,175 tissue donors.
  - 101,000 Ontarians registered their consent to donate their organs or tissues.

Digital Excellence in Health portfolio supports a better, more connected health care system and enables Ontario Health to meet our integration, coordination and service excellence mandate through digital and virtual planning and delivery. Our team enables and operationalizes the Digital First for Health Strategy to make the health care system integrated, sustainable and patient-centred by providing patients and providers with more complete health information through provincial digital and virtual services. We also partner with health care delivery organizations to create a provincial digital network that enables comprehensive health information through local/provincial digital and virtual services.

2021/22 Highlights

- We restructured into an integrated digital service delivery model with defined key capabilities needed to meet Ontario Health's mandate of creating an integrated, coordinated digital and virtual service to enable and support health care delivery across the province.
- We advanced the provincial cybersecurity operating model by inviting health service providers to submit proposals for the development of a regional Cybersecurity Operations Centre; $7.5M over two years has been approved to support three regionally partnered organizations.
- We made significant progress in planning for the consolidation of clinical decision support tools as part of a multi-year program to replace three clinical data viewers with a single new provincial viewer to be used by clinicians and patients to access electronic health records informing care plans and providing access to Ontario's citizens.

Health System Performance and Support 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 health human resource planning, and for measuring and improving health system performance. We also manage funding and accountability for parts of the health system.

This portfolio produces a number of data-based products for internal, system and public use. We build and maintain an analytics pipeline and create data, analytics and performance management tools. We also translate collected data to help our colleagues and partners make better decisions. A few examples of these products include the COVID-19 Recovery Dashboard, Health System Scorecards, MyPractice Reports, and Wait Times Reporting.

2021/22 Highlights

- We completed provincially negotiated master pricing agreements for new radiation equipment infrastructure and systems, with estimated savings of $30 million over five years.
- We implemented Quality Based Procedure for Radiation Treatment protocol, along with documents and tools to support hospitals in understanding and applying the model (e.g., operational reporting, costing report, etc.).
- With the Ontario Health Regions and our Finance team, we established the Provincial Funding Coordination Table, resulting in improved alignment, collaboration and coordination on Health System Performance funding operations.

Population Health and Value-Based Health Systems portfolio drives high quality, efficient and equitable health services by focussing on 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 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.

2021/22 Highlights

- We worked with the Ministry of Health to support the approval of nine new OHTs, supported over 225 OHT-led digital and virtual care projects and launched the Collaborative Quality Improvement Plans and OHT population health data and analytics reports. For more information, see Priority #5: Ontario Health Teams, page 19.
- On April 22, 2022, the Ontario government and Ontario Health launched Health Connect Ontario, a new tool that will allow Ontarians to call 811 or visit the website 24 hours a day, seven days a week to get health advice via phone or by chatting online with a nurse, help navigate health services and find information.
- We worked with the Regions to investing $48.4 million in OHTs' digital and virtual care services to support COVID recovery in areas like remote care management to monitor patients with COVID or chronic disease at home, supporting patient surgical transitions between hospital and home, offering virtual provincial internet cognitive behaviour therapy (iCBT) and addiction support services for patients with mild to moderate anxiety, depression and substance use disorders, etc.
- We strengthened relationships with primary care stakeholders, such as a formal engagement with the Primary Care Collaborative, which includes the Ontario College of Family Physicians, Association of Family Health Teams of Ontario, the Alliance for Healthier Communities, Nurse Practitioner-Led Clinic Association, the Indigenous Primary Health Care Council, and Ontario Medical Association's Section of General and Family Practice. We also launched a Primary Care Steering Committee with the Ministry of Health, to enable collaboration, information sharing, and alignment of goals in primary care between Ontario Health and the ministry.
- We supported the Primary Care COVID-19 response, including COVID-19 therapeutics (Paxlovid), remote patient monitoring of COVID-19 patients, supporting in-person care by enabling primary care access to personal protective equipment, etc.
- We are enabling health system transformation through mobilizing integrated clinical pathways. This has been brought about through the application of clinical evidence, enabling care through proven technologies and unlocking funding. An integrated care approach was launched beginning with the integrated heart failure initiative, in partnership with CIQP and partners across the health system. Focus will be on delivering value for patients and their caregivers across their episode/experience ofcare.
- We continued the implementation of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). Specifically, we launched new sites collecting orthopedic PROMs for hip/knee replacement patients, enabled a proof of concept to collect PROMs with congestive heart failure patients within the OHT context, and improved certain cancer PROM/PREMtools.
- We launched a new analytics business intelligence platform for OHTs and their HSPs to access information about their local populations. The initial reports focused on COVID-recovery metrics and will serve as the foundation for advancing near real time information to OHTs. This platform will be used to deliver timely, detailed data to OHTs on health system utilization, outcomes and their attributed population.

COVID-19 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 Ontario Health 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.

2021/22 Highlights

- We provided leadership at the regional and provincial levels and deployed structures in each of the Regions to support the health system in acting as a single, unified system in COVID-19 response.
- We provided daily data and analytics information and analysis in support of the local, regional and provincial COVID-19 response. We also produced six rapid evidence briefs about COVID-19 related topics for the Ontario Science Table and Ministry of Health.
- We enabled 958,802 subscribers to receive over one million notifications sent through the Results Patient Viewer.
- For more information, see Priority #1: Pandemic Response, page 17, and Operational Performance, page 27.

To support the above portfolios, our Corporate Services efficiently and effectively provide strategic advice and services in the areas of legal, privacy and risk, finance, human resources, communications, engagement and corporate planning.

Home and Community Care

On April 1, 2021, Local Health Integration Networks (LHIN) non-patient care functions, including health system planning and funding, transferred into Ontario Health. LHINs, rebranded as Home and Community Care Support Services (HCCSS), now reflect a service delivery mandate: patient care functions, including home care delivery, long-term care home placement, and referrals to other community service providers.

While separate agencies, HCCSS and Ontario Health work closely together, along with the Ministry of Health, to advance commitments to modernize home and community care and support a more integrated health care system focused on patient needs. Ontario Health and HCCSS are also working very closely together at provincial and regional levels to respond to COVID-19.

Ontario Health and HCCSS will continue to work closely together and with the Ministry of Health to plan and implement home and community care modernization to ensure continuity of care and high- quality outcomes and experiences for clients, caregivers, HCCSS and service providers.

Long-Term Care

Long-term care is an integral part of Ontario's overall health system, one that requires dedicated attention. As Ontario Health fulfills our broad mandate to manage health system performance, coordination and oversight, we also support the government's plan to fix long-term care. We have already made significant contributions to the LTC sector. In the past year, we:

- Played a central role in supporting Ontario's provincial response to the COVID-19 outbreak and informed the stabilization plan for the long-term care sector.
- Established a LTC focus across Ontario Health to support sector quality transformation and integration into the broader health system.
- Developed an LTC and aging care governance structure and Ontario Health internal LTC operating model to support Regions and portfolios in the delivery of programs for LTC (e.g., quality, palliative care). We also provide a single point of contact for the Ministry of Long-Term Care and Ministry of Health on sector opportunities and issues.
- Focused on sector priorities: infection prevention and control.

Engagement and Relationship Building

The Ontario Health corporate engagement team champions and embeds stakeholder engagement as part of our organizational culture. Our corporate stakeholder engagement framework provides a stepwise process for how we operationalize engagement with health system partners. The framework identifies key stakeholders with whom our relationships should be managed closely due to their level of influence and/or the impact they would experience as a result of our work. This helps us to prioritize our work and align with system needs.

CEO-stakeholder engagement is a cornerstone of our relationship building. To ensure concerns and aspirations of health system partners are considered in system planning, our CEO met more than 60 times in 2021/22 with key stakeholders, including those representing acute care, community services, French language services and primary care**.**

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 eight times this year to discuss a solutions-focused approach to improvement on issues such as the pandemic response, health system recovery, capacity planning, and developing an integrated mental health and addictions system.

This past year we developed Ontario Health's first Patient and Family Engagement Strategy, which details how we will build positive and collaborative relationships with patients and caregivers, healthcare professionals, and the organizations working to support and improve the health and wellbeing of Ontarians. We also worked with the Regions and portfolios to develop a new structural model for regional Patient & Family Advisory Councils, with a focus on membership from diverse communities; and refreshed the CEO's Patient & Family Advisors Group membership with more diverse representation of patients and caregivers. Our network now includes more than 1,175 Patient and Family Advisors.

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. While working towards harmonizing French Language Services (FLS) within Ontario Health and the Regions, our focus has been on Annual Business Plan priorities selected by the entities such as mental health and addictions, virtual care services, and the development of a structure of collaboration to advance FLS.

We organized nine meetings with the six entities (including one with our CEO) to introduce, among other topics, the ongoing work undertaken by Ontario Health on these priorities. Throughout the year, we also developed a structure of collaboration to establish relationships and strengthen FLS engagement and participation with our Regions, alongside the Ministry of Health and the entities.

Engagement with Indigenous Communities

Relationship-building with Indigenous organizations is key to improving health care with and for Indigenous people in Ontario. We hosted eight individual Joint Ontario Indigenous Cancer Committee (JOICC) meetings to discuss the Ontario Health transition and the evolution of JOICC beyond cancer and secured a commitment from all members of JOICC to expand the committee's mandate. The Indigenous Cancer Care Unit, in partnership with the Regional Cancer Programs, works with the established

Indigenous health networks that are in place across all of the Regions to develop sustainable engagement structures.

Equity, Inclusion, Diversity and Anti-Racism

Our Equity, Inclusion, Diversity and Anti-Racism Framework is an essential tool to guide our work to build an organizational culture focused on equity, inclusion, diversity and anti-racism, and to contribute to better outcomes for patients, families and providers within the health system. We are committed to reducing health inequities by embedding equity in all our activities. To achieve better outcomes for all, our framework highlights the need to explicitly identify and address the impacts of racism in all its forms, with an emphasis on anti-Indigenous and anti-Black racism given the disproportionate impacts of racism on these communities.

While the work to build an inclusive and equitable culture will never be finished, there is an immediate need to recognize the gaps that are caused by racism and other forms of oppression and work together to build ways to address and prevent them.

Working towards these goals, in 2021/22, Ontario Health:

- Made efforts to eradicate stigmatizing uses of race-based data. For example, to reduce health inequities to access kidney care services and minimize risk of unintended consequences, the Ontario Renal Network removed the use of race adjustment in calculating the estimated glomerular filtration rate (eGFR) for funding and performance management.
- Collaborated with the Regions, who partnered with local lead agencies, to serve 17 high priority communities with targeted resources to advance an equitable pandemic response strategy – including wrap-around supports such as access to food and translation services, transportation to vaccine clinics, mobile vaccination, and preventative health treatment, etc.
- Convened the Black Health Plan Working Group, a community of health sector leaders and health equity experts working to advance health outcomes for Black populations.
- Held seven Black Health Summits, quarterly engagements increasing collaboration across community, government and health providers to advance an equitable pandemic response for Black communities.
- Created the Indigenous Health Equity and Coordination team and hired two staff.
- Began the creation of the Indigenous Data Governance Matters process for all uses of Indigenous data across Ontario Health to ensure data is accessed and utilized appropriately in accordance with Indigenous data governance principles.
- Disseminated findings of the Indigenous Cancer Care Unit's province-wide Impact Assessment that assessed barriers and opportunities within the cancer system to First Nations, Inuit, Métis and urban Indigenous communities, the Political Territorial Organizations and the Regional Cancer Programs.
- Developed Indigenous-specific "COVID-19 and Smoking" and "COVID-19, Smoking and Surgeries" resources, which were disseminated to Regional Cancer Programs and 184 First Nations, Inuit, Métis and urban Indigenous communities/organizations across Ontario.
- Supported registrations and enrollment of more than 30 primary care nurses to access the Sioux Lookout and Zone Cancer Screening Activity Reports, supporting remote First Nation communities to improve cancer screening participation rates.
- Partnered with the All Nations Health Partners OHT and the Northern Ontario School of Medicine Research Toward Health Hub to understand and improve cancer screening participation.

- Developed internal guidance resources to support our team members: *Developing Land Acknowledgements at Ontario Health*, *Indigenous Terminology Guide*, *Chart of Indigenous Cultural Practices and Healing Spaces.* We created a 10-hour Advancing Health Equity in Ontario training program, which has been completed by more than 300 team members, including all members of the Senior Leadership Team.
- Grew our internal Communities of Inclusion to include ARISE for Black team members, Women in Motion, and Pride in Health for queer and trans team members.

2021/22 Program Highlights

Priority #1: Pandemic Response

Continue to support the government's supply chain centralization and modernization efforts, including planning, development and implementation of activities to respond to the COVID-19 pandemic

Throughout 2021/22, we continued to mobilize the health system in COVID-19 planning and response. We worked in close partnership with government and others – including with the Regions, long-term care sector, the Ministry of Long-Term Care and the Ministry of Health – to actively contribute to the government's pandemic response, ensuring coordination and best use of resources as a province-wide system to slow the spread of COVID-19 and save lives.

In the past year, we:

- Continued to minimize the disruption to critical health care services during a time when COVID-19 strained Ontario's health workforce, leading to recruitment and retention challenges, high turnover and provider burnout:
    - Covered 3,328 urgent emergency department physician shifts in small and rural hospital emergency departments at risk of closure due to a lack of physician staffing
    - Provided more than 7,900 days of physician coverage in Northern Ontario to maintain specialist services
    - Provided more than 9,600 days of respite to physicians in rural communities
    - Provided more than 2,400 days of physician coverage to First Nations communities in Northern Ontario served by the Meno Ya Win Hospital
    - Secured employment commitments from over 700 nurses and 800 PSWs in high-need hospitals, long-term care homes and home and community care provider organizations
    - Launched a new program in partnership with the College of Nurses of Ontario to integrate internationally trained nurses into Ontario's health system, referring close to 900 nurses to high-need employers in the first three months after launch
    - Referred over 2,200 nursing and other health professional students into extern roles in high-need hospitals to increase workforce capacity
- Used local-level sociodemographic data to guide and enable equitable access to vaccines, testing and antiviral therapies among priority communities, including Black and racialized people, essential workers and people living in hotspot areas.
- Published a report, "Tracking COVID-19 Through Race-Based Data," calling for a persistent anti-racism approach to addressing systemic health inequities, standardizing sociodemographic data collection through OHIP, and using race-based data to inform health system recovery.
- Played a key role in supporting COVID-19 Response in the Agri-Food Sector in our West Region; this included early detection, intervention and support (including We Speak Language Initiative).

- Supported development and launch of mobile Community Response and Stabilization Teams to increase access to mobile vaccine, testing and health assessment supports across the West Region.

Priority #2: Pandemic Recovery

Continue to work with hospitals and the ministry to oversee surgical and diagnostic imaging ramp-up as well as hospital capacity initiatives in response to the COVID-19 pandemic

Health system recovery is an area of heightened and ongoing focus. With the decline in COVID-19-related hospitalizations, we released Optimizing Care: Wave 5 in February 2022, which provided direction and a phased approach to the resumption of surgical/procedural care. We actively monitored surgical volumes and acceptance of patient transfers to assess compliance with directions and ensure equitable access to care for patients. Our data-informed approach to recovery focussed on clearing the backlog of surgical/procedural patients waiting beyond clinical guidelines and where the pandemic is most severely impacting health and well-being. Our daily and weekly data reviews at Incident Management System tables on both response and recovery metrics allowed us to plan and immediately respond at the sub-regional, regional and provincial levels.

In the past year, we:

- Worked through our Regions to maximize recovery efforts by determining the best way to allocate $300 million in surgical recovery funds invested by the Ministry of Health.
- Continued to prioritize cancer surgeries, despite the dramatic impact the COVID-19 pandemic had on overall surgical capacity. (See Operational Performance, page 28.)
- Enhanced cancer screening, COVID-19 regional monitoring and planning tools with data on cancer incidence and Ontario Breast Screen Program participants who were overdue for mammogram rescreening. (See Operational Performance for breast, colorectal and cervical cancer screening data, page 27.)
- Successfully supported patients who were identified as benefitting from enhanced transitional support from their current setting to the right place of care as part of the North East Long-term Care Pilot Behavioural Supports Ontario Initiative.

Priority #3: Operationalize Ontario Health

Continue to establish and operationalize Ontario Health by bringing together an effective and efficient "single team" from the agencies and organizations already transferred into Ontario Health and preparing for possible future transfers of additional agencies and organizations

Notwithstanding the focus on COVID-19, Ontario Health advanced our agency integration and unification mandate, moving forward with a transformation plan aimed at creating an integrated, high-performance and efficient organization.

In the past year, we:

- Achieved full integration and unification of 22 separate health agencies and organizations into one Ontario Health.
- Welcomed Trillium Gift of Life Network and CorHealth to Ontario Health (April 1, 2021, and December 1, 2021, respectively).
- Completed our organizational alignment, a massive undertaking that included defining and evaluating every job and harmonizing 1,173 titles.
- Eliminated over 40 executive positions by the close of the year through integration

- Harmonized human resources, payroll, finance and procurement systems and a common cyber security architecture

Priority #4: Implement a Regional Structure

Work with the ministry to develop and implement a regional structure for Ontario Health that ensures identification of regional and local health care needs. These structures should be regional extensions of Ontario Health's mandate of accountability, sharing clinical best practices and enabling quality improvement.

Our regional model allows us to identify regional and local health care needs, while also promoting the sharing of best practices and quality improvement within all regions and communities across Ontario. As a result, the health system is working together in ways never seen before, including regional and sub-regional structures working seamlessly to optimize capacity.

In the past year, we:

- Created two northern Regions – North East Region and North West Region – to better support diverse needs in the North.
- Completed the Regional Palliative Care Network Stabilization Recommendations Report to align resourcing, supports and leadership structures for palliative care across the Ontario Health regions.

Priority #5: Ontario Health Teams

Work with the ministry to establish and support the implementation of Ontario Health Teams across Ontario, by leveraging existing accountability tools and resources in quality improvement, digital and analytics, and other resources

First announced in 2019, Ontario Health Teams (OHTs) are a new way of organizing and delivering care that is more connected to patients in their local communities. Under OHTs, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team – no matter where they provide care.

In the past year, we:

- Supported the approval of nine new OHTs and created a customized approach to advancing provincial coverage of OHTs in the North Region.
- Launched OHT Collaborative Quality Improvement Plans aligned with provincial priorities focused on improving access to care in the most appropriate setting, increasing overall access to community mental health and addiction services and increasing overall access to preventative care.
- Provided digital and virtual care funding to support 226 projects led by all 51 approved OHTs and eight In Development Teams.
- Launched OHT population health data and analytics reporting to support OHT planning.

Priority #6: Transition of Home Care

Working within defined roles and responsibilities, lead the transition of home and community care responsibilities to points of care, aligned with the ministry's implementation of Ontario Health Teams, and support Local Health Integration Networks (LHINs)/Home and Community Care Support Services (HCCSS) in the delivery and modernization of services and transition of responsibilities

We continue to work with the ministry and HCCSS in support of modernization of the home and community care system. We have developed a preliminary roadmap, pending future ministry direction, to support this work in a phased approach consistent with the policy direction of government and our Ministry of Health-Ontario Health Integrated Accountability Agreement.

In the past year, we:

- Successfully completed shared service workplan with HCCSS.
- Launched the Leading Projects initiative to identify opportunities to establish new models of integrated care and, provide insight into various planning options and complexities that will need to be addressed in the provincial home and community care modernization transfer.

Priority #7: Mental Health & Addictions Centre of Excellence

Further operationalize the Mental Health and Addictions Centre of Excellence at Ontario Health in accordance with the Mental Health and Addictions Centre of Excellence Act, 2019 to implement a comprehensive and connected mental health and addictions system across the lifespan, focused on core services embedded in a stepped-care model that spans the full continuum of care, including community, primary, and acute care, and that is supported by a robust data and measurement framework

The Mental Health and Addictions Centre of Excellence serves as the foundation on which Ontario's Roadmap to Wellness is built. Working closely with the Regions and engaging with sector partners, the Centre will enable and drive the effective implementation of the strategy's four pillars, which are to improve quality, expand existing services, implement innovative solutions and improve access.

In the past year, we:

- Rolled out $30.3 million across the province, in collaboration with Ministry of Health and Regions, as part of the government's Roadmap to Wellness investments. This includes investments for bed-based services, Rapid Access Addiction Medicine and peer supports.
- Supported the rollout of the government's Addictions Recovery Fund investments ($90 million over three years), in partnership with the Regions.
- Completed foundational work to enable the implementation of the provincial Mental Health and Addictions minimum data set.
- Developed a data-driven needs-based model to allocate provincial funding to new Ontario Structured Psychotherapy Program Network lead organizations.
- Launched six new network lead organizations as part of the Ontario Structured Psychotherapy Program (in addition to the existing four network lead organizations). All together, the 10 network lead organizations had approximately 12,600 new clients enrolled from April 1, 2021, to March 31, 2022.
- Launched four new mobile mental health and addictions clinics to provide access to a range of services in hard-to-reach communities.
- Launched Breaking Free Online to all Ontarians ages 16+, with about 3,000 client assessments completed as of end of fiscal year.
- Enabled the enrollment of over 78,000 self-referred clients in internet-based cognitive behavioural therapy. This includes just over 7,000 health care workers through the Frontline Wellness Program.
- Enabled the enrollment of approximately 1,800 front-line health care workers in online peer groups and one-on-one mental health and addiction supports through the Frontline Wellness Program.

- Developed a provincial approach to allocate $10.5 million in intensive acute care and specialized community services for eating disorders, in partnership with the Regions.
- Convened three groups of experts and developed recommendations in three priority service areas on what is needed to reinstate mental health and addictions services to at least pre-pandemic levels and to address increased needs: substance use among people of all ages (focusing on opioid use and problematic alcohol use), child and youth intensive treatment services (eating disorders), and expansion of the Ontario Structured Psychotherapy Program.

Priority #8: Evidence-Informed Programs

Build on the existing world class model and expertise in cancer care and apply that model to chronic diseases and conditions, by developing and offering patients new evidence-informed programs and treatments sooner

We continue to see the benefits in leveraging the best practices developed by Ontario Health legacy agencies. We are building on those experiences and capabilities to generate evidence and improve clinical outcomes for people with other chronic diseases and conditions.

In the past year, we:

- Submitted 15 health technology assessment evaluations and associated funding recommendations to the Ministry of Health, covering cancer, cardiac and vascular, mental health, diabetes, kidney and urinary system, vision and mobility.
- Released four new quality standards to enhance clinical care: Prediabetes and Type 2 Diabetes; Type1 Diabetes; Diabetes in Pregnancy; and Transitions from Youth to Adult Health Care Services.
- Recommended the biosimilar for trastuzumab be used (versus the originator biologic), which will reduce costs by 48%. This will give more than 100 cancer patients per year access to this safe, effective and economical treatment.
- Continued to grow the Occupational Disease Surveillance Program:
    - Expanded surveillance to study opioid-related harms and COVID-19 infections among Ontario workers
    - Recruited over 2,500 paramedics to the Public Health Agency of Canada-funded COVID-19 Occupational Risks, Seroprevalence and Immunity among Paramedics project, a national study that Occupational Cancer Research Centre is co-leading with the University of British Columbia
    - Commenced a Workplace Safety and Insurance Board-funded study to validate the fit-testing of respirators for emergency workers
    - Produced more than 20 peer-reviewed scientific publications relevant to the prevention of occupational cancer and other chronic occupational diseases
- Expanded smoking cessation programs in Regional Cancer Programs to reach approximately 7,200 additional patients in diagnostic settings, inpatient units and partner hospitals, who could benefit from smoking cessation support.
- Supported the implementation of Dan's Law, which allows patients from other provinces and territories moving to Ontario to receive end-of-life care to access home care services, the Ontario Drug Benefit Program and the Assistive Devices Program for home oxygen therapy, bypassing the mandatory three-month waiting period.
- Developed, pilot tested, and implemented in the Client Health and Related Information System (CHRIS) the *Personal Support Services Waitlist Prioritization Framework* as part of the Home Care Wait-List Initiative, designed to promote a consistent, patient-centred and evidence-informed approach to improve personal support services wait-list management in home care.

Six home care wait-listing principles were also established to support the use of the provincially standardized framework.

- Collaborated with Home and Community Care Support Services to implement the *Guidelines for Use of the interRAI Check-Up Self Report* assessment and collaborated with interRAI Canada on the identification of appropriate home care patients who would benefit from the assessment.

Priority #9: Province-Wide Laboratory Network

Ensure the successful planning, implementation and operation of a province-wide testing and laboratory network capable of supporting provincial needs for COVID-19 testing. In addition, ensure the successful implementation of genetic testing, by conducting a detailed assessment and developing recommendations to drive better outcomes for Ontarians and improved value

Timely high-quality COVID-19 testing has been critical to the province's pandemic response, and Ontario Health worked closely with the provincial government, Public Health Ontario and health system partners to ensure that anyone who needed a test could get a test. This required and accelerated the creation of a province-wide laboratory network where none had existed before. This year, our focus was on improving the COVID-19 PCR lab test requisition process, test processing and test result reporting, effectively digitizing the end-to-end process. In addition, we are working towards the development and implementation of a province-wide comprehensive program for all genetics, including laboratory and clinical genetic services, which is required to support timely and equitable access to genetic testing and care delivery to improve health outcomes and create value in the system.

In the past year, we:

- Shortened the time people spent at COVID-19 Assessment Centres and Clinical Assessment Centres, while ensuring accurate information was relayed to the laboratory processing the test.
- Integrated the COVID-19 performing labs to digitally ingest the digital requisitions into their Lab Information Systems and digitally report the results back to the province with minimal administrative interventions. This improved productivity at the labs and reduced the wait times for results.
- Developed a digital means to provide molecular test results to people taking the test via the Ontario Portal in real time, to Public Health Units (who did not have to re-key faxed results), and to family physicians so they could stay informed on their patient's health.
- See Operational Performance, page 27, for diagnostic testing data.
- Launched the Ontario Health Provincial Genetics Program to develop, implement and provide ongoing oversight and administration for genetic services delivered provincially, including:
    - Established a Provincial Genetics Advisory Committee to provide system advice and leadership for program development, and convened Genetics Expert Groups to develop guidance for genetic testing in the prioritized areas of neurogenetics, neurodevelopmental disorders and cardiogenetics
    - Implemented province-wide Hereditary Cancer Testing for adults, and Comprehensive Disease Site Testing (biomarkers) for solid tumours at diagnosis to support patient management
    - Transitioned oversight and funding of select rare and inherited genetic testing from the Ministry of Health to Ontario Health

Priority #10: Public Reporting

Leverage Ontario Health's expertise in health quality for regular public reporting on the performance of Ontario's health system per Quadruple Aim Framework at provincial, regional, Ontario Health Team and other levels as required

As an evidence-informed health system planner and operator, we recognize the importance of expanding our analytic capacity to not only measure but also report on how well we are performing in four key areas: improving population health outcomes, improving how people experience the health care system, improving front-line and provider experience, and achieving better value. This includes socio demographic data, such as race-based data and population-focused outcome and experience measurement. In addition to our routine public reporting of health system performance across all sectors of the health system, we also contributed to the public reporting of COVID-19 data to guide the response and inform the public. This included COVID-19 testing data, which was available on the Government of Ontario website.

In the past year, we:

- Achieved "gold status" (the highest rating for North American standard) from the North American Association of Central Cancer Registries for the quality of the data collected by the Ontario Cancer Registry. The data are used for multiple purposes and audiences within the health care system to support activities such as health planning, clinical decision-making, policy-making, disease surveillance and research.
- Enhanced the availability of cancer burden data in the province to enable targeted cancer control efforts by releasing updates to the Ontario Cancer Profiles tool and the Ontario Cancer Registry SEER*Stat Package.
- Launched the new Ontario Occupational Disease Statistics website.
- Launched new and updated Ontario Renal System Performance data to enhance public reporting.
- Launched enhanced wait times reporting for surgery and diagnostic imaging.
- Continued to support Regional Executive Table, Recovery Tables, Ministry of Health and the Regions with customized and specialized pandemic and recovery monitoring reports, including:
    - Mobilized Surgical and Diagnostic Imaging Innovation Funds
    - Studies released outlining use of data to support pandemic management and recovery planning
    - Established COVID-19 Data & Analytics Reporting Team (C-DART)

Priority #11: Patient Safety

Provide leadership on patient safety, through the public reporting of data, and the development of clinical and quality standards for patient care and safety

Patients, caregivers and health care providers expect the health system to deliver safe care. A fundamental principle of health care is to "first, do no harm." There is a need to be proactive in reducing avoidable harm in all care settings.

In the past year, we:

- Developed a standard formulary for wound care products to ensure continuity of care from acute to home, enhance patient experience and reduce cost. Engagement with patients and family caregivers helped define service expectations and the future delivery model of medical equipment and supplies in the community.

- Initiated vendor procurement to resume patient experience surveys in the home care sector enabling collection of provincial, comparative data to measure patient and caregiver experience with palliative care services (VOICES) and home care services (CCEE) and to be used to inform quality improvement planning.

Priority #12: Digital First for Health

In collaboration with the ministry, implementing the ministry's Digital First for Health strategy to deliver a more modern, integrated and digitally enabled health system experience for patients

Ontario's Digital First for Health strategy reimagines the way we think and work to create a better, more connected health care system for the people we work with and serve. The strategy guides the transformation of the health care system so that it becomes more integrated, sustainable and patient-centred. The COVID-19 pandemic accelerated advancements in this area, particularly with regard to enhanced virtual care. We continue to support the recovery of the health system by increasing access to appropriate care options, transforming how care is delivered and building on OHT digital maturity objectives.

In the past year, we:

- Launched Health Connect Ontario, replacing the Ontario Telehealth Service. It includes enhanced online tools and allows individuals to call 811 or visit the website 24 hours a day, seven days a week to get health advice, navigate health services and find information.
- Continued to build OHT digital maturity, with $48.4 million allocated by the Digital and Virtual Care Secretariat to fund over 300 projects that support OHTs and other health system stakeholders with their digital and virtual care development (e.g., remote patient monitoring, virtual care, online appointment booking, clinical systems renewal, patient portals, etc.). All 51 approved OHTs and many in-development OHTs received funding with the median amount per OHT being over $300,000. The virtual care projects are estimated to support:
    - Over 103,000 patients with Remote Patient Monitoring and Virtual Care
    - Over 1,500,000 patients with new availability to book an online appointment with their primary care provider
- Established a working group, which includes both physicians and patient representatives, to develop guidelines for clinically appropriate use of virtual care.
- Worked closely with the ministry and Regions for an additional $8 million of one-time funding to support hospitals to implement critical ransomware defense controls.
- Supported the Regional Mental Health Assessment Team, which provided virtual rapid assessment and treatment suggestions for mental health issues to each of the local hospitals in the North West for the purpose of accessing Schedule 1 services in Thunder Bay and Kenora.
- Supported all five hub hospitals in the North Region in the implementation of virtual surgical transition programs that provide support to post-operative patients as they transition home, decreasing the needs for return visits to the Emergency Department and readmission.
- Developed a regional approach for Online Appointment Booking adoption in the West Region; OHTs onboarded 179 primary care providers to this booking solution.

Operational Performance

Indicator Specifications				Results	
Area of Focus	**Performance Measure (2021/22)**	**Target**	**Reporting Period***	**Performance Outcome**	**Comments**
Sentinel Health Metrics					
Improve Mental Health and Addictions (MHA) Services	# of clients enrolled in Ontario Structured Psychotherapy program	13,312; 5% increase over 20/21	Annual	12,736	12,736 new clients were enrolled in the OSP Program through 10 network lead organizations (4 original and 6 new) that are now caring for clients.
	% of patients with 4 or more Emergency Department visits for mental health and addictions (FPT Shared Health Priority metric)	Lower is better	Annual	2020/21: 10.6% 2021/22: 10.4%	Percentage of frequent visitors to the ED varied significantly by material deprivation quintile, with 47% more visits from the most deprived. It is worth noting that few patients will have 4 or more ED visits quarterly, hence reporting this indicator annually.
	Emergency Department as first contact for mental health and addictions care	Lower is better	Q2	27.86 per 100	The rate of first contact in the ED for MHA was 27.86 per 100 MHA ED visits in Q2, compared to 26.68 per 100 MHA ED visits in Q1. There is a significant data lag for this indicator.
	Rate of opioid agonist therapy (OAT) users in Ontario	Higher is better	Q3	3.82 per 1,000 population	The rate of OAT users per 1,000 people was 3.84 in Q3 compared to 3.83 in Q2. Very large variation in the rate of OAT users was observed when stratified by neighbourhood income quintile. The rate of OAT users in the lowest income quintile (7.61 per 1,000) was 4.9 times the rate in the highest income quintile (1.55 per 1,000). Most recent quarter unavailable due to data lag.
Improve Access to Appropriate Virtual Care	# of unique patients accessing Ontario Health supported online virtual care	Quarterly: 212,500 Year end: 850,000	Q4/ Annual	Q4: 789,828	Volumes hit pandemic highs in 20/21 and have since decreased. December 2021 had the lowest number of virtual visits (on OTN) since February 2020 (pre-pandemic). While virtual care visits levelled off this year through system recovery, we saw increased balance to in person visits.

	Achieve sustainable proportion of Ontario health care as appropriate virtual care (% of Ontarians who had a virtual visit in the last 12 months, excluding telephone visits)	N/A	June 2021 – Feb 2022	26.9% of Ontarians surveyed through health care experience surveys had had a virtual care visit in the previous 12 months.	Limited survey results and delays due to COVID-19 have meant this indicator has not been reported consistently throughout 21/22.
Maintain Effective COVID-19 Response	% of COVID-19 diagnostic tests completed within 2 days (30-day average)	80% turn-around within less than 2 days	Q4	Q4: 96.77%	The Laboratory Network exceeded provincial turnaround time targets as of March 2022. Ontario Health continues to work with the ministry to monitor and capacity plan for FY 22/23.
Equitable Health System Recovery	Screening volumes (fecal tests) as a proportion of pre-pandemic volumes	June 2021: 75% of pre-pandemic baseline September 2021: 100% March 2022: 115%	Q4	Q4: 130% of baseline volumes (Jan-Mar 2020)	January-March 2020 was chosen as pre-pandemic baseline as January 2020 was the first month that FIT became the only screening test for colorectal cancer screening In March 2022, fecal test volumes were 148% of pre-pandemic levels. Overall, volumes in Q4 21/22 were 130% of pre-pandemic baseline volumes, exceeding the 115% target.
	Screening volumes (Pap tests) as a proportion of pre-pandemic volumes	June 2021: 75% of pre-pandemic baseline September 2021: 100% March 2022: 115%	Q4	Q4: 102% of baseline volumes (Jan-Mar 2019)	Pap test volumes in Q4 were impacted by the Omicron wave. In March 2022, the number of Pap tests completed was 89% of those in March 2019. The overall Q4 21/22 volumes were 102% of pre-pandemic levels.

	Screening volumes (mammo-grams) as a proportion of pre-pandemic volumes	June 2021: 75% of pre-pandemic baseline September 2021: 100% March 2022: 115%	Q4	Q4: 111% of baseline volumes (Jan-Mar 2019)	In March 2022, the number of screening mammograms completed was 115% of those in March 2019, meeting the target. The overall volumes in Q4 21/22 were 111% of pre-pandemic levels.
	# of cancer surgeries performed in last quarter (compared to pre-pandemic volumes)	Cancer Surgery Wait 2 Targets* (compared to 2019) Q1: 102% Q2: 105% Q3: 107% Q4: 110%	Q4	Q4 19/20 = 13,767 Q4-21/22 = 14,439 Variance = 105% of 2019 volumes	Throughout FY 21/22, continued prioritization of urgent surgeries was maintained during waves 1 to 5 of the pandemic. Aggressive recovery-based targets were set at the beginning of the fiscal year. Performance was strong for urgent cases. Strategic focus has been given to addressing long waiters as capacity allowed.
	# of non-cancer surgeries performed in last quarter (compared to pre-pandemic volumes)	Non-Cancer Surgery Wait 2 Targets* (compared to 2019) Q1: 70% Q2: 80% Q3: 90% Q4: 100%		Q4 19/20 = 118,673 Q4-21/22 = 81,139 Variance = 68% of 2019 volumes	Once effective management of the Omicron variant allowed for activity within 50-70% total surgical utilization, facilities were instructed to begin ramping up surgical activity. March 2022 volumes for non-oncology and oncology surgical procedures increased. Priority levels will be monitored for trends for region follow up. Strategic focus has been given to addressing long waiters as capacity allowed.
	% of knee replacement surgeries within recommended target wait time	N/A	FY 21/22	61% out of 23,227 completed procedures	Includes knee replacement only, priority 2 to 4 cases

	% of hip replacement surgeries within recommended target wait time	N/A	FY 21/22	62% out of 15,210 completed procedures	Includes hip replacement only, priority 2 to 4 cases
	% of cancer surgeries within recommended target wait time	N/A	FY 21/22	78% out of 55,289 completed procedures	Priority 2 to 4 cases only; includes skin cancer procedures
Flow and Coordination of Services	# of ALC patients waiting for placement by setting (LTC, homecare, rehab, etc.) (% by setting LTC vs. Other settings)	Monitoring: <2019		Designated ALC Patients Total Variance = 97% of 2019 volume Proportion of patients designated ALC waiting for LTC Total Variance = 84% of 2019 Volume	Impacts of Omicron has augmented the increasing volume of ALC Open cases, starting the middle of December 2021. A health system approach has been initiated in January 2022, supported by directive 2.1, to increase the volumes of ALC discharges in a safe manner across the health care sector, inclusive of working with LTC homes, HCCSS and post-acute (complex continuing care/rehab) system partners.

	# of crisis patients waiting for LTC placement in the community	Lower is better	Q4	March 31, 2022 = 2,546 patients March 31, 2019 = 1,078 patients Variance = 236% of 2019 volume	The number of crisis patients in the community on the LTC home waitlist was consistently more than two times higher than pre-pandemic levels throughout FY 21/22. The high numbers were primarily driven by hospital patients taking priority over community patients on the waitlist. In FY 21/22, the number of crisis patients in the community peaked at 3,199 in January 2022 due to the Omicron wave. Driven by the sharp increase in the number of patients placed into LTC homes from the community in March 2022, the number of crisis patients in the community dropped to 2,546. Some of the factors that contributed to the increase in placements from the community include LTC home occupancy rate targets tied to funding set by the MTLC, as well as increased LTC home bed vacancies and fewer patients designated as ALC on the LTC home waitlist following the Omicron wave.
	Average # of patients in conventional spaces in the Emergency Department and in unconvention-al spaces in the Emergency Department or elsewhere in the facility		Q1 – Q4, data extracted May 5, 2022	2021/22: 925.0	There were estimated average 925 inpatients receiving care in unconventional spaces or ER stretchers per day in fiscal year 2021-22.
Long-Term Care	Median # of days to LTC home placement	Lower is better	2021/22 Q2	From community: 225 days From hospital: 61 days From all prior locations: 131 days	As the median number of days to long-term care placement are impacted by HHR, IPAC isolation beds, and ALC pressures, the results continue to change; more up-to-date data may be different.

Organizational Development Metrics					
Voluntary turnover	Voluntary turnover # and rate (at the end of the quarter)	H2 < H1 <3% per quarter	Q4	2.34% (69 voluntary exits during the quarter /2949 – Average Planned Headcount for the quarter)	FY 21/22, we achieved 11.09%, less than the target for voluntary turnover rate of 12%.
Ratio of internal to external hires	Ratio of internal: external hires	Higher proportion of internal vs external hires	Q4	Internal hires (107) vs External hires (151) Internal hires = 41.5 % of Total Hires (258)	FY 21/22, we have made 295 internal hires and 407 external hires. We had practices to ensure internal staff were considered for opportunities. Our need for growth and particular skills led to more external hires being necessary.
Variance to budget	Variance to budget of less than 2%	<2%	Q4	0.70%	Strong financial performance throughout 2021/22, achieving 0.7% variance to budget.

*Fiscal Year: April 1, 2021 – March 31, 2022.
Q1 ends June 30; Q2 ends September 30; Q3 ends December 31; Q4 ends March 31

Governance

Board Members for Ontario Health	Appointment Date	Current Term Expires
Bill Hatanaka (Chair)	March 7, 2019	March 6, 2024
Elyse Allan (Vice Chair)	March 7, 2019	March 6, 2025
Jay Aspin	March 7, 2019	March 6, 2023
Andrea Barrack	March 7, 2019	Resigned September 7, 2021 (effective September 23, 2021)
Alexander Barron	March 7, 2019	March 6, 2025
Jean-Robert Bernier	April 9, 2020	April 8, 2025
Adalsteinn Brown	March 7, 2019	March 6, 2024
Garry Foster	March 7, 2019	March 6, 2022
Shelly Jamieson	March 7, 2019	Resigned November 18, 2021 (effective December 2, 2021)
Gillian Kernaghan	March 13, 2022	March 12, 2025
Lynda Hawton Kitamura	November 25, 2021	November 24, 2024
Jacqueline Moss	March 7, 2019	March 6, 2023
Paul Tsaparis	March 7, 2019	March 6, 2025
Anju Virmani	March 7, 2019	March 6, 2023

Total remuneration paid to members of the Board of Directors during the year amounted to $108 (2021 - $150).

Analysis of Financial Performance

Ontario Health has a balanced operating position for the 2021/22 fiscal year, meaning that expenses incurred to deliver on the agency's mandate totalling $35.0 billion (after recognizing grant funding and other revenues and recoveries) were within the funding allocation provided by the Ministry of Health and Ministry of Long-Term Care.

Transfer payments to health service providers (HSPs) represented 85.9% or $30.1 billing of the total expenditure. This is a very substantial increase in transfer payments, driven primarily by the transfer of the service accountability agreements held by the 14 Local Health Integration Networks (LHINs) with HSPs to Ontario Health effective April 1, 2021. The transfer payments were primarily to hospitals and other health service providers (for the former LHINs), as well as cancer and screening services, chronic kidney disease services, cancer drug reimbursements and COVID-19 testing. Transfer payments to long-term care providers represented 12.4% or $4.4 billion of the total expenditure. This new expense category was also related to the former LHINs. Operating expenses represented 1.7% or $0.6 billion of the total expenditure.

Actual funding and expenditure exceeded budget, as after the 2021/22 budget was approved by the Board of Directors, Ontario Health received Ministry funding letters to support various programs and initiatives within the 2021/22 fiscal year.

On April 1, 2021, the LHINs transferred rights and obligation of service accountability agreements with HSPs and long-term care homes to the agency, in addition to certain employees and identifies assets, liabilities, rights and obligations.

On April 1, 2021, net assets with a value of $1.1 million were transferred to Ontario Health from Trillium Gift of Life Network. On December 1, 2021, net assets with a value of $1,000 were transferred from CorHealth Ontario. Both are reflected on the Statement of Operations as a surplus.

In March 2022, Ontario Health made a payment of $37.0 million to the Ministry of Health, representing the accumulated surplus as of March 31, 2021. This, combined with the asset transfers above, resulted in an annual deficit of $35.9 million and an ending surplus balance of $1.1 million.

The transfer in of the service accountability agreements of the LHINs and, to a lesser extent, the transfer of the Trillium Gift of Life Network and CorHealth Ontario, resulted in a significant growth in both funding and expenditures. Both funding and expenditures increased by $31.3 billion as compared to the prior fiscal year.

Abbreviations

ALC: Alternate Level of Care

CKD: chronic kidney disease

ED: Emergency Department

eGFR: estimated glomerular filtration rate

FY: fiscal year

HCCSS: Home and Community Care Support Services

IMS: Incident Management System

IPAC: Infection Prevention and Control

JOICC: Joint Ontario Indigenous Cancer Committee

LHIN: Local Health Integration Network

LTC: long-term care

MHA: mental health and addictions

MEST: Mobile Enhanced Support Teams

OHT: Ontario Health Team

OPCN: Ontario Palliative Care Network

RMHAT: Regional Mental Health Assessment Team

RPN: Registered Practical Nurse

TGLN: Trillium Gift of Life Network

Ontario Health

Financial Statements

March 31, 2022

Ontario Health

September 7, 2022

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, 2022, 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 the Ontario Health

Opinion

I have audited the financial statements of the Ontario Health, which comprise the statement of financial position as at March 31, 2022, and the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended March 31, 2022, 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, 2022, and the results of its operations, changes in its net debt and its cash flows for the year then ended March 31, 2022 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.

Box 105, 15th Floor
20 Dundas Street West
Toronto, Ontario
M5G 2C2
416-327-2381
fax 416-326-3812

B.P. 105, 15e étage
20, rue Dundas ouest
Toronto (Ontario)
M5G 2C2
416-327-2381
télécopieur 416-326-3812

www.auditor.on.ca

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
September 7, 2022

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

Statement of Financial Position

As at March 31, 2022
(in thousands of dollars)

	2022 $	2021 $
Financial assets		
Cash (note 4)	211,282	154,524
Due from Ministry and Health Service Providers (note 5)	1,383,906	401,745
Accounts receivable (note 6)	31,956	21,513
	1,627,144	577,782
Liabilities		
Due to Ministry and Health Service Providers (note 7)	1,306,420	314,446
Accounts payable and accrued liabilities (note 8)	113,585	245,377
Deferred revenue (note 9)	238,874	3,710
Obligations under capital leases (note 10)	177	513
Post-employment benefits other than pension plan (note 11)	1,857	2,014
Deferred revenue related to capital assets (note 12)	33,441	45,324
	1,694,354	611,384
Net debt	**(67,210)**	**(33,602)**
Non-financial assets		
Tangible capital assets (note 13)	35,406	48,758
Prepaid expenses and other assets (note 14)	32,940	21,880
	68,346	70,638
Accumulated surplus	**1,136**	**37,036**

Commitments and contingencies (notes 20 and 21)

Guarantees (note 22)

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

Approved by the Board of Directors

William Hatanaka, Board Chair

Lynda Hawton Kitamura, Finance, Audit & Risk Committee Chair

Statement of Operations and Accumulated Surplus

For the year ended March 31, 2022
(in thousands of dollars)

	2022 Budget (Note 24) $	2022 Actual $	2021 Actual $
Revenues			
Ministry of Health	26,343,244	30,614,867	3,650,053
Ministry of Long-Term Care	4,214,126	4,350,739	-
Amortization of deferred revenue related to capital assets	18,422	19,326	28,150
Other revenue (note 15)	7,290	29,566	20,449
Grant funding	-	2,521	2,300
	30,583,082	**35,017,019**	**3,700,952**
Expenses			
Transfer payments (note 17):			
Transfer payments to Health Service Providers	25,745,202	30,070,753	3,235,540
Transfer payments to Long-Term Care	4,214,126	4,350,739	-
Operations:			
Direct program delivery	555,633	530,539	390,000
Corporate services	41,944	42,398	53,733
Occupancy	22,881	19,091	18,663
Patient Ombudsman (schedule 2)	3,296	3,499	3,016
	30,583,082	**35,017,019**	**3,700,952**
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	180
Annual (deficit) surplus	**-**	**(35,900)**	**180**
Accumulated surplus, beginning of year	37,036	37,036	36,856
Accumulated surplus, end of year	**37,036**	**1,136**	**37,036**

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

Statement of Changes in Net Debt

For the year ended March 31, 2022
(in thousands of dollars)

	2022 Budget (Note 24) $	2022 Actual $	2021 Actual $
Net debt, beginning of year	(33,602)	(33,602)	(54,325)
Annual (deficit) surplus	-	(35,900)	180
Non-financial assets transferred to Ontario Health (note 3)	-	(4,568)	(2,826)
Changes in non-financial assets:			
Acquisition of tangible capital assets (note 13)	(5,215)	(4,090)	(9,369)
Disposal of tangible capital assets (note 13)	50	39	213
Amortization of tangible capital asset (note 13)	21,807	21,240	29,973
Changes in prepaid expenses and other non-financial assets	-	(10,329)	2,552
Changes in net debt	**16,642**	**(33,608)**	**20,723**
Net debt, end of year	**(16,960)**	**(67,210)**	**(33,602)**

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

Statement of Cash Flows

For the year ended March 31, 2022
(in thousands of dollars)

	2022 $	2021 $
Operating transactions:		
Annual (deficit) surplus	(35,900)	180
Changes in non-cash items:		
Amortization of tangible capital assets (note 13)	21,240	29,973
Recognition of deferred capital revenue (note 12)	(19,287)	(28,150)
Loss on disposal of tangible capital assets (note 13)	39	213
Decrease (increase) in:		
Due from Ministry and Health Service Providers	(982,161)	(401,745)
Accounts receivable	(6,935)	143,054
Prepaid expenses and other non-financial assets	(10,329)	2,552
Due to Ministry and Health Service Providers	991,974	193,503
Accounts payable and accrued liabilities	(147,794)	129,547
Non-pension post-retirement benefits (note 11)	(474)	(161)
Deferred revenue (note 9)	234,934	(8,759)
Non-cash balances transferred to Ontario Health (note 3)	11,826	9,029
	57,133	69,236
Capital transactions:		
Acquisition of tangible capital assets (note 13)	(4,090)	(9,369)
Investing transactions:		
Proceeds on maturity of investments	-	54,016
Financing transactions:		
Restricted capital contributions received (note 12)	4,051	9,034
Payments on obligations under capital leases (note 10)	(336)	(317)
	3,715	8,717
Increase in cash	**56,758**	**122,600**
Cash, beginning of year	154,524	31,924
Cash, end of year	**211,282**	**154,524**

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

Notes to Financial Statements

For the year ended March 31, 2022
(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 fiscal 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.

The Agency is primarily funded by the Province of Ontario through the Ministry of Health. 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 payment amounts to Health Service Providers (HSPs) for hospital operations from the Ministry of Health and 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. During the year, Ontario Health authorizes the transfer of cash to these HSPs. Ontario Health payments to these HSPs are authorized by and cannot exceed the allocation approved by Ministry of Health and Ministry of Long-Term Care. 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. The amounts for hospital operations and long term-care operations are disclosed in note 17.

(ii) Other revenue

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 grants and transfer payments to recipients under funding agreements. Grants and transfers are recorded as expenses when the transfer is authorized and eligibility criteria have been met by the recipient. Recoveries of grants and 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.

The Agency records a number of its expenses by program. The cost of each program includes the transfer payments that are directly related to providing the program.

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

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

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.

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

Pension costs

The Agency has continued pension plan enrollment of transferred employees in their applicable plan. New employees are enrolled in the Public Service Pension Plan (PSPP).

The Agency accounts for its participation in the Healthcare of Ontario Pension Plan (HOOPP) and the PSPP, 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.

During the year the Agency administered a defined contribution pension plan (DCPP) for employees transferred from eHealth Ontario. The investments are managed by Sun Life Financial Services of Canada Inc. Under the plan, the Agency matched employees' contributions up to a maximum of 6% of their annual earnings. 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. Benefits of the DCPP will be 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 assets and 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, accruals and recoveries of grants and transfers, useful life of tangible capital assets, and liability for post-employment benefits other than pension plan. Actual results could differ from those estimates.

3. Transfers to Ontario Health

On 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. Below are the details of 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:

	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 MOH	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

	TGLN	LHINs	CorHealth Ontario	2022 Transfers
	$	$	$	$
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

During the prior year, net assets transferred to Ontario Health was $180 from Ontario Telemedicine Network (OTN).

4. Cash

Cash includes $332 (2021 - $330) held in escrow for a pension plan that has been dissolved in the event that former members put forth a claim, and $88 (2021 - $88) held as restricted cash for an endowment. These funds are subject to externally imposed restrictions and are not available for general use.

5. Due from Ministry and Health Service Providers

	2022 $	2021 $
Due from Ministry of Health	1,266,538	401,745
Due from Ministry of Long-Term Care	387	-
Due from Health Service Providers	116,981	-
	1,383,906	401,745

6. Accounts Receivable

	2022 $	2021 $
HST recoverable	13,912	8,304
Drug rebate receivable	4,563	7,700
Other receivables	13,481	5,509
	31,956	21,513

7. Due to Ministry and Health Service Providers

	2022 $	2021 $
Due to Ministry of Health	243,635	94,386
Due to Ministry of Long-Term Care	12,277	-
Due to Health Service Providers	1,050,508	220,060
	1,306,420	314,446

8. Accounts payable and accrued liabilities

	2022 $	2021 $
Trade payables	67,327	206,443
Accrued liabilities	45,926	38,604
Pension escrow (note 4)	332	330
	113,585	245,377

9. Deferred revenue

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

	Ministry of Health $	Other Funders $	2022 Total $	2021 Total $
Deferred revenue – beginning of year	1,575	2,135	3,710	4,764
Transferred to Ontario Health (note 3)	106	124	230	7,705
Funding received	35,204,678	6,195	35,210,873	3,673,077
Amounts recognized as revenue	(34,965,606)	(6,243)	(34,971,849)	(3,672,802)
Amounts utilized for capital purchases (note 13)	(4,090)	-	(4,090)	(9,034)
	234,982	(48)	234,934	(8,759)
Deferred revenue – end of year	236,663	2,211	238,874	3,710

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

	Ministry of Health $	Other Funders $	2022 Total $	2021 Total $
Health Service Providers through regions	235,088	-	235,088	-
Cancer and screening services	-	62	62	109
Virtual care network	-	111	111	641
Research and education	-	125	125	46
Endowment & restricted funds	-	963	963	1,234
Canada Health Infoway	-	950	950	-
Other	1,575	-	1,575	1,680
	236,663	2,211	238,874	3,710

10. Obligations under capital leases

The Agency has capital leases, with interest rates ranging from 5.7% to 6.1% 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 January 2023 together with the balance of the obligations.

	2022 $	2021 $
2022	-	359
2023	185	185
Total minimum lease payments	185	544
Interest	(8)	(31)
Balance of the obligations	177	513
Less: current portion	(177)	(336)
Non-current obligations under capital leases	-	177

Total interest expense on capital leases for the period was $23 (2021 - $42).

11. Pension costs and post-employment benefits

Multi-employer contributory defined benefit pension plans

The Agency has 1,588 employees who are members of the Healthcare of Ontario Pension Plan (HOOPP) and 1,057 employees who are members of the Public Service Pension Plan (PSPP). Effective January 1, 2022, all 645 employees who were members of the Ontario Health Employees' Retirement Plan were transferred to 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.

Contribution expense made to multi-employer plans during the period by the Agency on behalf of its employees amounted to $18,815 (2021 - $11,923) and are included in salaries and benefits expense, as detailed in note 17.

eHealth Ontario Employees' Retirement Plan

During the year, the Agency had 645 employees who were members of the Ontario Health Employees' Retirement Plan. The Agency's contributions to this defined contribution plan for the period amounted to $2,160 (2021 - $5,122) and are included in salaries and benefits expense, as detailed in note 17. 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. Benefits of the DCPP will be settled and distributed in accordance with Ontario's Pension Benefits Act.

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, 2021, to March 31, 2022 were $172 (2021 - $180). 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:

	2022 $	2021 $
Accrued benefit obligation	937	1,461
Unamortized actuarial gains/(losses)	920	553
Post-employment benefits other than pension plan	1,857	2,014

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

	2022 $	2021 $
Post-employment benefits other than pension plan – opening balance	2,014	2,175
Transferred to Ontario Health	-	-
Interest cost	45	49
Funding contributions	(172)	(180)
Amortization of actuarial gains	(30)	(30)
Post-employment benefits other than pension plan – ending balance	1,857	2,014

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	5.75% in 2023 to 3.75% in 2029 and after
Dental cost trend rates	3.75%
Employee average remaining service life	9.0 years

12. Deferred contributions related to capital assets

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

	2022 $	2021 $
Balance – beginning of period	45,324	63,148
Transferred to Ontario Health (note 3)	3,353	1,292
Amounts received related to capital assets	4,051	9,034
Less: amounts recognized as revenue	(19,287)	(28,150)
Balance – end of period	33,441	45,324

13. Tangible capital assets

					2022
Cost	**Beginning of Year**	**Transferred to Ontario Health (note 3)**	**Additions**	**Disposals**	**End of Year**
	$	**$**	**$**	**$**	**$**
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

Accumulated Amortization	Beginning of Year	Transferred to Ontario Health (note 3)	Amortization	Disposals	2022 End of Year
	$	$	$	$	$
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

Cost	Beginning of Year	Transferred to Ontario Health (note 3)	Additions	Disposals	2021 End of Year
	$	$	$	$	$
Computer hardware	117,130	12,330	5,319	(17,416)	117,363
Computer software	182,426	-	6,158	(107)	188,477
Furniture and equipment	15,409	993	-	(538)	15,864
Leasehold improvements	19,595	2,696	1	-	22,292
Land and building	1	-	-	-	1
Work in progress	2,470	-	(2,109)	(140)	221
	337,031	16,019	9,369	(18,201)	344,218

Accumulated Amortization	Beginning of Year	Transferred to Ontario Health (note 3)	Amortization	Disposals	2021 End of Year
	$	$	$	$	$
Computer hardware	87,725	12,041	17,508	(17,382)	99,892
Computer software	151,152	-	10,507	(68)	161,591
Furniture and equipment	14,235	725	419	(538)	14,841
Leasehold improvements	16,271	1,326	1,539	-	19,136
	269,383	14,092	29,973	(17,988)	295,460

Net Book Value	2022	2021
	$	$
Computer hardware	12,653	17,471
Computer software	17,679	26,886
Furniture and equipment	715	1,023
Leasehold improvements	4,358	3,156
Land and building	1	1
Work in progress	-	221
	35,406	48,758

14. Prepaid expenses and other assets

	2022 $	2021 $
Prepaid hardware and software maintenance	32,278	21,691
Other prepaid expenses and other assets	662	189
	32,940	21,880

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: 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;, collect service fees revenue on a cost-recovery basis for providing drugs, Canada Health Infoway project work, remote & virtual care technology-related services to health care providers and other organizations that support the provision of health care.

	2022 $	2021 $
Drug Rebate	20,656	12,167
Canada Health Infoway Project	3,173	3,329
Remote Care Management	3,092	2,865
Virtual Care Connectivity Services	1,078	932
Secondments	1,011	202
Other	556	954
	29,566	20,449

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. In March 2022, the Ontario Health made a payment of $37,036 to the Ministry of Health.

17. Operating expenses by object

	2022 $	2021 $
Transfer Payments to Health Service Providers:		
Hospital operations	22,401,267	-
Clinical programs - cancer & screening	1,323,193	1,263,462
Clinical programs - drugs	715,845	648,448
Clinical programs - renal & transplant	701,534	685,075
COVID-19 testing program	1,564,941	543,850
Community mental health programs	982,582	-
Community support services	758,156	-
Community health centre	521,907	-
Assisted living services supportive housing	389,592	-
Addictions	287,621	-
Other	424,115	94,705
	30,070,753	3,235,540
Transfer Payments to Long-Term Care:		
Long-term care operations	4,350,739	-
	4,350,739	-
Operating Expenses:		
Salaries and benefits	314,690	242,590
Information technology support and maintenance	108,737	94,581
Purchased services	78,430	64,314
Screening, lab and medical supplies	37,545	6,545
Amortization	21,240	29,973
Occupancy costs	19,312	18,863
Other operating expenses	15,534	8,333
Loss on disposal	39	213
	595,527	465,412
Total expenses	35,017,019	3,700,952

Within transfer payments, transfer payments amounting to $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.

18. Board remuneration

Total remuneration paid to members of the Board of Directors during the year amounted to $108 (2021 - $150).

19. Related party transactions

Under the CCA, the Lieutenant Governor in Council appoints the members to form the board of directors of the Agency.

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.

a) The Agency incurred expenses of $18,503 (2021 - $21,193) to Acronym Solutions Inc (previously known as Hydro One Telecom Inc) for network and telecommunication services. As at March 31, accounts payable and accrued liabilities include $0 (2021 - $3,409) payable to Acronym Solutions.

b) The Agency incurred expenses of $6,144 (2021 - $6,671) and $2,361 (2021 - $2,840) 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 $0 (2021 - $0) and $990 (2021 - $811) payable to Infrastructure Ontario and the Ministry of Government and Consumer Services, respectively.

c) The Agency recorded expenses of $660 (2021 - $698) 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 $108 (2021 - $73) in respect of these services.

20. Commitments

a) The Agency has various multi-year contractual commitments for operating and information technology services. Payments required on these contracts are as follows.

	$
2023	25,308
2024	-
2025	-
2026	-
2027 and thereafter	-
	25,308

Commitments above include $7,878 payable to Acronym Solutions Inc (previously known as Hydro One Telecom Inc) under a network services contract.

b) The Agency has various multi-year contractual commitments for rental of office space. Minimum base rental payments required on these contracts are as follows.

	$
2023	4,853
2024	2,371
2025	1,777
2026	1,045
2027 and thereafter	1,926
	11,972

The Agency is committed to pay associated realty taxes and operating expenses for the office space for the year-ended March 31, 2022, which amounted to $9,309 (2021 - $9,017).

21. 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 lability related to these claims where potential liability is likely and able to be estimated. In other cases, the ultimate outcome of the clams 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.

22. 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, wilful 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 gynaecology/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.

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.

23. 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.

The Agency's maximum exposure to credit risk related to accounts receivable at March 31, 2022 was as follows:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	2022 Total $	2021 Total $
Due from Ministry of Health	1,266,538	-	-	-	1,266,538	401,745
Due from Ministry of Long-Term Care	387	-	-	-	387	-
Due from Health Service Providers	116,981	-	-	-	116,981	-
HST recoverable	13,912	-	-	-	13,912	8,304
Other receivables	17,186	80	-	778	18,044	13,209
Total receivable	1,415,004	80	-	778	1,415,862	423,258

No impairment allowance has been recognized in the above amounts (2021 - $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 mitigates this risk by monitoring cash activities and expected outflows that may be converted to cash in the near term if unexpected cash outflows arise. The following table sets out the contractual maturities (representing undiscounted contractual cash flows) of financial liabilities:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	2022 Total $	2021 Total $
Due to Ministry of Health	243,635	-	-	-	243,635	94,386
Due to Ministry of Long-Term Care	12,277	-	-	-	12,277	-
Due to Health Service Providers	1,050,508	-	-	-	1,050,508	-
Trade payable	65,071	2,316	(250)	190	67,327	206,443
Accrued liabilities	45,926	-	-	-	45,926	258,664
Pension escrow	-	-	-	332	332	330
Total payable	1,417,417	2,316	(250)	522	1,420,005	559,823

24. Budget

Subsequent to budget approval, the Agency received funding letters to support various programs and initiatives within the 2021-22 fiscal year. Most significantly these included increased funding from the Ministry of Health for COVID-19 related programs, core clinical services and growth, post construction operating plan, genetic testing, new drug funding program and related initiatives as well as increased funding from the Ministry of Long-Term Care.

25. 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, 2022
(in thousands of dollars)

Ministry Funding Envelope	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Transferred to Ontario Health (note 3)	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	-	2,963	-	-	-	(1,279)	-	-	-	1,684
Digital	(1,641)	5,308	-	-	3,456	2,262	-	-	-	9,385
eHealth Ministry Recoverable Projects	(8,787)	-	-	-	8,787	-	-	-	-	-
Health Transformation	(14,352)	2,505	1,575	-	6,008	-	-	1,575	-	1,063
Hospitals and Capital	-	77,754	-	219	(3,773)	60,029	-	-	-	141,043
Mental Health and Addictions	-	872	-	-	-	-	-	-	-	872
Office of Chief Medical Officer of Health, Public Health Chief Medical Officer of Health, Public Health	-	113	-	-	-	-	-	-	-	113
OHIP and Drug & Devices ADM, OHIP General Manager and Executive Officer	(80,066)	-	-	-	79,425	-	-	-	(641)	-
Ontario Health Teams	-	1,113	-	-	(192)	3	-	-	-	924
Vaccine Strategy and Performance	(296,899)	-	-	-	241,870	62,347	-	-	-	416
2021-22										
Capacity Planning and Analytics	**-**	**-**	**-**	**-**	**13,154**	**(11,917)**	**-**	**-**	**-**	**1,237**
Community Commitment Program for Nurses	-	-	-	-	5,405	(4,355)	-	-	-	1,050
HealthForceOntario	-	-	-	-	4,656	(4,488)	-	-	-	168
PSW	-	-	-	-	3,093	(3,074)	-	-	-	19
Digital	**-**	**-**	**-**	**-**	**373,022**	**(362,772)**	**(4,090)**	**-**	**(7,610)**	**13,770**
Clinical System Challenge Fund	-	-	-	-	666	(389)	-	-	-	277
Clinical systems renewal for integrated care strategy	-	-	-	-	500	(207)	-	-	-	293
COVaxON Vaccination	-	-	-	-	1,663	(1,637)	-	-	-	26
Digital - Electronic medical record and pediatric clinical viewer programs	-	-	-	-	27,650	(26,925)	-	-	-	725
Digital Health Information Exchange (DHIEX)	-	-	-	-	3,700	(3,535)	-	-	-	165
Digital Identity	-	-	-	-	2,500	(2,079)	-	-	-	421
eHealth - Capital	-	-	-	-	5,000	-	(4,090)	-	-	910
eHealth - Operating	-	-	-	-	206,419	(205,616)	-	-	-	803
Health Datasphere	-	-	-	-	1,000	(766)	-	-	-	234
Healthcare Navigation Service	-	-	-	-	13,102	(13,102)	-	-	-	-
Lab Automation	-	-	-	-	862	(835)	-	-	-	27
OLIS Direct Integration	-	-	-	-	900	(735)	-	-	-	165
ONE Access Platform	-	-	-	-	1,450	(1,081)	-	-	-	369
Online Appointment Booking	-	-	-	-	1,750	(1,543)	-	-	-	207
Ontario Health Data Platform (OHDP)	-	-	-	-	2,488	(2,017)	-	-	-	471
Ontario Telemedicine Network - Core Support Services; Virtual Care Programs and	-	-	-	-	24,602	(24,365)	-	-	(4,110)	4,347

Ministry Funding Envelope	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Transferred to Ontario Health (note 3)	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
Technology Delivery; Network Circuits, & Data Centre & Cloud Hosting, Telestroke										
Patient Portal Funding Stream Management	-	-	-	-	3,700	(3,474)	-	-	-	226
Provincial Clinical Imaging Strategy	-	-	-	-	625	(418)	-	-	-	207
Regional Coordination Digital Initiatives	-	-	-	-	3,084	(3,084)	-	-	-	-
Regional Security Operation Centre	-	-	-	-	13,500	(17,000)	-	-	(3,500)	-
Regional Supports for eServices	-	-	-	-	3,274	(2,917)	-	-	-	357
Remote Care Monitoring	-	-	-	-	8,200	(7,315)	-	-	-	885
SCOPE	-	-	-	-	7,588	(7,588)	-	-	-	-
Supporting OHTs with implementation and enhancement of their virtual care offerings	-	-	-	-	18,950	(18,393)	-	-	-	557
Surgical Transitions	-	-	-	-	5,750	(5,540)	-	-	-	210
Tests of Change Fund	-	-	-	-	3,800	(3,764)	-	-	-	36
Virtual care clinical guidance	-	-	-	-	824	(518)	-	-	-	306
Virtual Home and Community Care	-	-	-	-	2,900	(2,735)	-	-	-	165
Virtual Primary Care	-	-	-	-	2,550	(1,497)	-	-	-	1,053
Virtual Urgent Care	-	-	-	-	3,625	(3,491)	-	-	-	134
Virtual Visit Verification	-	-	-	-	400	(206)	-	-	-	194
eHealth Ministry Recoverable Projects	**-**	**-**	**-**	**-**	**5,186**	**(7,042)**	**-**	**-**	**(1,856)**	**-**
eHealth Ministry Recoverable Projects	-	-	-	-	5,186	(7,042)	-	-	(1,856)	-
Health Services I&IT Cluster	**-**	**-**	**-**	**-**	**6,097**	**(5,986)**	**-**	**-**	**-**	**111**
Digital Health Drug Repository	-	-	-	-	1,344	(1,293)	-	-	-	51
Integrated Assessment Record	-	-	-	-	4,753	(4,693)	-	-	-	60
Health Transformation	**-**	**-**	**-**	**-**	**128,172**	**(131,303)**	**-**	**-**	**-**	**1,687**
Health Quality Programs	-	-	-	-	28,867	(28,851)	-	-	-	16
Office of the Patient Ombudsman	-	-	-	-	3,580	(3,499)	-	-	-	81
Ontario Health Operations	-	-	-	-	2,321	(2,241)	-	-	-	80
Regional Coordination Initiatives	-	-	-	-	8,937	(8,435)	-	-	-	502
Regional Coordination Operations Support	-	-	-	-	51,717	(50,740)	-	-	-	977
Regional Coordination Operations Support - Shared Services	-	-	-	-	32,750	(37,537)	-	-	-	31
Hospitals and Capital	**-**	**-**	**-**	**106**	**2,160,276**	**(2,192,070)**	**-**	**-**	**(9,299)**	**9,724**
Access to Care Operations	-	-	-	-	14,684	(14,639)	-	-	-	45
Cancer Care Program	-	-	-	-	1,249,150	(1,289,373)	-	-	(9,299)	1,295
Cancer Screening Program	-	-	-	-	80,774	(80,598)	-	-	-	176
Central WaitList Management	-	-	-	-	2,170	(1,565)	-	-	-	605
Centralized Surgical Waitlist	-	-	-	-	4,640	(4,640)	-	-	-	-
CorHealth	-	-	-	106	7,502	(7,493)	-	-	-	9
Diagnostic Medical Equipment Program (Capital Funding)	-	-	-	-	34,500	(34,500)	-	-	-	-
Electronic-Canadian Triage and Acuity Scale Support Tool	-	-	-	-	2,740	(2,432)	-	-	-	308
Ontario Renal Network	-	-	-	-	709,481	(703,413)	-	-	-	6,068
Organ and Tissue Donation and Transplantation	-	-	-	-	51,971	(50,753)	-	-	-	1,218

Ministry Funding Envelope	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred Revenue beginning of period	Transferred to Ontario Health (note 3)	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
Surgical Innovation Fund	-	-	-	-	2,664	(2,664)	-	-	-	-
Mental Health and Addictions	**-**	**-**	**-**	**-**	**109,187**	**(115,556)**	**-**	**-**	**(9,645)**	**3,276**
CAMH New Youth Wellness Hubs Ontario	-	-	-	-	-	(3,300)	-	-	(3,300)	-
CAMH Preventure Education	-	-	-	-	-	(300)	-	-	(300)	-
CAMH System Support	-	-	-	-	-	(4,697)	-	-	(4,697)	-
COVID-19 Internet Cognitive Behavioral Therapy	-	-	-	-	23,600	(23,600)	-	-	-	-
Mental Health and Addiction Data Digital Infrastructure	-	-	-	-	2,250	(1,287)	-	-	-	963
Mental Health and Addiction Healthcare Workers Support	-	-	-	-	-	(1,348)	-	-	(1,348)	-
Mental Health and Addiction Transfer Payments Agreements	-	-	-	-	21,837	(21,837)	-	-	-	-
Mobile Mental Health Clinics	-	-	-	-	3,600	(3,600)	-	-	-	-
Ontario Structure Psychotherapy Expansion	-	-	-	-	26,500	(24,193)	-	-	-	2,307
Ontario Structured Psychotherapy	-	-	-	-	28,900	(28,900)	-	-	-	-
Virtual Addictions	-	-	-	-	2,500	(2,494)	-	-	-	6
Office of Chief Medical Officer of Health, Public Health Chief Medical Officer of Health, Public Health	**-**	**-**	**-**	**-**	**491**	**(488)**	**-**	**-**	**-**	**3**
Health Promotion Programs: Indigenous Tobacco Program	-	-	-	-	491	(488)	-	-	-	3
OHIP and Drug & Devices ADM, OHIP General Manager and Executive Officer	**-**	**-**	**-**	**-**	**622,290**	**(759,151)**	**-**	**-**	**(140,087)**	**3,226**
Genetics Oversight	-	-	-	-	-	(716)	-	-	(716)	-
Genetics Volumes	-	-	-	-	45,816	(42,590)	-	-	-	3,226
New Drug Funding Program	-	-	-	-	576,474	(715,845)	-	-	(139,371)	-
Ontario Health Teams	**-**	**-**	**-**	**-**	**4,244**	**(3,822)**	**-**	**-**	**-**	**422**
Ontario Palliative Care Network	-	-	-	-	2,653	(2,533)	-	-	-	120
Patient Reported Outcomes: Orthopedic Surgery	-	-	-	-	1,591	(1,289)	-	-	-	302
Vaccine Strategy and Performance	**-**	**-**	**-**	**-**	**976,130**	**(1,654,141)**	**-**	**-**	**(678,011)**	**-**
Digitizing provincial diagnostic network	-	-	-	-	-	(4,773)	-	-	(4,773)	-
Testing Volumes, oversight, mobile testing	-	-	-	-	653,612	(707,748)	-	-	(54,136)	-
UHN COVID-19 Testing Supplies	-	-	-	-	322,518	(941,620)	-	-	(619,102)	-
Region Health Service Providers	**-**	**-**	**-**	**-**	**29,720,976**	**(29,844,720)**	**-**	**235,088**	**(419,748)**	**60,917**
Region Health Service Providers	-	-	-	-	29,720,976	(29,844,720)	-	235,088	(419,748)	60,917
Total	**(401,745)**	**90,628**	**1,575**	**325**	**34,454,806**	**(34,965,606)**	**(4,090)**	**236,663**	**(1,266,897)**	**249,873**

* Amounts transferred from the Trillium Gift of Life Network and CorHealth Ontario, which comprise of due from / due to the Ministry of Health and deferred revenue from the Ministry. These amounts are included in accounts receivable, accounts, payable and accrued liabilities, and deferred revenue in note 3.

Schedule 2 Patient Ombudsman

As at March 31, 2022
(in thousands of dollars)

Operating expenses by object	Planned Funding 2022	Actual 2022	Actual 2021
Salaries and benefits	3.526	2,828	2,518
Occupancy costs	264	221	199
Purchased services	282	197	152
Information technology support and maintenance	79	109	49
Other operating expenses	129	144	59
Amortization	-	-	39
Total	**4,280**	**3,499**	**3,016**