Annual Business Plan

2024/25

Ontario Health

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Executive Summary

On February 2, 2023, the Government of Ontario issued **Your Health: A Plan for Connected and Convenient Care** which sets out an important and exciting transformation and delivery agenda for Ontario's health system. Since the introduction of this ambitious strategy, Ontario Health has worked with the Ministry of Health (MOH) and the Ministry of Long-Term Care (MLTC), and our delivery partners to continue to drive clinical and system integration to ensure high-quality, patient-centred services are available to Ontarians across the continuum of care.

We are excited to build on these successes and continue to advance the government's priorities though the work identified in this 2024/25 Annual Business Plan (ABP). This reflects the three pillars in Your Health as well as Ontario Health's foundational priorities reflective of our objects in the *Connected Care Act, 2019*. Implementation of this ABP in 2024/25 will improve the experience and outcomes of Ontarians in the health system.

Successful implementation will:

- Expand and improve equitable access to high-quality primary and team-based health care.
- Improve access and timeliness to home and community care services through expanding best practice models, enabling care improvements, and improving performance measurement and management.
- Advance the implementation of a person-centred aging continuum of care plan, inclusive of improving quality of care and quality of life of long-term care home residents.
- Improve access to quality clinical services, including mental health and addiction care, chronic disease management and palliative care.
- Improve access and flow in emergency departments (EDs) and acute care centres by scaling best practices, focusing performance measurement and management, and providing more care in the community.
- Support improved provider experience through capacity building efforts such as workforce stabilization and locum programs, training supports and the integration of internationally educated health care professionals.
- Reduce wait times for diagnostics and surgical care by optimizing access across existing centres and expanding services in integrated community health services centres.
- Enable people to more easily access their health care information and navigate through the health care system through continued enhancements to Health811.
- Connect local care delivery through the maturity of Ontario Health Teams (OHTs).

Introduction

Ontario Health was established through the *Connecting Care Act, 2019* to support better care for all and to help the health system perform better. Ontario Health's mandate is to connect, coordinate and modernize our province's health care system to ensure the people of Ontario receive the best possible person-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 and ensuring that our health system is responsive to the evolving and diverse needs of Ontarians.

Our ABP is a critical planning document that sets out how we will deliver on the government's overarching goals and priorities over the next three years, with a focus on fiscal year 2024/25. **The work presented in the 2024/25 ABP is guided by the priorities outlined in the Ministry of Health's (MOH's) Your Health Plan and Letter of Direction to Ontario Health and the strategic priorities letter from the Ministry of Long-Term Care (MLTC).** Our activities also ensure we are delivering against our objectives as outlined in the *Connecting Care Act*, other Acts and our Memorandum of Understanding and Accountability Agreements with the Ministry of Health and the Ministry of Long-term Care[1]. Finally, our ABP also incorporates recommendations from the Ontario Auditor General and is further informed through our connections with patients, care partners, and frontline delivery organizations and OHTs.

The foundation of our work is guided by a strong commitment to our vision, mission and values:

OUR VISION

Together, we will be a leader in health and wellness for all

OUR MISSION

To connect the health system to drive improved and equitable health outcomes, experiences and value

OUR VALUES

Integrity, inspiration, tenacity, humility, and care

And finally, our work is anchored by our embedded delivery priorities. In all that we do, we position our strengths to focus on:

Reducing health inequities: In this ABP, we outline focused areas for reducing health inequities, but it is important to note that we apply this lens to all of our areas of focus.

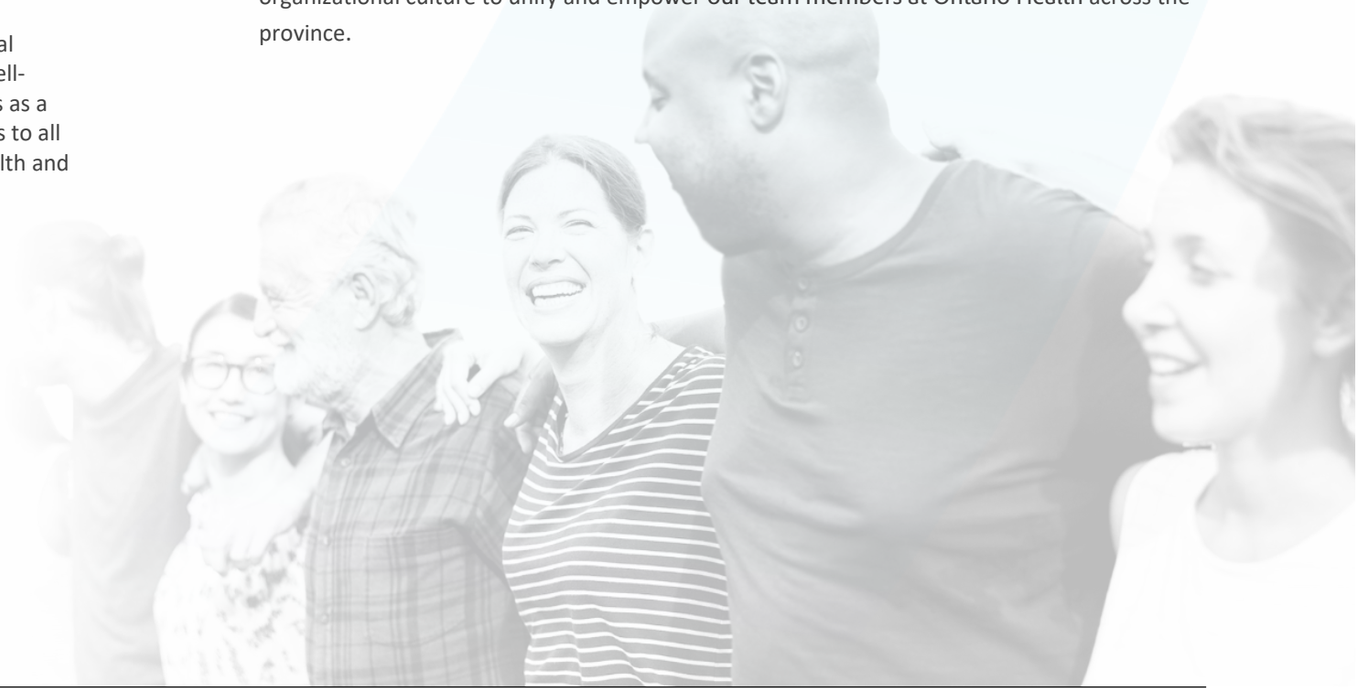
Advancing the Your Health focus on the **right care in the right place through transforming care with the person at the centre:** We apply a person-centred approach to advancing the transformation initiatives of the ministries. In this ABP, we outline areas of focus that will fundamentally advance health system integration and care for patients and care partners.

Advancing the Your Health focus on **faster access to care** and **supporting health care workers** through **health system operational management, coordination, performance measurement and management, and integration**: In this ABP, we outline areas of focus that will improve the experience of Ontarians in accessing time sensitive-care and that support the front-line.

Enhancing clinical care and service excellence: As a clinical and quality-focused provincial agency, we are pursuing the delivery of best-in-class care through the experience and well-established success of our clinical programs. In this ABP, we outline our clinical programs as a core foundation to the work of our agency. Further, we apply our clinical and quality lens to all of our focused areas of improvement; for example, in OHTs, the work of our Mental Health and Addictions Centre of Excellence, and our home care modernization efforts.

Maximizing system value by applying evidence: As an evidence and engagement-oriented agency, we are continuously strengthening our capacity to collect, share, integrate, analyze and react to data and evidence. In this ABP, we outline critical advancements we are pursuing to being able to achieve all of the objects the government has set out for our agency, starting with establishing Ontario Health as a core provincial data utility for the province and working with the MOH to establish new data authorities that enable the agency to drive the government's improvement agendas.

Strengthening Ontario Health's ability to lead: Our team members are our strength. In order to successfully implement this and future ABPs, we are continuously strengthening our organizational culture to unify and empower our team members at Ontario Health across the province.



Making Progress

This ABP continues to build on a great deal of progress to date. The following are some examples of the excellent work being done across the province to make sure that Ontarians are getting the right care, when and where they need it.

Right care in the right place

- More Ontarians are accessing mental health and addictions services. Launched in 2017/18 with four pilot sites, the Ontario Structured Psychotherapy (OSP) program has expanded to ten network lead organizations and 100+ service sites. The program served over 24,948 clients from April 2022 to November 2023, with proven results in symptom reduction and client recovery for people living with depression and anxiety.
- In the last year, Health811 served approximately 77,500 Ontarians monthly via telephone, on-line chats and video visits, in addition to 140,000 website visits per month. Through Health811, we are providing more access to more features than ever before. For example, Health811 registered nurses are now screening patients for eligibility for virtual visits with nurse practitioners. Enhancements have also resulted in over 95% of calls and chats being answered in less than 60 seconds, and greater than 90% of Health811 users reporting a 4 out of 5 or greater customer satisfaction rating.
- This year, initiatives were implemented province-wide to avoid unnecessary ED visits, facilitate expedited and appropriate hospital discharges, and improve access to services including diagnostic testing for long-term care home residents.
- Work done by Indigenous teams within portfolios at Ontario Health is designed to support providing culturally sensitive care with and for Indigenous communities (e.g., Indigenous Health Equity and Coordination, Indigenous Cancer Care Unit, regional teams, Ontario Renal Network, Mental Health and Addictions Centre of Excellence, Indigenous Tobacco Program, etc.).

Faster access to care

- Our focus on improving surgical access and performance is ongoing, and we are making progress with our delivery partners. Overall surgical waitlists continue to decline, and our overall surgical throughput is positive, meaning that in 2023/24 more surgeries have been completed than added to the waitlist.
- Pediatric surgery volumes have increased significantly since last year's tough pediatric surge season. We worked with the MOH and pediatric community to deploy initiatives to respond to the respiratory season surge. For example, 17 pediatric ED diversion clinics were opened and operational by September 2023 to prepare for the 2023/24 viral season. In 2023/24 we also established Ontario's first ever provincial pediatric hub-and-spoke model to increase surgery volumes and address long waiters. This means all pediatric hospital centres now coordinate provincially with Ontario Health and are partnered with community hospitals with pediatric expertise, enabling children to receive surgery closer to their homes.
- Transplant and donation volumes increased significantly during 2023, with a 19% increase in the total number of transplants and an 11% increase in the number of organ donors compared to 2022. Compared to 2020, these volumes have increased by 28% and 16%, respectively, indicating that Ontario's donation and transplant system is recovering well post-pandemic.
- We continue to make significant digital achievements that improve access to critical health data and processes. As of Q3 2023/24, over 615,000 e-referrals were sent to care providers.

Hiring more health care workers

- Rural and Northern health workforce stabilization was supported through the provision of:
  - Over 8,000 days of specialist coverage in northern hospitals
  - Over 7,000 days of clinic coverage and over 5,000 days of ED coverage in rural and northern communities
  - 80,000 hours of urgent ED coverage
- Financial barriers to registration were removed for internationally educated nurses by reimbursing licensing and exam fees for over 8,000 new nurses seeking registration.
- We supported the recruitment of recently graduated health professionals, including over 1,600 nurses in 2023/24 through the Community Commitment Program for Nurses and nearly 1,000 personal support workers (PSWs) through the PSW Return of Service Program. Both programs offer financial incentives to recent graduates in exchange for an employment commitment to a priority area of the health system.
- In partnership with the College of Nurses of Ontario, we expanded support to accelerate the integration of internationally educated nurses into the health workforce through the Supervised Practice Experience Partnership Program, which led to the licensure of over 1,500 new nurses in 2023/24. The ED Peer-to-Peer Program expanded to the full province in June 2023, meaning all ED physicians, regardless of location, can now access real-time coaching and support by calling CritiCall and connecting with an ED peer physician.

Clinical Excellence and Health System Performance

This plan aims to improve clinical outcomes and integrated health system performance.

Ontario Health will continue to take a data-driven approach to identifying and addressing areas of improvement that matter to Ontarians and that reduce health inequities. By linking strategic priorities to key system indicators, we can measure our impact. Our performance domains include:

Key performance indicators within these domains will be used to establish targets, track system performance over time and compare our performance to other jurisdictions. The goal is to identify where Ontario is a leader or is lagging, suggesting areas where we can lead nationally and internationally and where we can improve. This data-driven approach will also further our unwavering focus on reducing health inequities by highlighting areas where we have disparities in access and outcomes, which will in turn drive our ongoing prioritization process. These domains and performance indicators are informed by and include the lens of the Quintuple Aim.

Domain	Description of key system indicators
 **1. Timeliness (access):** • **To primary health care** • **To community and long-term care** • **To surgical and emergent care** • **To integrated care**	• More primary health care teams and more Ontarians being attached to team-based health care* • Reduced wait time to home and community care services and long-term care home placement including enhanced supports for care partners* • Reduced wait times to physician initial assessment in EDs • More access to diagnostic services and reduced wait times for surgical and emergent care and within clinically recommended wait times (including for pediatrics) • Improved experience, navigation and flow across the continuum of care
 **2. Safety and effectiveness**	• Improved outcomes for mental health, addiction and chronic diseases • Evidence-based cancer care and services
 **3. Efficiency**	• Matching capacity with demand, across the continuum of care • Supporting sustainable and efficient health care delivery partners and improving value • Enhanced data, digital and virtual care access and integration
 **4. A strong Ontario Health**	• A diverse, engaged and healthy workforce partnering with communities, health service providers and OHTs
 **5. Equity and patient centredness**	• Reducing inequities across all domains • Expanding patient reported experience and outcome measures and improved outcomes

*Requires collaboration with MOH and MLTC given ministry accountabilities, as well as Home and Community Care Support Services (HCCSS)/ Ontario Health atHome for placement service.

Spotlight:
Digital Excellence in Health

Ontario Health is committed to better integrating and enabling care through digital and data services and is partnering with the Ministry of Health to deliver against the provincial Digital First for Health Strategy (DFfHS). This work will make care more connected and more convenient for patients and, providers and in how the system operates.

Digital Services for Ontarians

Ontarians use technology frequently for convenience and to access information in their daily lives; it is reasonable to expect the same convenience in their health care experience. Prior to Ontario Health being formed, different agencies worked hard to respond to consumer demand for digital tools, but in doing so created a patchwork that is not equitable and is at times difficult to navigate. Ontario Health is working to fix this and is starting by:

- Providing a secure logon mechanism for digital tools that will enable Ontarians to navigate the digital health landscape with a single trusted, versatile credential; this will create a more personalized and interconnected journey for patients.
- Giving Ontarians digital access to their health records; this will empower patients to be active partners in their health care, support care partners, and allow for collaborative conversations between patients and providers to enable a more patient-centred health system.
- Enhancing Health811; this service will continue to improve Ontarian's experiences navigating the health system by providing more convenient access to health care providers and services, health-related knowledge and personal health information. Health811 is a critical innovative program to enabling a connected and convenient journey through the health system.
- Scaling up remote care management experiences; this means more Ontarians will be able to manage care at home, with more support and better access to the digital and virtual tools they need, resulting in fewer ED visits, better clinical outcomes and more patient satisfaction.

Digital Supports for Providers

Providing high-quality care requires time, information, clinical insights and good processes. For providers to focus on direct patient care, they must be able to access information about the patient history, ongoing treatments, specialist care and diagnostic results in an efficient, safe and effective way. Using tools that are paper based, administratively cumbersome or out of date detracts time from patients. Ontario Health is taking a holistic and connected patient/provider focused view in how we enhance and deploy digital tools by:

- Putting patients before paperwork; this multi-year effort will reduce reliance on out-of-date fax machines and paper-based processes. In doing so, we aim to reduce provider administrative burden, improve workflow efficiency, reduce delays, enhance patient care quality and improve patient safety and privacy. Our focus within this ABP is on referral processes, specialists' consults, lab results and medical notes.
- Improving clinician access to data; this will allow providers to have more simple and efficient access to data that informs how they care for their patients, promoting efficient care management and allowing for more integrated, seamless care delivery.

System Connectivity and Capacity

Ontario Health manages the provincial Electronic Health Record (EHR) which allows numerous health care providers, including those at hospitals, family practices, long-term care homes and pharmacies, to quickly access information such as lab results, publicly funded and monitored drugs, digital images (e.g., x-rays and MRIs) and hospital discharge summaries. In this plan, we will continue to add clinical value through adding new data sets contributed by more providers and accessible to the right people in the circle of care. More data accessible by more providers will mean that providers will have a full view of the patient's health and care history and can then provide the best informed, timely and highest quality care. While continuing to expand data and access to the EHR, Ontario Health will continue to deliver solid privacy, security and identity management programs to ensure data protection, governance and compliance. We will do this by:

- Continuing to complete the provincial EHR; this effort is a five-year modernization strategy to programmatically support the completion of the EHR through expanding data contribution, enabling data consumption at the point-of-care, and ensuring providers are well supported to use that data for patient benefit in a way that works in their practice.
- Scaling provincial cyber and privacy supports; this focus will ensure the ongoing security of these rich data holdings.

Stakeholders, Partner and Community Engagement

Ontario Health continues to make progress in strengthening meaningful relationships with health system stakeholders, including patients, families, care partners, clinicians and others. In 2024/25, we will continue to build on the foundational engagement structures and strategies laid out in the previous year.

- We will continue to build and support our patient and family engagement program, which is focused on proactively advancing equity and inclusion in our engagement activities. This includes creating multiple opportunities for health system users to contribute their experiences and insights through regional patient and family advisors' councils, the CEO's Patient and Family Advisors' Group and a patient and family advisors' network. It also means supporting community outreach and partnerships with organizations that work with equity-deserving populations. We will continue to collaborate with the Minister's Patient and Family Advisory Council to support meaningful patient engagement across health transformation initiatives.
- All clinical and regional programs will continue to engage extensively with clinical stakeholders and people with lived experience in the development and delivery of provincial clinical and virtual care programs, and in regional planning, coordination, integration and program implementation.
- We will continue to collaborate with Francophone partners – notably the Minister's French Language Health Services Advisory Council, the French Language Services Office at the MOH, and the French Language Health Planning Entities to improve access to health care services for Francophone people in each region that is consistent with the *French Language Services Act*.
- We will continue to prioritize partnerships with organizations that represent equity-deserving populations, to collaboratively implement our Equity, Inclusion, Diversity and Anti-Racism Framework. This will include continued collaboration with the public health system, the Black Health Plan Working Group and subgroups focused on prevention of chronic diseases, primary care and pediatrics, perinatal and newborn care. We will also work with partners to advance priorities focused on reducing disparities experienced by 2SLGBTQIA+ communities. In addition, we will develop partnerships to meet the needs of underserved communities, to reduce health inequities and create connections that address the social determinants of health.
- We recognize the importance of First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) partnerships and will continue to establish a partnership approach to our engagements. Our work together to develop and implement a FNIMUI health plan will include a process for engagement and relationship development with FNIMUI leadership, organizations, health tables and communities. This process will have a clear focus on respecting governance structures, relevant protocols and political agreements. The FNIMUI Health Plan will emphasize coordination across Ontario Health to avoid duplication and added burden on Indigenous groups. We will work closely with FNIMUI leadership to support their priorities and develop joint priorities, ensure that we work with established Indigenous health tables to seek guidance, and build health system capacity to address Indigenous needs respectfully, transparently and in a culturally safe manner. We will continue to take guidance from the Joint Ontario Indigenous Health Committee and Indigenous leaders, communities and organizations across Ontario on the work Ontario Health leads.

Our engagement will help ensure that our actions are guided by a commitment to equity and promotion of equitable health outcomes. The planning, design, delivery and evaluation of initiatives will focus on improving the health care programming and services with and for Indigenous communities as well as improving the availability of health services in French for French-speaking communities.

Implementation Plan and Strategic Map

Ontario Health's ABP is the articulation of how we plan to deliver on the government's health care transformation over the next three years. The deliverables identified in the ABP are mapped against the three pillars of Your Health Plan and are inclusive of our core delivery priorities.

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OUR MISSION

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OUR VALUES

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Through discrete strategies and across all that we do:

Reduce Health Inequities

1.1 Improve equitable outcomes and experiences for equity deserving communities

- First Nations, Inuit, Métis, and urban Indigenous populations
- Black communities
- Francophone population
- People living with disabilities
- Communities with geographic disparities in access to care
- Newcomers
- 2SLGBTQIA+ communities

1.2 Improve access to supportive care in housing

- Home care
- Supportive housing
- Assisted living
- Long-term care

1.3 Advance whole person care experiences and outcomes

- Enhance prevention and a population health approach
- Scale effective models of service delivery
- Improve health care navigation

Transform care with the person at the centre

Advance the Right Care in the Right Place Through:

2.1 Primary health care
2.2 Mental health and addictions care
2.3 Home and community care
2.4 Aging care continuum, including long-term care
2.5 Access and flow
2.6 Ontario Health Teams
2.7 Chronic disease care
2.8 Ontarians' access to digital information and services

Health System Operational Management, Coordination, Performance Measurement & Management, and Integration

Support Faster Access to Care Through:

3.1 Emergency care and surge responses
3.2 Integration of diagnostics and surgical care
3.3 Provider access to digital tools
3.4 Data system integration, standardization and security
3.5 Use of data and analytics services

Support Health Care Workers Through:

4.1 Workforce training and optimization
4.2 Recruitment, retention and distribution
4.3 Integrated capacity planning

Enhance Clinical Care and Service Excellence

5.1 Expand provincial genetic services
5.2 Improve access and quality in cancer care
5.3 Improve access and quality in renal care
5.4 Increase life-saving organ and tissue donations and transplants
5.5 Improve access and quality in cardiac, vascular, and stroke care
5.6 Transform and improve access and quality in palliative care
5.7 Expand Ontario Laboratory Medicine Program

Maximize System Value by Applying Evidence

6.1 Advance high-quality and safe care through evidence and continuous quality improvement
6.2 Strengthen system supports and accountabilities

Strengthen Ontario Health's Ability to Lead

7.1 Enhance Ontario Health's organizational effectiveness through a strong, engaged, connected, diverse, and accountable workforce
7.2 Support the government's plans for supply chain centralization

Reducing Health Inequities

1.1. Improve equitable outcomes and experience for equity-deserving communities
1.2. Improve access to supportive care in housing
1.3. Advance whole person care experiences and outcomes

1.1 Improve equitable outcomes and experience for equity-deserving communities

Ontario Health is committed to improving equitable health care by reducing health inequities and dismantling barriers to improve access and delivery to care. The overarching goals over three years are to:

- Build capacity to understand and address discrimination and racism in the system.
- Grow and promote expertise in providing culturally responsive care.
- Expand and scale community-based health initiatives for underserved populations.
- Support emerging areas of health inequities across Ontario aligned with provincial priorities to ensure adaptive and responsive health service delivery.

Given the dynamic nature of this plan, it is important to note that this priority area connects to activities throughout this implementation plan, including but not limited to sections 1.2 (such as supports for people living with disability) and supporting health human resources (HHR) capacity in northern and rural communities in section 4.

Key measures expected to achieve:

- Number of initiatives with an aim to provide equitable access, experience, and health equity outcomes, with specific efforts made to address racism in the health sector experienced by equity deserving populations
- Number of signed Relationship Agreements with First Nation, Inuit, Métis and urban Indigenous partners + Ontario Health.

YEAR ONE: 2024/25

First Nations, Inuit, Métis and urban Indigenous populations
Commit to working with First Nations, Inuit, Métis and urban Indigenous communities, leaders and organizations to improve health outcomes:

- **1.1.1.** Continue to build relationships with First Nations, Inuit, Métis and Urban Indigenous leaders, communities and organizations and introduce an option to the Indigenous leadership to discuss the development of formalized relationships, such as the development of relationship protocol agreements.
- **1.1.2.** Continue ongoing engagement and building relationships with local Indigenous Health Tables and new tables if established to ensure they are included in the development and implementation of the First Nations, Inuit, Métis and Urban Indigenous Health Plan and rollout through the Ontario Health regions.
- **1.1.3.** Work with First Nations, Inuit, Métis and Urban Indigenous partners on finalizing the formal agreements between them and Ontario Health and initiate implementation within Ontario Health.
- **1.1.4.** Identify and work to address existing barriers to funding for First Nations, Inuit, Métis and Urban Indigenous-led organizations, including the creation of new Indigenous health service providers in alignment with MOH initiatives.
- **1.1.5.** Engage and discuss with First Nations, Inuit, Métis and Urban Indigenous partners, communities and organizations on the planning and the development of the First Nations, Inuit, Métis and Urban Indigenous Health Plan.
- **1.1.6.** Complete and launch the fifth First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy (2024-28).
- **1.1.7.** Continue to sustain and improve the Indigenous Data Governance Matters process and build health research capacity among Indigenous communities and partners.
- **1.1.8.** Advance the Indigenous Tobacco Program and work to expand the roles and scope of the Indigenous Tobacco Wise Leads to address chronic disease more broadly.
- **1.1.9.** Plan and coordinate engagement for the Screening Activity Report expansion in Indigenous communities, an online tool that provides screening data for breast, cervical and colorectal cancers to help physicians improve their cancer screening rates and appropriate follow-up.

High Priority Communities

- **1.1.10.** Embed key successes of the High Priority Communities Strategy into the broader health care system, with a focus on OHTs, including locally responsive approaches leveraging community ambassadors.
- **1.1.11.** Identify and advance greater supports and initiatives for people living with disability in Ontario.
  1.1.12. Support the implementation of the Core Sociodemographic Data Standard across Ontario Health portfolios; add collection of encounter-based data on disability, aiming towards more fulsome health system planning for people with disabilities.

Black Health Plan

- **1.1.13.** Deliver on year three of the Black Health Plan, including expanding funded programs focused on health promotion and culturally responsive prevention models, including Afro-centric screening, and focus on conditions disproportionately affecting Black populations.
- **1.1.14.** Launch the Peel Black Health and Social Services Hub.
- **1.1.15.** Publish annual reports measuring progress advancing the Black Health Plan and continue to report back to the community.
- **1.1.16.** Align the Black Health Plan with provincial priorities of advancing key areas of prevention, primary care and pediatrics for Black populations.

Francophone Population

- **1.1.17.** Collaborate with the MOH and MLTC on the implementation of the chosen Francophone engagement model.
- **1.1.18.** Provide regional support to health service providers in the development and implementation of the principle of active offer of services in French.
- **1.1.19.** Collaborate with the MOH to collect data related to French language service to support health system planning in French.
- **1.1.20.** Implement Ontario Health French Language Health Strategy.

2SLGBTQIA+ Communities

- **1.1.21.** Advance emerging 2SLGBTQIA+ focus, including finalizing, launching and implementing the Gender-Affirming Care for Transgender, Two-Spirit and Nonbinary People Quality Standard.
- **1.1.22.** Continue collaborating with Rainbow Health Ontario to provide 2SLGBTQIA+ inclusive healthcare capacity building.
- **1.1.23.** Continue implementing the overarching policy for screening of trans people in the Ontario Breast Cancer Screening Program and Ontario Cervical Cancer Screening Program.
- **1.1.24.** Develop province-wide relationships to improve intersectional engagement opportunities with 2SLGBTQIA+ communities, leveraging local planning tables and forums.
- **1.1.25.** Expand capacity and increase access to mental health and addictions supports and services tailored to 2SLGBTQIA+ children and youth.

Refugee, Asylum-Seeking and Housing-Insecure Populations

- **1.1.26.** Expand primary care access to refugees and asylum-seeking groups through culturally responsive interventions delivered to communities.
- **1.1.27**. Support tailored capacity expansions and community investments aimed at housing-insecure populations, leveraging data and evolving community insights.

YEAR TWO: 2025/26

First Nations, Inuit, Métis and urban Indigenous populations

- Develop and finalize the Ontario Health First Nations, Inuit, Métis and Urban Indigenous Health Plan in collaboration with Indigenous partners.
- Implement the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 5 (2024-28).
- Support Regional Cancer Programs in developing localized Regional Indigenous cancer plans aligned to the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 5 (2024-28).
- Continue to improve, sustain and evaluate the Indigenous Data Governance Matters process and build health research capacity among Indigenous communities and partners.
- Advance the Indigenous Tobacco Program and work to expand the roles and scope of the Indigenous Tobacco Wise Leads to address chronic disease more broadly.
- Develop and implement the Screening Activity Report expansion in Indigenous communities.

Black Health Plan

- Continue to embed Black health plan priorities in provincial strategies. Spread and scale culturally responsive models in prevention and service delivery. Identify additional communities to expand established programs.
- Continue to monitor and report impact.
- Continue to engage community members, health system leaders, and providers in Black Health Plan implementation groups, informing and advancing the deliverables of the strategy.

Francophone Population

- Continue to provide regional support to health service providers to develop and implement health services available in French via an active offer.
- Continue to support data collection related to health services in French for planning purposes.
- Continue to implement Ontario Health's French Language Service Strategy.

YEAR THREE: 2026/27

First Nations, Inuit, Métis and urban Indigenous populations

- Continue to work with partners on the implementation and reporting for the Ontario Health First Nations, Inuit, Métis and Urban Indigenous Health Plan.
- Implement the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 5 (2024-28).
- Continue to improve, sustain and evaluate the Indigenous Data Governance Matters process.
- Continue to advance the Indigenous Tobacco Program.
- Implement and evaluate the Screening Activity Report expansion in Indigenous communities.

Black Health Plan

- Prioritize initiatives and sustainable funding aimed at advancing equitable health and social outcomes for Black and underserved populations.

- Continue actioning the Equity Inclusion Diversity and Anti-Racism Framework.
- Sustain engagement with community members, health system leaders, and providers informing and advancing the deliverables of the Black Health Plan.

Francophone Population

- Continue to provide regional support to health service providers to develop and implement health services available in French via an active offer.
- Continue to support data collection related to health services in French for planning purposes.
- Continue to implement Ontario Health French Language Service Strategy.

1.2 Improve access to supportive care in housing

Our regional teams across the province are working with delivery partners to support requiring alternate level of care (ALC) to the best level of care and in the most appropriate care settings that better meet their needs. This means we are working with the MOH, MLTC and local partners to expand access and flow to community supports (e.g., assisted living services, supportive housing, adult day programs, and respite supports) and long-term care across the province and in response to local need. This will ensure that people are receiving care at the right time and in the right place and will aim to increase support to people that are vulnerably housed including people living with disabilities.

Key measures expected to achieve:

- Increase capacity in assisted living services.

YEAR ONE: 2024/25

- **1.2.1.** Implement targeted capacity expansions and investments in community (assisted living services, supportive housing, adult day programs and other services including respite). This includes providing advice to the MOH and MLTC on capacity expansions and working locally and regionally to ensure the targeted expansion reflects local need.
- **1.2.2.** Implement Assisted Living policy recommendations to support high standard quality of care.
- **1.2.3.** Work with municipalities to plan for health supports within local capital planning to strategically align investment in services with their current and future housing stock.
- **1.2.4.** Work with the MOH to improve access to supportive care in housing for MHA in alignment with prioritized clinical care pathways.

YEAR TWO: 2025/26

- Continue to optimize access to community services through the OHT framework.

YEAR THREE: 2026/27

- Continue to advance prior year's deliverables.

Note: *This priority area connects to activities throughout this implementation plan, including but not limited to sections 1.1 (such as supports for people living with disability), patient flow efforts focused on community support services, home care, long-term care, and mental health and addiction care, which ensures people are receiving care, at the right time and right place.*

1.3 Advance whole person care experiences and outcomes

As part of our commitment to the Quintuple Aim, our activities include a focus on improved health system navigation and the collection and use of holistic outcome and experience measures. Deliverables to support this work are included in a number of different areas of focus within the ABP, including:

- Whole person care is enabled through comprehensive relationship-based primary care (section 2.1).
- Improving people's ability to navigate the health system and the implementation of a provincially coordinated strategy of patient-reported outcome and experience measurements (PROMs/ PREMs) through OHT maturity (section 2.6); and
- Our work to enhance Health811 will enable people to more easily access streamlined information, navigate through the health care system and view their health data via secure access (section 2.8).

Advancing the Right Care in the Right Place Through Transforming Care with the Person at the Centre

2.1 Primary health care

A key focus is to improve access to comprehensive team-based primary care for more of the population. Ontario Health will support the MOH to expand interprofessional primary care teams with a focus on equity-deserving populations and communities. Aligned with this focus, Ontario Health will also support the implementation of Primary Care Network within OHTs. Primary Care Network will connect the local primary care sector within an OHT to ensure clinicians are involved in the transformation of local care delivery. Ontario Health commits to leveraging data-driven frameworks for planning, performance measurement and quality improvement alongside the expansion of team-based primary care and the implementation of Primary Care Network.

Key measures expected to achieve:

- Number of new or expanding interprofessional primary care teams funded with new investments.
- Number of new people with access to team based primary care.

YEAR ONE: 2024/25

- **2.1.1.** Implement provincial expansion of team-based care to increase attachment and access with a focus on equity-deserving communities.
- **2.1.2.** Develop an evidence-based primary care planning framework to inform planning, integration, HHR and funding allocations for primary care programs and begin reporting in 2024/25.
- **2.1.3.** To improve health sector planning, accessibility and integration, develop a consistent provincial performance and quality support process for team-based primary care models (i.e., community health centres [CHCs], family health teams [FHTs] and nurse practitioner-led clinics [NPLCs]) and conduct an evaluation of value for money.
- **2.1.4.** Establish a plan for contract modernization of team-based primary care (CHCs, FHTs and NPLCs), in collaboration with key stakeholders to design a renewed contract to meet local needs and improve patient experience and outcomes.
- **2.1.5.** Support the adoption and clinical indicator refinement of the new primary care integrated report.
- **2.1.6.** Continue supporting the MOH in its relationship with the Ontario Medical Association by ensuring compliance with the OMA Representation Rights and Joint Negotiations and Dispute Resolution Agreement.

YEAR TWO: 2025/26

- Implement an evidence-based primary care planning framework.
- Implement the provincial performance and quality support process for team-based primary care models (i.e., CHCs, FHTs and NPLCs).
- Advance contract modernization for the CHCs, FHTs and NPLCs.
- Implement provincial expansion of team-based care to increase attachment and access with a focus on equity-deserving communities.
- Implement the provincial approach to primary care quality measurement; ensure clinicians have access to the primary care integrated report by integrating the report into electronic medical records (EMRs).

YEAR THREE: 2026/27

- Improve and refine the evidence-based primary care planning framework.
- Evaluate and refine the provincial performance and quality support process for team-based primary care models (i.e., CHCs, FHTs and NPLCs) to achieve improved quality of care.
- Implement revised contracts for all primary care teams under the purview of Ontario Health.
- Evaluate the impact of team-based primary care expansion on patients and providers.
- Continue to advance a data-driven quality approach to primary care measurement; incorporate bi-directional data flow from EMRs into the primary care integrated report.
- Determine elements of performance for team-based care that will improve health sector planning, accessibility and integration and align to primary care performance framework.

2.2 Mental health and addictions care

The Ontario Health Mental Health and Addictions (MHA) Centre of Excellence supports Ontario in building a comprehensive and connected mental health and addictions system. It plays a critical role in overseeing the delivery and quality of mental health and addictions services and supports, including system management, supporting quality improvement, disseminating evidence and setting service expectations. While forging trusting relationships with varied stakeholders and people with lived and living experience, the Centre of Excellence aims to enhance access to, and quality of, mental health and addictions services and supports for people living in Ontario.

Key measures expected to achieve:

- Number of people accessing Ontario Structured Psychotherapy (OSP).
- Percent of clients with reliable improvement through the OSP program.

YEAR ONE 2024/25

- **2.2.1.** Increase access to the Ontario Structured Psychotherapy program and monitor quality and performance expectations and outcomes.
- **2.2.2.** Begin phased implementation of new in-person and virtual provincial programs for people experiencing depression, anxiety-related disorders, schizophrenia, psychosis, eating disorders and substance use disorders.
- **2.2.3.** Improve seamless, easy-to-navigate, and equitable access to mental health and addictions services through:
  - Advancing the multi-year implementation of mental health and addictions provincial coordinated access.
  - Ongoing implementation and evaluation of mobile mental health and addictions clinics.
  - Developing and implementing planning of a mental health and addictions core services framework, in collaboration with the MOH.
- **2.2.4.** Working in partnership with First Nations, Inuit, Métis and Urban Indigenous partners and the MOH, identify and begin to co-develop Indigenous-led priorities for mental health and addictions for the Ontario Health MHA Centre of Excellence. Begin to implement the recommendations related to depression and anxiety-related disorders, identified through consultations to date.
- **2.2.5.** Refine and improve the provincial Mental Health and Addictions Oversight Model.
- **2.2.6.** Further implement a standardized provincial system for the collection, use and reporting of MHA data in Ontario to support enhanced MHA system policy development, sector planning and performance monitoring. This includes:
  - Continued implementation of the MHA Provincial Data Set and the collection of data from provider systems.
  - Continued development of the MHA Asset Inventory.
- **2.2.7.** Develop a multi-year system plan for mental health and addictions, incorporating equity as a foundational principle, in consultation with the MOH.

YEAR TWO: 2025/26

- Further increase access to the OSP program, while improving and measuring quality of the program.
- Advance ongoing implementation and begin performance measurement and management of in-person and virtual provincial programs for people experiencing depression, anxiety-related disorders, schizophrenia, psychosis, eating disorders and substance use disorders.
- Advance and begin to monitor performance of the multi-year implementation of provincial coordinated access to mental health and addictions services.
- Working with Indigenous partners, further engage, co-develop and implement recommendations for Indigenous-led mental health and addictions priorities.
- Continue supporting multi-year system plan for mental health and addictions, in alignment with the Roadmap to Wellness.
- In collaboration with the MOH, begin implementing the mental health and addictions core services framework and begin resourcing impact analysis.
- Continue supporting a standardized provincial system for the collection, use and reporting of MHA data in Ontario to support enhanced MHA system policy development, sector planning and performance monitoring.

YEAR THREE: 2026/27

- Continue to advance prior years' deliverables.
- Continue to work with health system providers to use data to inform and improve performance and accountability.
- In collaboration with the MOH, continue to implement the mental health and addictions core services framework, along with monitoring provider alignment and resource planning.

2.3 Home and community care

To better support people in the community and realize the MOH's vision for a modernized and integrated home and community care sector, Ontario Health will execute in three key areas: supporting the integration of home and community care with the rest of the health system; enabling innovation through home care service provider organizations, health service providers and OHTs; and advising on enhanced MOH investments. The actions will better connect home and community care with other elements of the health care system (integration), implement new models of care coordination, delivery and contracting (innovation), and deploy new resources to improve equity, quality and access to home and community care services across all communities (investment).

Key measures expected to achieve:

- More home care access.
- Lower wait times to care.

YEAR ONE 2024/25

Drive integration

- **2.3.1** Support the transition of current HCCSS functions to Ontario Health atHome or other points in the system where appropriate.
- **2.3.2.** Establish an accountability agreement with Ontario Health atHome that will focus on the transformation of its operating model to support high-quality OHT-led home and community care services.
- **2.3.3.** Work in partnership with MLTC and MOH on the planning and operationalization of long-term care home placement.
- **2.3.4.** Support the phased transition of accountability for integrated home care planning and delivery to the initial 12 OHTs identified for acceleration and enable greater adoption of team-based models of care for their attributed populations.
- **2.3.5.** Implement enhancements to the Client Health and Related Information System (CHRIS), the electronic point of care system for home care, to support the transition of Ontario Health atHome and adoption of OHT-led home care programs.

Drive innovation and enhance equity-informed investments

- **2.3.6.** Implement targeted capacity expansions and investments in home care. This includes providing advice to the MOH on capacity expansions and working locally and regionally to ensure the targeted expansion reflects local need.
- **2.3.7.** Establish a data-driven model for sector administration which can be used to measure quality performance (including client outcomes and performance standards), manage providers and inform ongoing recommendations on investments in the sector.
- **2.3.8.** Work with the MOH and Ontario Health atHome to establish parameters for standard provincial models of home care that will improve standardization and enable spread and scale as part of the integration of home care within points of care.
- **2.3.9.** Develop for MOH approval, a refreshed provincial model for contracting with Service Provider Organizations that incorporates outcome-based incentives, enables their participation in OHT-led delivery, and supports improved workforce experiences, better access to service and quality performance for home care services.

Medical assistance in dying (MAID)

- **2.3.10.** Support continued coordination of operational supports for MAID.

Rehabilitation services in the community

- **2.3.11.** Work with the Ministry and delivery partners to determine appropriate clinical pathways for rehabilitation services in the community.

YEAR TWO: 2025/26

- Work with the MOH to continue to expand equitable access to home and community care services and measure and manage performance improvements in access and outcomes.
- Continue evaluation of the Leading Projects and use findings to inform parameters for broader OHT-led models of home care delivery.
- Continue to implement a roadmap for transitioning accountability for the majority of home care services to OHTs.
- Continue to transition to new provincial contracting model and alignment of contracted services to OHTs.

YEAR THREE: 2026/27

- Continue to advance prior years' deliverables.

2.4. Aging care continuum, including long-term care

Older adults are the fastest growing age category in Ontario. Ontario Health is focused on enhancing the experience of care and quality of life of all older Ontarians. Working in collaboration with the MOH, MLTC, Ministry for Seniors and Accessibility (MSAA), health service providers and system partners, we will take a population health approach to implementing an aging care continuum. A continuum approach aligns a comprehensive range of programs and services to support older adults living in the community and in Ontario's long-term care homes.

Key measures expected to achieve:

- Less avoidable ED visits from long-term care residents.

YEAR ONE 2024/25

- **2.4.1.** In collaboration with MLTC, MOH, MSAA, and system partners, continue to support the implementation of service models related to an aging continuum of care plan with a focus on supporting those living with dementia.
- **2.4.2.** Support initiatives for improved long-term care home resident quality of care and quality of life, including working with Behavioural Supports Ontario and behavioural support units.
- **2.4.3.** Support the implementation of initiatives to improve long-term care resident quality of care and quality of life, including potential models of care.
- **2.4.4.** Continue to support efforts to improve long-term care home resident access to diagnostic services, including building clinical capacity within homes to prevent potentially avoidable transfers to the ED.
- **2.4.5.** Support integration of long-term care homes in the health system, including participation in OHTs.

- **2.4.6.** Facilitate collaboration among long-term care homes and support the development and implementation of long-term care sector initiatives to enhance emergency management capacity.
- **2.4.7.** Enhance collection and/or access of local and system-level data to identify and address local, regional and system health inequities in aging and long-term care.
- **2.4.8.** Work with the MLTC to identify regional capacity needs that could be addressed through capital (re)development or licensing.
- **2.4.9.** Continue working with the Ontario Caregiver Organization, define and support the development and implementation of roles, training and supports for essential care partners in hospitals and Long-term care homes with expansion to additional sectors.

YEAR TWO: 2025/26

- Continue to identify gaps and implement and scale programs associated with an aging care continuum with a focus on dementia. Continue to support the integration of Long-term care homes into the broader health system, including OHTs.

YEAR THREE: 2026/27

- Continue to identify gaps and implement and scale programs associated with an aging care continuum with a focus on dementia. Continue to support the integration of long-term care homes into the broader health system, including OHTs.

2.5. Access and flow

The focus on enhancing system access and flow aims to improve patient outcomes and streamline services across Ontario's health care spectrum, spanning hospital, supports in housing, home and community care, long-term care and primary care. Ontario Health is dedicated to optimizing access by ensuring quality care, allocating appropriate resources and fostering care integration among health providers. This approach emphasizes delivering more community-based care to decrease unnecessary ED visits and hospitalizations while minimizing hospital stays while waiting for alternative levels of care in more appropriate care settings.

Key measures expected to achieve:

- Lower wait times for care in more appropriate settings (lower alternate level of care length of stay).

YEAR ONE 2024/25

- **2.5.1.** Issue and enforce alternate level of care (ALC) and transitional care best practices to delivery partners
- **2.5.2.** Design and implement access and flow performance scorecards, engagement processes, coaching and peer review programs, data access and performance management and escalation approaches to improve identified performance indicators such as ALC length of stay and throughput to appropriate discharge destinations.
- **2.5.3.** Expand the provincial bed management system to support a shared understanding of capacity across the system (across all sectors) and make well informed decisions to enhance patient flow and system capacity.
- **2.5.4.** Continue with capacity plans, defining models of care and continue to optimize access to community services.
- **2.5.5.** Work with key partners to help divert individuals from ED when it is safe to do so and provide them care and treatment in the community.
- **2.5.6.** Support the MOH and the MLTC in development of an integrated community paramedicine policy framework, including planning, performance monitoring, integration, tools and resources, and capacity distribution/funding allocations for community paramedicine programs.
- **2.5.7.** Continue to work with MOH on capital investment proposals to improve access and flow.

YEAR TWO: 2025/26

- Support continued implementation of ALC best practices across our health service providers.
- Apply evidence-based key learnings from community capacity plan assessments that would address gaps within the community sectors.
- Continue to explore and enhance opportunities for ED diversion clinics within the community.
- Continue to build on the bed management tools and integrate them within daily business operations to inform key decisions related to system capacity challenges.
- Continue to advance implementation and integration of community paramedicine.
- Based on formal MLTC program evaluation results (currently underway), develop a basic community paramedicine model of care with standardized processes available in all areas of the province with flexibility for local innovation and collaboration (based on local context).

YEAR THREE: 2026/27

- Continue to build on success of initiatives implemented in the first two years to spread and scale.
- Continue monitoring and implementing improvements in access and flow strategies supporting cross-sectoral improvements and positive patient outcomes.
- Continue to advance implementation and integration of community paramedicine.
- Advance provincial implementation of key tools and resources to support community paramedicine program optimization.

2.6. Ontario Health Teams (OHTs)

OHTs provide an integrated approach to organizing and delivering care that is more connected to patients in their local communities. Under OHTs, health care and community providers (including those in hospitals, primary care, local public health agencies, and home and community care) work as one coordinated team – no matter where they provide care. OHTs use a population health management approach to improve how Ontarians experience and access care.

Ontario Health is focused on supporting OHTs to deliver high quality integrated care for all Ontarians. In collaboration with the Ministry of Health and Ministry of Long-Term Care, Ontario Health plays a critical role in supporting the development and maturity of OHTs. This includes our role in overseeing the delivery of key clinical, patient-facing and structural and digital OHT priorities (including the creation of a not-for-profit corporation, the establishment of a Primary Care Network, and the standardization of back-office supports) in alignment with the provincial and regional context.

Key measures expected to achieve:

- Number of OHTs operating approved integrated clinical pathways.
- Number of OHTs that have launched a home care leading project and/or have Ontario Health-approved plans for home care.

YEAR ONE 2024/25

- **2.6.1.** Support all OHTs to meet policy direction set out in *OHTs: The Path Forward* (i.e., to achieve provincial clinical, patient-facing and structural priorities) and support OHTs identified for acceleration as they work towards designation under the *Connecting Care Act, 2019*.
- **2.6.2.** Transition to new three-year OHT accountability and funding agreements.
- **2.6.3.** Develop and seek approval of a proposed approach for revisions to OHT supports model that are aligned to the current and future needs of OHTs.
- **2.6.4.** Develop opportunities to embed the Social Determinants of Health Framework into initiatives that support OHT population health management.
- **2.6.5.** Using the OHT Performance Framework, measure and report on OHT performance using indicators (including patient-reported experience measures [PREMs]), with a focus on OHTs identified for acceleration; ensure the OHT collaborative quality improvement program aligns with the OHT Performance Framework.
- **2.6.6.** Support implementation of Primary Care Network, beginning with the OHTs identified for acceleration, to improve provider experience and the attachment of and coordination of care for patients.
- **2.6.7.** Expand integrated virtual care model adoption aligned with clinical best practice and quality standards, including (but not limited to) remote monitoring, surgical transitions, urgent care and primary care to build OHT digital and virtual maturity.
- **2.6.8.** Increase access to virtual care models and other navigation supports via Health811.
- **2.6.9.** Enhance and roll out the current OHT Data Dashboard to support data sharing, information management and population health planning by OHTs.
- **2.6.10.** Provide digital guidance and supports to enable the successful implementation of OHT acceleration priorities.
- **2.6.11.** Implement and/or advance the maturity of heart failure, chronic obstructive pulmonary disease (COPD) and/or lower limb preservation integrated clinical pathways within OHTs, including work to implement an Indigenous-focused lower limb preservation pathway project.
- **2.6.12.** Providing advice to the ministry to define both short-term and long-term funding strategies to support continued advancement of integrated care through enabling integrated clinical pathways.
- **2.6.13.** Continue to implement the collection of PROMs alongside the integrated clinical pathways for heart failure and COPD, with a focus on a subset of the Initial 12 OHTs, to improve patient symptom identification and management.
- **2.6.14.** Support the seven Leading Project OHTs to begin to deliver home and community care services to their target populations.
- **2.6.15.** Beginning with the initial 12 OHTs identified for acceleration, support teams in their planning for home care delivery for the population.

YEAR TWO: 2025/26

- Continue to assist OHTs to meet policy direction set out in OHTs: The Path Forward (i.e., to achieve provincial structural, patient-facing and clinical priorities) as they work towards potential designation under the *Connecting Care Act, 2019*.
- Continue oversight of OHT accountability and funding agreements.
- In collaboration with the MOH and external support partners as appropriate, begin implementation of the proposed approach, if approved, recommendations for revisions to OHT supports model that are aligned to the current and future needs of OHTs.
- Implement social determinants of health opportunities developed to support OHT's advancement of population health management; using the OHT Performance Framework, measure and report on OHT progress with a focus on OHTs identified for acceleration.
- Continue to advance and support the implementation of Primary Care Network across all OHTs.
- Sustain and scale select existing integrated clinical pathway implementations and continue to assess opportunities for implementation of additional pathways informed by early outcomes.
- Continue the expansion and implementation of PROMs/PREMs within congestive heart failure and COPD to improve patient symptom identification and management.
- Continue to support OHTs in their planning for home care delivery.
- Begin to develop a clinical service delivery framework to support patient flow as needed across OHTs.

YEAR THREE: 2026/27

- Continue to assist OHTs to meet policy direction set out in OHTs: The Path Forward (i.e., to achieve provincial structural, patient-facing and clinical priorities) as they work towards potential designation under the *Connecting Care Act, 2019*.
- Continue to implement opportunities that address social determinants of health and support OHT's advancement of population health management.
- Support the rollout of Primary Care Network to all OHTs, including OHT action plans to advance coordination of care for patients.
- Spread existing integrated clinical pathway implementations and begin to implement additional pathways informed by outcomes and performance of early implementations.
- Evaluate and refine the collection and use of PROMs/PREMs across OHTs and provide health system leadership for patient-reported data to advance person-centred care.
- Continue to support OHTs in their planning for home care delivery.
- Continue oversight of OHT accountability and funding agreements.
- In collaboration with the MOH and external support partners as appropriate, being implementation of the proposed approach, if approved, recommendations for revisions to OHT supports model that are aligned to the current and future needs of OHTs.

2.7. Chronic disease care

With Ontarians living longer than ever before, reducing incidence and improving outcomes of chronic disease are critical to improving quality of life and building a sustainable health care system. Chronic disease programs, with an initial focus on diabetes, will improve equitable access to preventive care, early detection and chronic disease management services (including remote care management). This includes the Preventive Care Program, which aims to improve access to preventive care for equity-deserving and underserved populations, including personalized and culturally responsive health education, health coaching, preventive care planning and service navigation. Improved access to upstream, integrated preventive care will promote healthy behaviours and facilitate improved connections to services, screening and primary care for Ontarians to reduce chronic disease incidence and complications and improve outcomes for patients.

Key measures expected to achieve:

- Number of sites that have implemented the preventative care program.
- Percentage of patients with diabetes with up to date A1C and retinopathy screening.

YEAR ONE 2024/25

- **2.7.1.** Improve the Preventive Care Program operational model, data collection and reporting to support expansion.
- **2.7.2.** Expand the Preventive Care Program in high-need communities, primary care and OHTs.
- **2.7.3.** Update guidelines and program expectations for digital/virtual supports to improve access, equity and performance of Diabetes Education Programs.
- **2.7.4.** Define a program pathway for early detection of diabetic retinopathy including artificial intelligence (AI) based or other virtual options.
- **2.7.5.** Engage with First Nations, Inuit, Métis and Urban Indigenous partners to identify Indigenous-specific diabetes initiatives and priorities that address population needs.
- **2.7.6.** Introduce new population-based screening programs:
  - Update the permitted use of the Cancer Screening Registry to enable an integrated population-based screening model.
  - Build screening program supports for participants, including contact centre and correspondence.
  - Develop supporting clinical materials that could contribute to a provincial population-based screening program to detect abdominal aortic aneurysm early in the at-risk population and reduce avoidable ruptures.
  - Establish accountability and performance agreements with providers.
- **2.7.7.** Collaborate with MOH, public health units and Public Health Ontario to improve access to and uptake of publicly funded vaccines, including COVID-19.
- **2.7.8.** Work collaboratively with the Ministry on a joint work plan and timeline to consider the transition of responsibilities for the environmental health file to Ontario Health over time.

YEAR TWO: 2025/26

- Continue to expand the Preventive Care Program, in alignment with OHTs and their Primary Care Network.
- Continue to update guidelines, digital/virtual support, and program expectations to improve access, equity and performance of Diabetes Education Programs.
- Conduct feasibility study for diabetic retinopathy screening.
- Continue to engage with First Nations, Inuit, Métis and Urban Indigenous partners to support planning and implementation of Indigenous-specific diabetes initiatives.

YEAR THREE: 2026/27

- Continue to deliver prior years' deliverables.

2.8. Ontarians' access to digital information and services

Providing Ontarians with digital access to health information and services is a priority for Ontario Health. While there are pockets of success across the province, most Ontarians do not have digital access to health services on a consistent basis. The digital landscape is rapidly evolving, and citizens' expectations for seamless and efficient services are rising. To address this, Ontario Health is focused on enhancing the availability and user experience of its products and services.

Key measures expected to achieve:

- Health811 user satisfaction.
- Health811 utilization.

YEAR ONE 2024/25

- **2.8.1.** Continue to advance Health811 based on user experience and needs (e.g., expand patient access to health data via the Provincial Patient Viewer, provincial health data service integration, and integrated online appointment booking functionality, etc.).
- **2.8.2.** Strengthen Health811's position as the digital front door by supporting the development of a patient access strategy which will provide Ontarians a secure access channel to their provincial electronic health data and services, including provincial lab and drug records.
- **2.8.3.** Create a consistent customer experience for providers across our digital assets and access channels through current state assessment, user journeys and pain point identification, including stakeholder engagement.
- **2.8.4.** Support the development of a patient access strategy to enable access to personal health information and digital health services.

YEAR TWO: 2025/26

- Continue to advance Health811 based on user experience and needs.
- Support enablement of the patient access strategy for access to personal health information and digital health services.
- Enhance the amount of data and services available to Ontarians to improve their ability to discover and use provincial and local data and services, improving their experience with the health care system.

YEAR THREE: 2026/27

- Continue to advance Health811 based on user experience and needs.

Advancing Faster Access to Care Through Health System Operational Management, Coordination, Performance Measurement and Management, and Integration

3.1. Emergency care and surge responses
3.2. Integration of diagnostics and surgical care
3.3. Provider access to digital tools
3.4. Data system integration, standardization and security
3.5. Use of data and analytics services

3.1 Emergency care and surge response

We have established a strong foundation of provincial and regional emergency management and surge response. This foundation continues to be operationally embedded through our regional model of health system coordination and management and is applied to ongoing season surges. Provincially, this also includes developing an integrated critical care system and enhancing the role of an emergency services program that provides clinical leadership spanning the full spectrum of emergency services and identifies priorities and support initiatives to improve access to and quality of ED care. The program's goal is to ensure all Ontarians have access to life and limb-saving emergency care by developing standards and guidance, transferring and exchanging knowledge (e.g. community of practice), implementing digital and virtual solutions to support continued evolution of ED care, as well as measuring, monitoring and reporting performance.

Key measures expected to achieve:

- Wait times to ED physician initial assessment.
- Acute and critical care bed capacity throughout cyclical and seasonal surge periods.

YEAR ONE 2024/25

Emergency Care

- **3.1.1.** Provide strategic and operational direction for programs to attract new ED nurses and sustain the workforce by operationalizing virtual and in-person ED nurse education and implementing a Specialty Training Fund and ED Regional Educator Program. Planning will also begin for internship and career pathway and ED nurse retention demonstration projects.
- **3.1.2.** Collaborate with system experts and hospitals to design standards-based tools and resources to advance emergency patient care for the mental health and addictions population.
- **3.1.3.** Sustain, evolve and expand the ED Peer-to-Peer program.
- **3.1.4.** Develop and implement an ED strategic plan to support system-wide improvements and standardization.
- **3.1.5.** Design and implement ED performance scorecards, engagement processes, coaching and peer review programs, and performance management and escalation approaches to improve identified performance indicators such as wait times to physician initial assessments.
- **3.1.6.** Implement mechanisms for the ED community to transfer and exchange knowledge (e.g. community of practice).
- **3.1.7.** Work with specialty pediatric centres to support use of ED diversion clinics to continue alleviating demand on E.Ds.

Critical Care

- **3.1.8.** Work closely with the MOH and system partners to oversee critical care services in Ontario, including appropriate critical care capacity and HHR priorities relating to recruitment and retention, training, models of care, practice standards and other processes that enable the critical care workforce.
- **3.1.9.** Work with the MOH to complete a review of critical care services in Ontario and recommend a system plan.
- **3.1.10.** Continue to work closely with the MOH and system partners to strengthen critical care services accountabilities through quality improvement and performance management, data transparency, integrating best practices through knowledge translation, and advancing policy as appropriate.

Emergency Preparedness

- **3.1.11.** Work with the MOH and MLTC to maintain and support province-wide monitoring, planning and response to planned and emerging disruptions and issues impacting the health system:
  - Establish an issues and emergency management framework and communications protocol.
  - Maintain regional and provincial networks and forums that support coordinated planning, assess risks and respond to issues and emergency in a timely manner.
  - Support yearly staff training and exercise to improve overall response capabilities.
- **3.1.12.** Continue to advance deliverables related to COVID-19 while providing provincial support and advice on infectious disease matters.
- **3.1.13.** Liaise with the MOH and system partners to support the evolution and sustainability of the Infection Prevention and Control Hubs with Infection Prevention and Control hubs and work with the MOH, MLTC and public health to define roles and responsibilities for supporting these hubs.

YEAR TWO: 2025/26

Emergency Care

- Continue to provide strategic and operational direction to improve ED performance.

Critical Care

- Continue to work closely with the MOH and system partners to oversee critical care services in Ontario, including appropriate critical care capacity and HHR Health Human Resources priorities relating to recruitment and retention, training, models of care, practice standards and other processes that enable the critical care workforce.

Emergency Preparedness

- Work with the MOH and MLTC to maintain and support province-wide monitoring, planning and response to planned and emerging disruptions and issues impacting the health system.

YEAR THREE: 2026/27

- Continue to deliver prior years' deliverables.

3.2 Integration of diagnostics and surgical care

Ontario Health continues to work with the MOH to implement strategies to ensure that patients receive care during clinically recommended wait times for procedures, imaging and surgery through maximizing capacity and innovation. Across the system, opportunities are also being explored to augment capacity for key areas of care, including the implementation of partnerships between large and small hospitals or community clinics to support CT and MRI scanning, cataract surgeries and GI endoscopy, as well as working with the MOH on strategies aimed to assist with the goal of increasing access to procedures in community settings.

Ontario Health has also initiated a pediatric strategy which advances provincial priorities and lays the groundwork for growing comprehensive pediatric care in Ontario. This will support the transition from what has traditionally been a standalone sector to a sector that is well-integrated and supported through Ontario Health regional structures within the broader health care system. This strategy begins with a focus on surge planning and management of ICU capacity, ED diversion, surgical care and access to care closer to home.

Key measures expected to achieve:

- Percentage of surgeries completed within clinically recommended wait times for pediatrics and adults.
- Volumes of CT and MRI scans for pediatrics and adults.

YEAR ONE 2024/25

- **3.2.1.** Support the planning, implementation, accountability and funding oversight of more surgeries and diagnostic imaging, including through the use of integrated community health services centres (ICHSCs) for MRI/CT scanning, gastrointestinal endoscopies, and orthopedic surgeries.
- **3.2.2.** Expand central waitlist management for diagnostic imaging.
- **3.2.3.** Continue to appropriately reallocate volumes that will reduce wait times for surgery.
- **3.2.4.** Continue to implement system oversight, coordination and performance management to address gaps in care and improve equitable, timely access to medical imaging services.
  - Design and implement surgery performance scorecards, engagement processes, coaching and peer review programs, and performance management and escalation approaches to improve the use of available surgical capacity.
- **3.2.5.** Continue to utilize evidence to improve the surgical system, providing support to MOH to enhance existing surgical programs (including robotics surgeries) and oversight and governance in the development of a surgical strategy aimed at improving access, quality and performance within the context of existing programs.
- **3.2.6.** Complete a comprehensive review and evaluation of existing musculoskeletal programs focusing on future program opportunities, oversight and accountability approaches, and potential funding.
- **3.2.7.** Work with specialty pediatric centres and supporting surgical sites to increase throughput and reduce the number of long waiters for pediatric surgeries and facilitate appropriate care closer to home.

YEAR TWO: 2025/26

- Expand system stewardship for medical imaging, strengthening proactive system-level planning and supports and broadening scope of imaging modalities to address prioritized gaps impacting patient care.
- Establish a process and approach to facilitate alignment of provincial surgical strategies and initiatives and support organizational collaboration.
- Continue to reduce wait time for surgery to within clinically appropriate wait times.

YEAR THREE: 2026/27

- Advance system oversight, coordination and performance management to address gaps in care and improve equitable, timely access to medical imaging and surgical services.
- Continue access and quality improvements.

3.3. Provider access to digital tools

Our actions to support clinicians include a focus on expanding and streamlining provider access to digital tools. Digital processes exist to support clinicians in some areas, but in others they rely on analog models, such as fax machines and printouts for patients to transport on their behalf. Clinicians can struggle to find exactly which application will give them the data they're looking for or which specialist referral network they have available. These high-volume workflows are characterized by outdated communication methods and processes which often create more burden on the clinician and take time away from patient care. The MOH's Patients before Paperwork initiative aims to reduce administrative burden on providers, reduce delays in information sharing, support clinician wellbeing and improve patient safety and privacy, all while allowing them to spend more time with patients. Ontario Health is working with the MOH and system partners to advance this initiative as a digitally enabled clinical priority.

Key measures expected to achieve:

- Number of sites onboarded and accessing provincial clinical viewers.

YEAR ONE 2024/25

- **3.3.1.** Enhance the provincial eConsult service according to user feedback; build in additional functionality to enable a more streamlined user experience.
- **3.3.2.** Evolve eOrdering in primary care through the enhancement of the Ontario Laboratories Information Systems (OLIS)-Mobile Order Results Entry solution and facilitate lab-to-lab referrals.
- **3.3.3.** Support digital prescribing by integrating existing solutions with provincial electronic health record assets.
- **3.3.4.** Modernize and spread adoption of electronic referral tools, enabling seamless transitions for patients between providers.
- **3.3.5.** Integrate provider-to-provider secure messaging within point of care systems with the ability to access patient summaries to more quickly coordinate patient care (such as referrals) and facilitate care plan collaboration
- **3.3.6.** Provide funding support and change management to drive the implementation of Regional Central Intake Hubs to enable an equitable distribution of referrals across the provider network, with an initial focus on orthopedics, cataract, MRT and CT.

YEAR TWO: 2025/26

- Continue to modernize and spread adoption of electronic referral tools.
- Continue to operationalize the provincial provider-to-provider secure messaging service.
- Support adoption of lab test e-ordering in community and primary care sectors. Facilitate lab-to-lab referrals and redirects between Public Health Ontario, community and hospital labs via OLIS.
- Support digital prescribing by enhancing existing solutions through integrations with provincial EHR assets in alignment with the Patients before Paperwork initiative.

YEAR THREE: 2026/27

- Support digital prescribing by enhancing existing solutions through integrations with provincial EHR assets in alignment with the Patients before Paperwork initiative.

3.4. Data system integration, standardization and security

Incredible progress has been made to build a provincial system that gives thousands of health care providers at hospitals, family practices, long-term care homes and pharmacies more access to quickly look up lab results, publicly funded and monitored drugs, digital images (e.g., x-rays and MRIs), hospital discharge summaries and more. This work, however, is far from complete. When separate systems cannot share records or be easily accessed, clinician access to patient health information is limited. This may result in repeated ordering of tests or poor patient health outcomes based on decisions made with incomplete information. The dependency on what a patient recollects and communicates translates into sub-optimal patient and provider experience and quality. Ontario Health is prioritizing work to digitally unite providers and existing data stores that contain billions of patient records critical to high-quality and timely care. Underpinning these efforts are critical provincial cyber and privacy supports that Ontario Health will continue to mandate and scale to ensure security across the health care system.

Key measures expected to achieve:

- Avoided or reduced cybersecurity breaches.

YEAR ONE 2024/25

Advance the completion of the Provincial EHR

- **3.4.1.** Begin implementation of the Provincial Patient Viewer in alignment with the patient access strategy to enable patients to access EHR data and their personal health records.
- **3.4.2.** Add critical data sets to the provincial EHR to support clinical decision-making, such as improving access to medication data at the point of care, primary care data and genetic data from labs. Enhance registries and repositories to support the contribution of new data types and integration opportunities including provincial health data service.
- **3.4.3.** Enable clinician access to critical medication, lab and acute discharge data through continued deployment of the Digital Health Drug Repository, OLIS and Health Report Manager in community-based clinician EMRs and add primary care patient summary data into a new provincial repository.
- **3.4.4.** Continuously enhance the view let framework and tools that streamline clinicians access to data and services directly from their point-of-care system.

- **3.4.5.** Go live with the initial implementation of the Clinical Data Foundation (CDF) and integrate the new Provincial Clinical Viewer to the CDF, enabling a consistent provincial clinical experience and laying the foundation to enrich the EHR for a more efficient access to patient data for providers.
- **3.4.6.** Support hospital information system direct integration with acute care sites, building on the efficiencies from previous years.
- **3.4.7.** Increase data collection from primary care through further expansion of patient summary to additional sites/providers.
- **3.4.8.** Complete the Provincial Health Services Directory to allow Ontarians to discover province-wide services and enable innovative solutions to leverage services at the provincial level.
- **3.4.9.** Initiate provider identity modernization through planning for ONE ID transformation to streamline user experience, improve operational efficiency to provide better support for providers.
- **3.4.10.** Proceed with a request for proposal for the single provincial medical imaging repository solution and initiate an onboarding process for the integrated community health services centres (ICHSCs).

Data Standardization

- **3.4.11.** Strengthen the foundation for interoperability and information exchange between systems via the Digital Health Information Exchange program.

Cyber Security

- **3.4.12.** Increase cyber security resiliency across the health system through the continued progression of the provincial cyber security operating model strategy, provide supports to the established Local Delivery Groups, and establish and operationalize provincial platforms.

YEAR TWO: 2025/26

- Continue to roll out the new Provincial Clinical Viewer to existing users and execute on the Clinical Viewer roadmap, enabling improved and more efficient clinical access to patient data. Onboard new users to the new Provincial Clinical Viewer.
- Roll out the Provincial Patient Viewer to Ontarians and execute on the roadmap for the Patient Viewer.
- Complete build and configuration of the single provincial image repository; launch the specialized provincial image viewer; and progress onboarding of ICHSCs.
- Continue to strengthen the foundation for interoperability and information exchange between systems via the Digital Health Information Exchange program.
- Increase cyber security resiliency across the health system through the continued progression of the provincial cyber security operating model strategy and coverage across the system, provide supports to the established Local Delivery Groups, and establish and operationalize provincial platforms.

YEAR THREE: 2026/27

- Complete roll out of the new Provincial Clinical Viewer. Begin decommissioning of ConnectingOntario, ClinicalConnect and electronic Child Health Network Webchart to begin once all users are onboarded.
- Initiate technology convergence of the legacy, regional diagnostic imaging repositories; and launch data migration of images into the new provincial image repository. Continue to progress onboarding of ICHSCs.
- Continue to promote the adoption of the Provincial Patient Viewer by Ontarians.

3.5. Use data and analytics services

Accessing data for analytics and insights that improve system coordination and care delivery is core to the daily work of Ontario Health. All of the objects set out for Ontario Health in the *Connecting Care Act, 2019* are enabled through the collection and use of data. To achieve our many priorities, Ontario Health is working with the MOH and MLTC to establish a modernized data authority model for Ontario Health, including the alignment of our secure information management practices which combine technology, people and processes. Our actions include continuing to expand the insights we generate to drive improvements in equity, clinical and quality outcomes, timely access to care, health system integration and provider performance.

Key measures expected to achieve:

- New datasets added to the Analytics Data Hub and utilized for planning, informing quality and clinical improvements, improving timely access and flow, and maintaining oversight and performance management of the health system.

YEAR ONE 2024/25

- **3.5.1.** Continue to strengthen Ontario Health technologies for alignment with Provincial Health Data & Digital Service (PHDDS) strategy and the delivery/operation of a provincial EHR/Health Data Utility supporting democratized data access/exchange.
- **3.5.2.** Work with the MOH and MLTC to explore options for implementing a new single data authority for Ontario Health that enables Ontario Health's ability to "Collect Data Once, Use Many Times" to achieve objects in the Connecting Care Act, 2019, such as planning, informing quality and clinical improvements, improving timely access and flow, and maintaining oversight and performance management of the health system.

- **3.5.3.** Unify and continue to advance data governance practices, risk management and core data, digital and analytics capabilities to support Ontario Health operations and the PHDDS strategy with the MOH.
- **3.5.4.** Continue to build and operationalize Ontario Health's Analytics Data Hub including incorporating new data assets into the hub and onboarding new users.
- **3.5.5.** Begin to expand our capabilities to include AI and machine learning modeling focused on informing improvements in access and flow.
- **3.5.6.** Drive purpose-driven access to data and insights in internal and external Ontario Health reporting through the Health System Insights platform.
- **3.5.7.** Provide a central viewer for surgery and diagnostic imaging data into the PHDDS, enriching PHDDS with applicable real-time wait time data.
- **3.5.8.** Consolidate views within the Health System Insights platform that display patient access and flow (such as through Wait Times Information System (WTIS), Surgical Efficiency Target Program (SETP), and surgery, diagnostic imaging and Alternate Level of Care (ALC) data).

YEAR TWO: 2025/26

- Continue to expand the PHDDS.
- Continue to advance core data and analytics capabilities consistent with Ontario Health's objects and government and system priorities.
- Continue to incorporate additional data assets and capabilities into Ontario Health's Analytics Data Hub.
- Continue to drive efficiencies in internal and external Ontario Health reporting through a single source of data and insights through the Health System Insights platform.

YEAR THREE: 2026/27

- Advance priorities consistent with Ontario Health's objects and government and system priorities.

Supporting Health Care Workers Through Health System Operational Management, Coordination, Performance Measurement and Management, and Integration

4.1. Workforce training and optimization
4.2. Recruitment, retention and distribution
4.3. Integrated capacity planning

4.1. Workforce training and optimization

Ontario Health will foster a system that adaptively responds to provider experience resulting in the presence of a supported health workforce that enables better person-centred experiences and outcomes. This work includes working with providers to ensure supports are in place to build capacity, address training gaps, disseminate leading health workforce practices and provide a more seamless process to transition learners into priority areas of the workforce.

Key measures expected to achieve:

- Number of nurses retained and recruited through the Community Commitment Program for Nurses.
- Number of nurses supported through the ED training program.

YEAR ONE 2024/25

- **4.1.1.** Support the adoption of leading health workforce practices through a provincial knowledge hub aiming to foster innovation, including in the areas of provider wellness, health professional retention and models of care.
- **4.1.2.** Help to address the unique and culturally sensitive needs of priority populations through equity-based initiatives in the implementation of the Ontario Health HHR strategy.
- **4.1.3.** Leveraging provincial investments, integrate more learners and trainees into the health workforce.
- **4.1.4.** Continue to integrate and support essential care partners in Long-term care.

YEAR TWO: 2025/26

- Continue to expand the provincial HHR knowledge hub to maintain up-to-date leading practices that respond to new and emerging health workforce challenges.
- Evaluate learner integration initiatives, including clinical placements, by assessing impact and identifying and addressing integration challenges.
- Further identify opportunities to support equity based HHR initiatives, including leveraging health workforce data to quantify impact.

YEAR THREE: 2026/27

- Continue to implement and evaluate prior years' deliverables.

4.2. Recruitment, retention and distribution

Improving provider experience includes increasing overall health system capacity through recruitment, retention and distribution initiatives. Working with providers, capacity-increasing initiatives include integrating internationally educated health professionals into the health system, supporting overall recruitment and retention through incentive-based programs for nurses and PSWs, as well as addressing distribution through rural and Northern supports, such as relocation grants to assist health professionals moving to rural and Northern communities.

Key measures expected to achieve:

- Number of internationally educated health professionals integrated/ recruited into the health care system.
- Number of days of physician coverage provided to communities in need.
- Number of PSWs hired in long-term care and home and community care through PSW Incentive Program.
- Reduce avoidable ED shift closures for all HHR related reasons.

YEAR ONE 2024/25

- **4.2.1.** Protect patient access to care through health workforce stabilization in rural and Northern communities, including delivery of physician locum programs.
- **4.2.2.** Lead provincial initiatives to increase the integration of internationally educated health professionals into priority areas of the health system, including supporting expedited pathways for registration, centralized support and employment opportunities.
- **4.2.3.** Help address significant PSW shortages in long-term care and home and community care by increasing the number of PSW learners, stabilizing staffing through retention incentives and improving distribution through targeted PSW relocation grants for rural and Northern communities.
- **4.2.4**. Increase overall health system workforce capacity by leading the integration of new health care workers into priority areas, such as through the Community Commitment Program for Nurses, Enhanced Extern Program, Models of Care Innovation Fund and Surgical Pathway Training Fund.

YEAR TWO: 2025/26

- Continue to expand the provincial HHR knowledge hub to maintain up-to-date leading practices that respond to new and emerging health workforce challenges.
- Evaluate learner integration initiatives, including clinical placements, by assessing impact and identifying and addressing integration challenges.
- Further identify opportunities to support equity based HHR initiatives, including leveraging health workforce data to quantify impact.

YEAR THREE: 2026/27

- Continue to implement and evaluate prior years' objectives.

4.3. Integrated capacity and planning

Capacity planning is a critical component to support the prioritizing of existing and future resources, identify system pressure points and help to ensure workforce planning meets future population needs. Ontario Health will support MOH and MLTC leadership in integrated capacity planning through data, analytics, and provincial program, regional, and local insights.

Key measures expected to achieve:

- Finalization of an implementation framework for the Health System Integrated Capacity Plan in partnership with MOH.
- Comprehensive health workforce data in place across multiple sectors.

YEAR ONE 2024/25

- **4.3.1.** Enhance the quality and availability of provincial health workforce data to support effective workforce planning and system response.
- **4.3.2.** Collaborate with and advise the MOH and MLTC on the development of a Health System Integrated Capacity Plan and share HHR and other analytics to inform policy and/or program recommendations.

YEAR TWO: 2025/26

- Validate health workforce modelling and explore refinements of projections as necessary.
- Continue identifying opportunities for automated health workforce data collection to reduce administrative burden.

YEAR THREE: 2026/27

- Continue to implement and evaluate prior years' objectives.

Enhance Clinical Care and Service Excellence

5.1. Expand provincial genetic services
5.2. Improve access and quality in cancer care
5.3. Improve access and quality in renal care
5.4. Increase life-saving organ and tissue donations and transplants
5.5. Improve access and quality in cardiac, vascular and stroke care
5.6. Transform and improve access and quality in palliative care
5.7. Expand Ontario Laboratory Medicine Program

5.1. Expand provincial genetic services

Ontario Health's provincial genetics program is building a comprehensive and connected system for clinical genetic services in Ontario. This will provide access to timely, high-quality genetic services for the best possible health outcomes and ensure health care providers have the tools and resources they need to provide effective and coordinated genetic services across the health system. This work will also position Ontario as a leader in bringing new genetic technologies into clinical practice to benefit patients and families and improve the health care system.

Key measures expected to achieve:

- Number of cancer tests performed (comprehensive biomarker + hereditary).
- Number of rare and inherited genetic tests performed

YEAR ONE 2024/25

- **5.1.1.** Operationalize the provincial genetics program to continue to improve the delivery and management of comprehensive, coordinated, evidence-based genetic services for additional domains of care.
- **5.1.2.** Design and develop a digital solution that will support system planning, monitoring and performance management of genetic services, including genetic testing. Consider opportunities for provincial genomic data storage and sharing as part of system planning for genetic services.

YEAR TWO: 2025/26

- Continue to operate the provincial genetics program to improve the delivery and management of comprehensive, coordinated, evidence-based genetic services for additional domains of care.
- Initiate the implementation of a digital solution that will support system planning, monitoring and performance management of genetic services, including genetic testing. Consider opportunities for provincial genomic data storage and sharing as part of system planning for genetic services.

YEAR THREE: 2026/27

- Strengthen the delivery and management of comprehensive, coordinated, evidence-based genetic services through system level oversight (measurement, evaluation, performance management and quality improvement initiatives).
- Complete the implementation of a digital solution that will support system planning, monitoring and performance management of genetic services, including genetic testing. Consider opportunities for provincial genomic data storage and sharing as part of system planning for genetic services.

5.2. Improve access and quality in cancer care

One in two Ontarians will develop cancer in their lifetime, and approximately 95,000 Ontarians were expected to be diagnosed with cancer in 2023. Cancer can have devastating effects on people and their families. It was the number one cause of death in Ontario in 2018 and is predicted to increase over time. Ontario Health's vision is to be a leader in cancer care by continuing to improve the quality, safety and accessibility of cancer services from prevention through to long-term follow-up and end-of-life care. A focus on cancer screening, cancer care and survivorship programs aims to reduce the number of cancer diagnoses and to improve patient outcomes and experience.

Key measures expected to achieve:

- Cancer screening participation rates (colorectal, cervical, breast).
- Percent P3 CT scans and MRI scans complete within recommended wait time (adult and pediatric).

YEAR ONE 2024/25

Cancer Care Program

- **5.2.1.** Begin implementation of Ontario Cancer Plan 6 (2024-2028), focusing on high priority and multi-year initiatives.

- **5.2.2.** Collaborate with the MOH to provide Ontario patients with no improving access to publicly funded take-home cancer drugs.
- **5.2.3.** Improve and expand access to specialized imaging and related procedures (e.g., theranostics, advanced positron emission tomography [PET] scanning, MRI/CT procedures).
- **5.2.4.** Expand eClaims to improve operational efficiencies for CAR T-cell therapy and PET with potential to onboard other similar programs in the future.
- **5.2.5.** Progress expansion of critical infrastructure and HHR in cancer care to promote improved and equitable access to the standard of care.
  - Implement recommendations from Ontario Health cancer capital investment strategies for the following areas: radiation treatment expansion/replacement; PET expansion/replacement in hospital; and complex malignant hematology service expansion.
  - Within HHR strategies, conduct and implement specialized HHR prediction and allocation, including radiation oncologists, medical oncologists/malignant hematologists, complex malignant hematologists, gynecologic oncologists and other priority HHR.
  - Develop new/refreshed cancer capital investment strategies, including Ontario Health's sixth radiation treatment capital investment strategy and first systemic therapy capital investment strategy.
- **5.2.6.** Establish a provincial framework to prevent, mitigate and manage cancer drug shortages in community, hospital and other health care delivery settings.

Cancer Screening Program

- **5.2.7.** Expand the Ontario Breast Screening Program to include people ages 40 to 49.
- **5.2.8.** Expand access to the Ontario Lung Screening Program through new and existing screening sites.
- **5.2.9.** Make HPV testing available in the Ontario Cervical Screening Program to improve cervical screening and colposcopy.
- **5.2.10.** Initiate planning for HPV testing self-collection pilot in the Ontario Cervical Screening Program to improve equity and access to cervical screening.
- **5.2.11.** Initiate development of a digital correspondence solution for cancer screening, including completion of the recruitment strategy and evaluation plan.

YEAR TWO: 2025/26

- Continue to advance prior year's deliverables and begin Year 2 Ontario Cancer Plan 6 initiatives.
- Continue to improve and expand access to specialized imaging and related procedures.
- Continue to expand eClaims to improve operational efficiencies for CAR T-cell therapy and PET scans, with potential to onboard other similar programs in the future.
- Update Ontario Breast Screening Program digital infrastructure and plan and implement program enhancements.
- Continue implementation and monitoring of HPV testing in Ontario to support stabilization.
- Continuing planning for HPV testing self-collection pilot in the Ontario Cervical Screening Program to improve equity and access to cervical screening.
- Launch cancer screening digital correspondence for ColonCancerCheck program participants.
- Plan for high-risk ColonCancerCheck initiative (Lynch syndrome) to reduce colorectal cancer incidence and mortality among high-risk individuals through early detection.
- Focus on preventing drug shortages or reduce their likelihood of occurring by understanding and documenting the underlying causes of shortages and identifying areas for system-level improvement.

YEAR THREE: 2026/27

- Continue to advance prior years' deliverables and begin Year 3 Ontario Cancer Plan 6 initiatives.
- Continue to improve and expand access to specialized imaging and related procedures.
- Monitor implementation of digital correspondence solution.
- Expand digital correspondence to include other cancer screening programs.
- Implement HPV testing self-collection pilot in the Ontario Cervical Screening Program.
- Continue to advance prior years' deliverables and to expand eClaims to improve operational efficiencies for CAR T-cell therapy and PET scans, with potential to onboard other similar programs in the future.

5.3. Improve access and quality in renal care

More than 13,000 people in Ontario have advanced chronic kidney disease and an additional 12,000 Ontarians with advanced chronic kidney disease require dialysis. Living with this disease can present tremendous challenges to patients and their care partners. Ontario Health is the government's advisor on chronic kidney disease and the renal care system, and also funds, coordinates and provides clinical guidance on the delivery of services to people with chronic kidney disease. Through collaborative efforts, we are committed to advancing a high-quality and person-centred system of care for Ontarians with chronic kidney disease.

Key measures expected to achieve:

- Increase the percentage of end-stage renal patients who received a living or deceased donor kidney transplant.
- Increase the percentage of chronic dialysis patients on a home dialysis modality.

YEAR ONE 2024/25

- **5.3.1.** Launch Ontario Renal Plan 4 (2024-2028), focusing on quality improvement initiatives, health equity, Indigenous kidney health and critical capacity infrastructure to drive excellence in renal care.
- **5.3.2.** Drive quality improvement to continue to advance a person-centred and integrated kidney transplant system to increase equitable access to kidney transplantation, with a focus on increasing the number of living kidney donor transplants.

YEAR TWO: 2025/26

- Implement the second year of Ontario Renal Plan 4, focusing on quality improvement initiatives, health equity, Indigenous kidney health and critical capacity infrastructure to drive excellence in renal care.
- Realize a more person-centred and integrated kidney transplant system to increase equitable access to kidney transplantation, with a focus on increasing the number of living kidney donor transplants.

YEAR THREE: 2026/27

- Implement the third year of Ontario Renal Plan 4, focusing on quality improvement initiatives, health equity, Indigenous kidney health and critical capacity infrastructure, to drive excellence in renal care.
- Continuously improve the kidney transplant system to increase equitable access to kidney transplantation, with a focus on increasing the number of living kidney donor transplants.

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

Ontario Health is responsible for delivering and coordinating organ and tissue donation and transplantation services across the province. Currently in Ontario, there are approximately 1,200 people waiting for an organ transplant. Ontario Health helps save and enhance lives by maximizing organ and tissue donations in partnership with our stakeholders. Our public education and awareness initiatives support efforts to increase donor registration rates by encouraging Ontarians to register their consent for donation.

Key measures expected to achieve:

- Net increase in registered donors.
- Total living and deceased donor transplants.

YEAR ONE 2024/25

- **5.4.1.** Support system level improvements to maximize organ and tissue donation, recovery and transplantation:
  - Achieve an organ yield of 3.24 and 385 deceased organ donors.
  - Achieve 2,200 ocular donors and 285 multi-tissue donors.
  - Add another 200,000 new donor registrations.
- **5.4.2.** Continue to partner with Ornge to identify and implement strategies to drive improvement with air transportation processes.
- **5.4.3.** Identify clinical processes/practices that impact case length and develop plans for improvement.
- **5.4.4.** Evaluate, optimize and advance integration of the Organ Allocation and Transplant System (OATS).
- **5.4.5.** Advance new and leading practices for expanded organ and tissue donation, including:
  - Expand ex-vivo organ technologies.
  - Identify donors suitable for Abdominal Normothermic Regional Perfusion (ANRP) research study.
  - Initiate new protocol for standard non-perfused organ donation to increase utilization of lungs recovered.
  - Finalize remaining recruitment for new ocular recovery staffing model.
  - Continue to partner with Canada Revenue Agency and Service Ontario to increase donor registration opportunities and improve existing initiatives to increase donor registrations.
  - Understand impact and potential benefit of deemed consent through public opinion research and capacity planning.
- **5.4.6.** Operationalize pre- and post-transplant funding for the new kidney transplant funding model and initiate work to scale the new funding model to living donation and other organ transplants.

YEAR TWO: 2025/26

Support system level improvements to maximize organ donation, recovery and transplantation:

- Achieve an organ yield of 3.26 and 397 deceased organ donors.
- Achieve 2,300 ocular donors and 300 multi-tissue donors.
- Add another 250,000 new donor registrations.
- Identify system gaps, recommend solutions and implement strategies to reduce air transport incidents.
- Identify clinical processes/practices that impact case length and develop plans for improvement.
- Explore rapid organ recovery with transplant recovery teams in support of families with identified “hard stop” for case conclusion.

- Continue to optimize OATS and support integration with transplant hospitals and labs.
- Continue advancement of new and leading practices for expanded organ and tissue donation
- Expand ex-vivo organ technologies.
- Implement ANRP as standard practice, assuming successful research results.
- Improve on-site response to hospitals without a dedicated specialist to support staff and donor family experience.
- Expand and enhance the paramedic and coroner tissue referral program.
- Continue to review, refine and enhance public education and marketing initiatives to increase awareness and maximize new donor registrations.
- Continue to work on deemed consent dependant on prior year initiatives.
- Refine the new kidney transplant funding model; continue to scale the funding model to other organ transplants, including living donation.

YEAR THREE: 2026/27

Support system level improvements to maximize organ donation, recovery and transplantation:

- Achieve an organ yield of 3.28 and 409 deceased organ donors.
- Achieve 2,404 ocular donors and 300 multi-tissue donors.
- Add another 300,000 new donor registrations.
- Continue to implement strategies to reduce air transport incidents.
- Continue to optimize OATS and transplant activities.
- Continue to monitor and advance new and leading practices for expanded organ and tissue donation.
- Expand ex-vivo organ technologies.
- Explore feasibility of expansion of ANRP to additional donor hospitals.
- Continued public education and marketing initiatives in support of maximizing new registrations.

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

Ontario Health provides clinical leadership to support priorities and initiatives that aim to improve equitable access to and quality of cardiac, stroke and vascular care for all Ontarians. The focus is on developing standards and guidance; defining evidence-based clinical pathways and models of care; knowledge transfer and exchange; developing strategies to reduce variations in services; assessing capacity and informing funding policy; and implementing performance measurement, monitoring and reporting frameworks.

Key measures expected to achieve:

- Reduce heart failure admissions per 100 heart failure patients
- Increase endovascular Thrombectomy Treatment (EVT) for ischemic stroke.
- Reduce non-traumatic major lower limb amputation (per 100,000).

YEAR ONE 2024/25

- **5.5.1.** Scale the heart failure integrated care model to additional OHTs and continue to support existing demonstration program, with the clinical implementation of the Ontario Health - CorHealth hub and spoke model.
- **5.5.2.** Define an evidence-based clinical pathway for people diagnosed with atrial fibrillation, from diagnosis to clinical management, in order to optimize the clinical care pathway and reduce complications. Expand the measurement and reporting framework for volumes and wait times.
- **5.5.3.** Scale lower-limb preservation programs to reduce non-traumatic major lower-limb amputations by supporting the clinical implementation of the lower-limb preservation and Integrated clinical pathway frameworks.
- **5.5.4.** Assess the capacity of the system to meet expanding demand for hyperacute stroke services and develop a plan for service expansion where geographically appropriate.
- **5.5.5.** Develop a measurement framework to understand quality of care provided by stroke units and inform future quality improvement opportunities (linking patient outcomes to care received).
- **5.5.6.** Develop, advance and sustain strategies to reduce variation in community stroke rehabilitation services that promote standardized programming and align with the model of care.
- **5.5.7.** Implement a performance measurement framework and escalation process with the 11 cardiac surgery hospitals to focus efforts on increasing volumes and decreasing patient wait times for cardiac surgery at these regional cardiac centres.
- **5.5.8.** Develop and communicate provincial clinical guidance for appropriate patient selection and prioritization for Coronary Computed Tomography Angiography (CCTA). Develop a performance management framework for CCTA volumes and wait times.

YEAR TWO: 2025/26

- Sustain and advance collaborative supports to demonstrate and monitor progress toward goals of increased and timely access to hyperacute stroke services, with primary stroke centres.
- Implement a performance management framework for CCTA volumes and wait times.

YEAR THREE: 2026/27

- Continue to advance prior years' deliverables.

5.6. Transform and improve access and quality in palliative care

Ontario Health aims to increase timely and equitable access to safe, high-quality and effective palliative care for people who are living with a serious illness and their care partners. A palliative approach to care, alongside curative treatment, offers improved quality of life and management of pain and other symptoms. This approach includes support to die in the individual's preferred location of death.

Key measures expected to achieve:

- Number of community organizations implementing the model of care recommendations for adults in the community.

YEAR ONE 2024/25

- **5.6.1.** Develop plans to implement palliative models of care for pediatric populations in all settings and for adults in hospital settings, including considerations for self-determined approaches for Indigenous communities and organizations.
- **5.6.2.** Expand implementation of the palliative model of care for adults within community and long-term care homes; align improvements to home care modernization.
- **5.6.3.** Engage and support Indigenous communities and organizations to self-determine an approach that they have identified for implementing the palliative model of care for adults in the community that is culturally appropriate and provides culturally safer care.

YEAR TWO: 2025/26

- Prepare and begin to implement the palliative models of care for pediatric populations in all settings and for adults in hospital settings.
- Collaborate with Indigenous communities and organizations to initiate implementation of the self-determined approaches that they have identified for the palliative model of care for adults in the community.
- Continue prior years' deliverables around expanding the palliative care model of care for adults within the community and long-term care homes.

YEAR THREE: 2026/27

- Continue to implement the palliative models of care for pediatric populations in all settings and for adults in hospital settings.
- Continue prior years' deliverables around expanding the palliative care model of care for adults within the community and long-term care homes.
- Continue prior years' deliverables around collaborating with Indigenous communities and organizations.

5.7. Expand the Ontario Laboratory Medicine Program

The work of the Ontario Laboratory Medicine Program (OLMP) will enable a unified provincial plan and integrated approach to laboratory medicine across the health system that is patient-centred, innovative and sustainable and delivers the greatest value for Ontarians. Working with system partners, the OLMP will build on clinical expertise of its clinical and scientific advisory groups; focus on equitable access to testing alongside appropriate and coordinated tests and point-of-care testing; foster innovation and system responsiveness; support digital integration; and enable high-quality laboratory diagnostics for providers, patients and system surveillance.

Key measures expected to achieve:

- End-to-end turnaround times of select provincial laboratory medicine/testing programs (e.g., Pap, FIT, COVID, FLUVID, etc.).

YEAR ONE 2024/25

- **5.7.1.** Establish the OLMP and further advance the program's targeted areas of expansion, including: monitoring specimen collection/transport and equitable testing access; leveraging expert advice for appropriate, and coordinated and timely laboratory tests; fostering innovation and system responsiveness for adoption and de-adoption of tests, and developing performance standards for system accountability; enabling digital integration across the testing continuum, including for test ordering; and working with health system partners to support point-of-care testing.

YEAR TWO: 2025/26

- Continue to advance the OLMP by implementing and monitoring performance management for key lab tests, improving digital integration across the sector, and expanding the testing innovation pathway and data strategy.

YEAR THREE: 2026/27

- Partner with the MOH (and other health system and provincial partners as required) on provincial testing mandates and delivery of insured and/or publicly funded laboratory and point-of-care testing services to support increased equitable access, coordinated operations across the sector and improved delivery of services.

Maximize System Value by Applying Evidence

6.1. Advance high-quality and safe care through evidence and continuous quality improvement
6.2. Strengthen system supports and accountabilities

6.1. Advance high-quality and safe care through evidence and continuous quality improvement

Improving outcomes across emerging and high priority clinical areas requires a strong capacity for health care improvement and supporting knowledge exchange. Ontario Health works with patients, providers and organizations across the health system to improve outcomes, promote health equity and patient safety, standardize care and enhance patient and provider experience.

Key measures expected to achieve:

- Rate of implementation/adoption of accepted health technology assessment recommendations.

YEAR ONE 2024/25

Drive health system and patient care improvements through clinical and quality standards that are reflective of MOH and Ontario Health priorities:

- **6.1.1.** Develop and disseminate the Gender-Affirming Care quality standards.
- **6.1.2.** Begin planning for a proposed Indigenous quality standard to address anti-Indigenous racism and Indigenous cultural safety, including engagement and co-development with First Nations, Inuit, Métis and Urban Indigenous partners to support higher quality care for Indigenous communities.
- **6.1.3.** Disseminate and support the implementation of the Sickle Cell Disease and Hypertension quality standards.
- **6.1.4.** Review and disseminate updated quality standards, including Dementia and Palliative Care.
- **6.1.5.** Advance clinical adoption of evidence-based care through the provincial spread and scale of Evidence2Practice program tools that embed clinical and quality standards into electronic medical records and hospital information systems.
- **6.1.6.** Support the development of an expert panel/ working group to advise on evidence-based coverage decisions for surgical care for the treatment of gender dysphoria.

Facilitate continuous health care improvements through clinical quality initiatives and by supporting system level quality planning:

- **6.1.7.** Deliver 2025/26 Quality Improvement Plan (QIP) guidance and support for delivery organizations participating in the program, including engagement with delivery organizations to align QIPs with provincial and regional health system priorities and targets.
- **6.1.8.** Deliver clinical quality programs that improve patient care outcomes and experiences:
  - Increase additional participation of hospital sites to reach a higher level of surgical cases performed in Ontario Surgical Quality Improvement Network hospitals.
  - Support General Medicine Improvement Network sites to reduce sedative-hypnotics as part of a coordinated provincial delirium awareness campaign.
  - Advance a culture of patient safety and prevent incident recurrence through the patient safety program and implementing the Never Events hospital reporting initiative.
  - Provide clinicians across Ontario with access to data, such as through MyPractice reports; support knowledge exchange around focused areas of health care improvement through communities of practice and implementation supports.
- **6.1.9.** Work collaboratively with MOH partners on enhancements to the Health Technology Review process to support health system priorities for clinical innovation.
- **6.1.10.** Working closely with MOH, begin development of an integrated innovation pathway.
- **6.1.11.** Advance high-quality care using evidenced-based health technology assessments to inform public funding recommendations about health care services and other health technologies.

YEAR TWO: 2025/26

- Identify future quality standard topics based on quality outcomes and health system priorities.
- Continue to facilitate continuous health care improvements through clinical quality initiatives and by supporting system level quality planning.
- Continue to advance prior years' deliverables and continue to integrate the Health Technology Assessment program work into Ontario Health clinical priority areas. Identify low uptake of MOH-accepted funding recommendations.

YEAR THREE: 2026/27

- Continue to advance prior years' deliverables.

6.2. Strengthen system supports and accountabilities

Ontario Health continues to strengthen its partnerships with health system providers across the province, supporting the sustainment of health care system operations through the issuance and management of service accountability agreements with delivery partners that enforce system goals and enable strong system accountability and performance management best practices. Ontario Health also works closely with the MOH in developing and implementing funding policy and innovative funding models and managing case-costing program, aimed at leveraging funding to drive value and performance in the system.

YEAR ONE 2024/25

- **6.2.1.** Work with the MOH to identify possible expansions to Ontario Health's roles and functions, including through potential assignment and transfer of select programs or MOH transfer payment agreements to Ontario Health.
- **6.2.2.** Refresh Service Accountability Agreements as appropriate to reflect integrated delivery efforts including those of OHTs; continue to advance accountability frameworks to support the evolution of the health care system.
- **6.2.3.** Evaluate Year 1 completed equity plans from hospital and community Service Accountability Agreements; identify a baseline reflecting provider efforts and advancements in addressing health disparities. Refine Year 2 equity goals and performance indicators and share best practices back with the system.
- **6.2.4.** Advance and expand the Ontario Case Costing (OCC) program; work with the MOH to sustain and expand case costing facilities in Ontario and within OHTs; establish the centre of Excellence and Community of Practice to improve case costing submission practices; and enhance the use of OCC data.
- **6.2.5.** Establish an efficiency framework and performance improvement strategies aimed at the hospital level including an engagement model focused on agency efficiency and stabilization. Refine the structural deficit framework and in-year pressure recommendations and work with the MOH to implement base corrections and one-time in year adjustments, in alignment with efficiency and agency containment strategies.
- **6.2.6.** Create a health service provider performance management framework that leverages best practice and aligns performance management processes and tools across Ontario Health regions and program areas.

YEAR TWO: 2025/26

- Implement the refreshed Service Accountability Agreements and related processes; continually assess/evaluate changes and continue to work with stakeholders to further refine for future years.
- Refine and advance equity expectations in the Service Accountability Agreements.
- Continue to work with MOH in the expansion of the Ontario Case Costing Program and operationalise the Centre of Excellence & Community of Practice to effectively measure performance and savings, and support health system funding models.

YEAR THREE: 2026/27

- Continue to advance prior years' deliverables.

Strengthen Ontario Health's Ability to Lead

7.1. Continue to enhance Ontario Health's organizational effectiveness through a strong, engaged, connected, diverse, and accountable workforce
7.2. Support the government's plans for supply chain centralization.

7.1. Continue to enhance Ontario Health's organizational effectiveness through a strong, engaged, connected, diverse, and accountable workforce

We are committed to engaging, informing and inspiring our workforce to enable them to do their best work. We will continue to invest in our people through wellness programs and learning and development programs that enable individual growth within Ontario Health, and we will continuously embed Ontario Health's vision, mission and values into our work. We will recognize the achievements of our people through internal and external channels and enable pride in Ontario Health's successes through strong, open and transparent communications supported by a redesigned Ontario Health website.

Key measures expected to achieve:

- Workforce turnover.
- Workforce engagement and experience.

YEAR ONE 2024/25

Strong and Supported Team Members of Ontario Health

- **7.1.1.** Advance ongoing improvements for a strong and engaged workforce, including employee engagement and action plans, learning and development and wellness programs.
- **7.1.2.** Advance Ontario Health's return to workplace strategy.
- **7.1.3.** Implement Year 2 of our communications strategy; initiate our web transformation plan to redesign the Ontario Health website and operating model through a multi-phased, multi-year approach.

Equity Inclusion Diversity and Anti-Racism

- **7.1.4.** Implement organizational diversity survey action plan based on 2022/23 diversity survey results.
- **7.1.5.** Launch additional Communities of Inclusion. Continue to support and expand our existing Communities of Inclusion.
- **7.1.6.** Implement a core sociodemographic data standard to ensure consistency in data collected by Ontario Health; explore opportunities to expand sociodemographic data collection into new programs and provide teams with resources to meaningfully engage in this work.
- **7.1.7.** Continue to advance, spread, and scale a consistent approach to equity data collection and use.

YEAR TWO: 2025/26

- Complete the implementation of the inaugural communications strategy and begin to draft the second communications strategy.
- Complete any outstanding diversity survey action plan items and implement the action plan.
- Continue to expand sociodemographic data collection, use and governance into new programs at Ontario Health.
- Socialize and share our resources and internal successes in improving internal equity with external audiences.
- Continue to enhance, spread and scale approaches and identify gaps for ongoing improvement.

YEAR THREE: 2026/27

- Establish cadence of diversity survey for future years along with an action plan.
- Continue to expand sociodemographic data collection, use and governance into new programs at Ontario Health.
- Evaluate efficacy of community governance models/structures and use results to revise approaches as needed to strengthen engagement with communities with respect to their sociodemographic data collection, use and storage.

7.2. Support the government's plans for supply chain centralization

Ontario Health's supply chain delivers a critical role bringing vendor-based solutions and services that drive improved health care outcomes in various key programs such as screening, capital purchases for medical equipment and digitally enabled solutions. Working with key stakeholders, such as the MOH and Supply Ontario, on procurement strategy alignment will support enhanced value for money through best procurement contract outcomes.

Key measures expected to achieve:

- Vendor performance is measured and monitored through key vendor contract management mechanisms (e.g. service levels) to better ensure service expectations are being met.

YEAR ONE 2024/25

- **7.2.1.** Collaborate with the MOH, Treasury Board Secretariat and Supply Ontario on continued progress towards the development of an integrated clinical supply chain management model for the health care sector with clear roles and accountabilities.
- **7.2.2.** Complete provincial wide sourcing strategies for the Fecal Immunochemical Test (FIT) and hemodialysis to deliver on improved outcomes for Ontarian participants and renal patients.
- **7.2.3.** Provide clinical guidance and leverage Ontario Health's regional structure to respond to health care supply shortages.
- **7.2.4.** Pending decision from MOH, initiate a provincial-wide procurement strategy for home care service provider organizations.

YEAR TWO: 2025/26

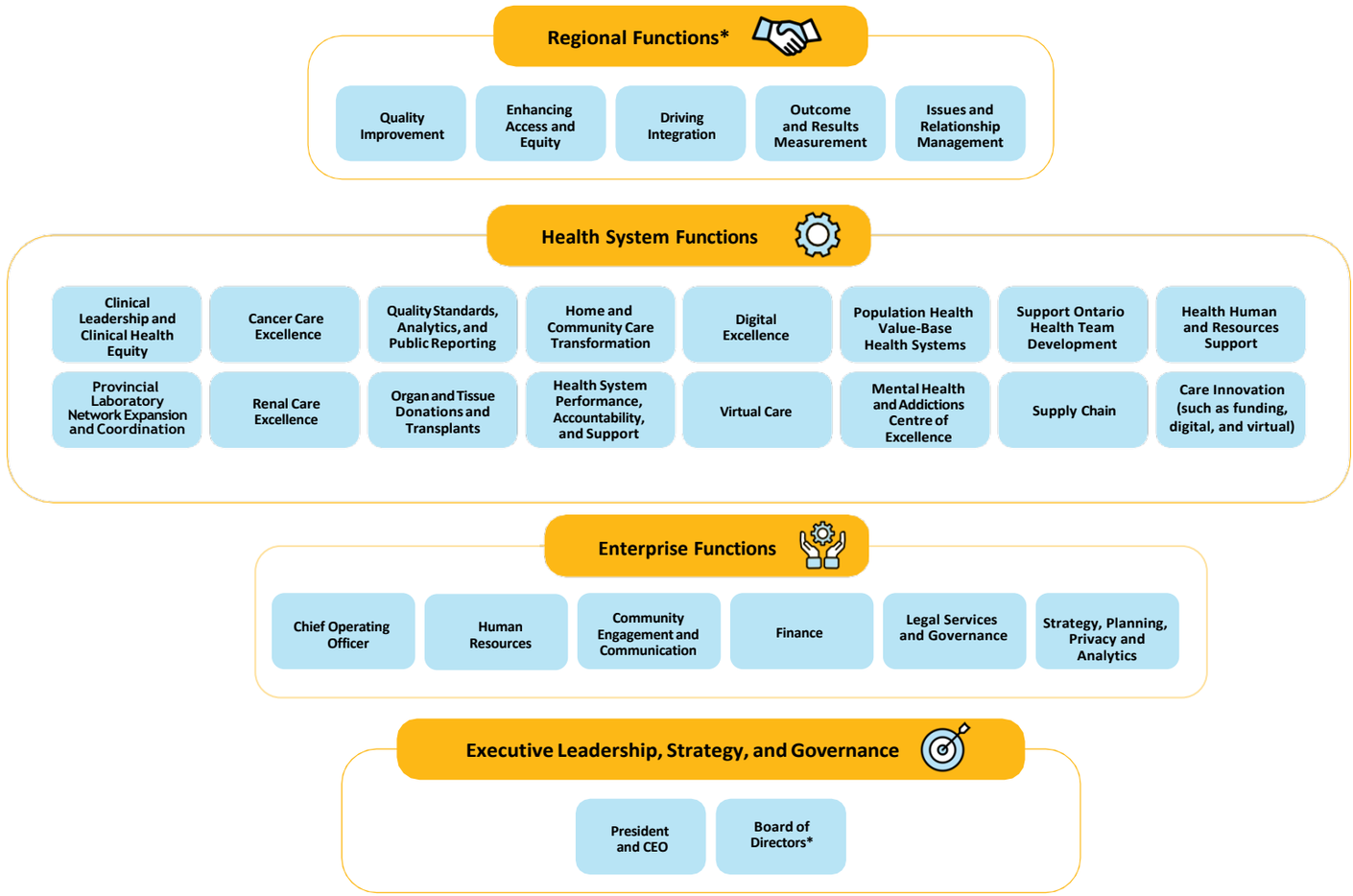
- Develop a sourcing strategy in collaboration with Supply Ontario for radiation therapy systems and PET/CT scanners for the province to continue to build upon the previous successful provincial procurement.

YEAR THREE: 2026/27

- Establish a strategy in working with Supply Ontario on the procurement of a new Wide Area Network Services for ONE ID.
- In collaboration with Supply Ontario, execute on a Microsoft Enterprise and Server Cloud Enrollment contract that delivers a value proposition.

Appendix

Overview of Programs and Operating Model



*Ontario Health has six regional teams that oversee local health care planning, funding, delivery, and performance. These teams ensure partners, providers and clinicians have the tools and information they need to deliver quality care in their communities. Ontario is a diverse province, and our health care system requires local teams that understand unique needs and are focused on reducing health inequities and driving health system performance

The Ontario Health Board of Directors provide strategic guidance and oversight for Ontario Health and is directly accountable to the government through the Minister of Health.

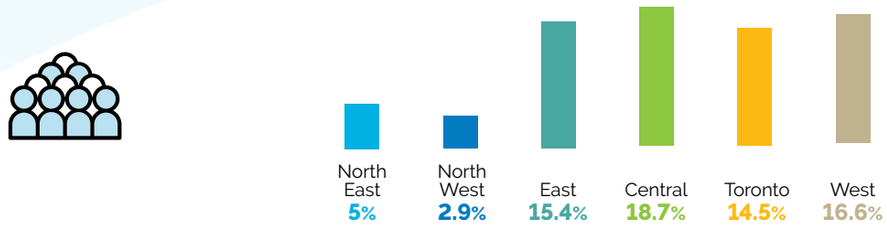
Board of Directors

The Board currently has five committees:

Finance, Audit and Risk	• Oversees Ontario Health's financial management and the review of financial results, Ontario Health's Enterprise Risk Management Program and Compliance Program, and reviews external and internal auditors' reports and recommendations.
Governance and Nominating	• Advises the Board on operations, nominations, and corporate governance, including CEO selection, supervision, and succession planning. Reviews Ontario health's By-laws, manages ministry relationships, facilitate agreements, ensures regulatory compliance, monitors stakeholder engagement, and oversees governance, compliance, ethics, and legislative adherence for the organization's operations.
Human Resources and Compensation	• Advises the Board on matters relating to the effective administration of human resources functions and to satisfy itself that Ontario Health has appropriate HR policies and practices in place for recruitment, compensation, performance, and retention of its employees in compliance with applicable law, regulations and government directives.
Innovation and Technology	• Achieves Ontario Health's corporate objectives and drives patient-focused strategies efficiently and cost effectively by leveraging information, communication, and digital technologies; also drives adoption of emerging, transformative technologies that advance patient-focused strategies including effective and high-quality care.
Quality	• Advises on health system performance measurement and management, evaluation, monitoring, and reporting, as well as health system quality improvement, and clinical and quality standards development for patient care and safety.

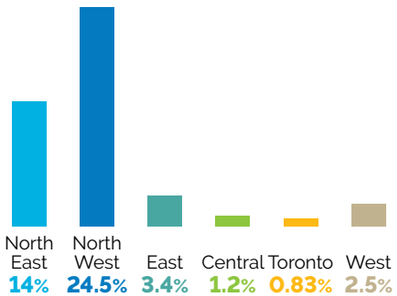
Provincial Demographics by Region

PROJECTED POPULATION GROWTH OVER NEXT TEN YEARS

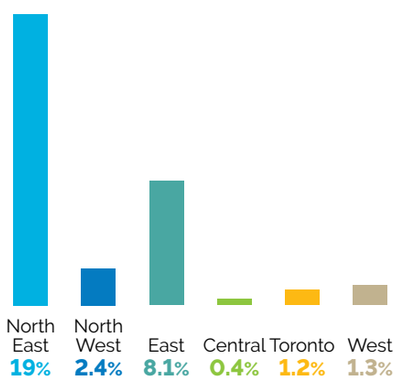


THE NUMBER OF RESIDENTS OVER 65 YEARS OF AGE IS PROJECTED TO INCREASE DRAMATICALLY OVER THE NEXT TEN YEARS

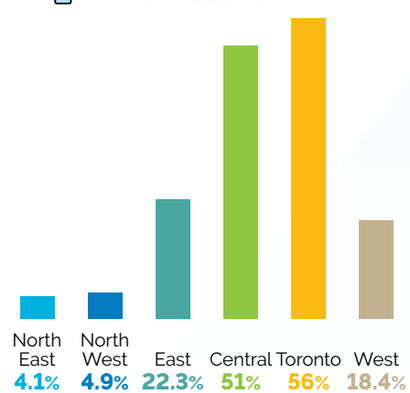
POPULATION THAT IDENTIFIES AS INDIGENOUS



POPULATION THAT IDENTIFIES AS FRANCOPHONE



POPULATION THAT IDENTIFIES AS RACIALIZED GROUP



HEALTH SERVICE PROVIDERS*

Community Mental Health and Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals
342	521	76	141

Indigenous Primary Health Care Organizations (formerly called Aboriginal health access centres)	Long-Term Care Homes	Family Health Teams
20	638	182

Nurse Practitioner-Led Clinics	Regional Renal Programs	Regional Cancer Centres	Transplant Centres
26	27	14	8

*These are approximate totals that are not inclusive of all providers, such as primary care, specialists, integrated community health service centres and other sites such as out-of-hospital premises.

[2] Sources for all statistics in the demographics and regional profile sections include: Statscan Census (2016 and 2021), Ministry of Finance projections and extracted from InteliHealth.

NORTH EAST

607,171
(population)

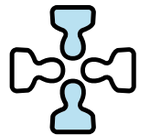
Projected population growth over next ten years
5%

Projected population over age of 65 in ten years
26.4%
(23.5% currently)

Number of approved Ontario Health Teams
6

14%
Identify as Indigenous

19%
Identify as Francophone



4.1%
Identify as Racialized Group

5.5%
Immigrant Population

170
Service Accountability Agreements

7
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals	Indigenous Primary Health Care Organizations	Long-Term Care Homes
49	72	7	24	8	48

Family Health Teams	Nurse Practitioner-Led Clinics	Designated Agencies for French Language Services	Regional Renal Programs	Regional Cancer Centres	Transplant Centres
29	8	41	4	1	0

NORTH WEST

242,194
(population)

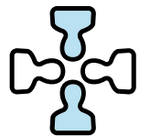
Projected population growth over next ten years
2.9%

Projected population over age of 65 in ten years
23.9%
(21.3% currently)

Number of approved Ontario Health Teams
4

24.5%
Identify as Indigenous

2.4%
Identify as Francophone



4.9%
Identify as Racialized Group

7.4%
Immigrant Population

103
Service Accountability Agreements

2
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals	Indigenous Primary Health Care Organizations	Long-Term Care Homes
					
41	58	2	12	6	19

Family Health Teams	Nurse Practitioner-Led Clinics	Designated Agencies for French Language Services	Regional Renal Programs	Regional Cancer Centres	Transplant Centres
					
14	1	0	1	1	0

EAST

3,199,234
(population)

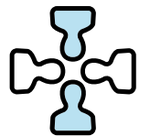
Projected population growth over next ten years
15.4%

Projected population over age of 65 in ten years
23.1%
(20.4% currently)

Number of approved Ontario Health Teams
12

3.4%
Identify as Indigenous

8.1%
Identify as Francophone



22.3%
Identify as Racialized Group

18.9%
Immigrant Population

350
Service Accountability Agreements

9
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers

55

Community Support Service Providers

88

Community Health Centres

20

Public Hospitals

33

Indigenous Primary Health Care Organizations

2

Long-Term Care Homes

146

Family Health Teams

44

Nurse Practitioner-Led Clinics

5

Designated Agencies for French Language Services

38

Regional Renal Programs

5

Regional Cancer Centres

3

Transplant Centres

3

CENTRAL

4,241,713
(population)

Projected population growth over next ten years
18.7%

Projected population over age of 65 in ten years
19.5%
(16.9% currently)

Number of approved Ontario Health Teams
12

1.2%
Identify as Indigenous

0.4%
Identify as Francophone

51%
Identify as Racialized Group

42.3%
Immigrant Population

193
Service Accountability Agreements

3
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals	Indigenous Primary Health Care Organizations	Long-Term Care Homes
45	78	7	14	1	100

Family Health Teams	Nurse Practitioner-Led Clinics	Designated Agencies for French Language Services	Regional Renal Programs	Regional Cancer Centres	Transplant Centres
22	4	3	6	3	0

TORONTO

3,321,360
(population)

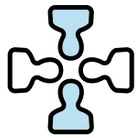
Projected population growth over next ten years
14.5%

Projected population over age of 65 in ten years
17.9%
(16.2% currently)

Number of approved Ontario Health Teams
8

0.83%
Identify as Indigenous

1.2%
Identify as Francophone



56%
Identify as Racialized Group

47%
Immigrant Population

271
Service Accountability Agreements

1
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers	Community Support Service Providers	Community Health Centres	Public Hospitals	Indigenous Primary Health Care Organizations	Long-Term Care Homes
59	75	21	17	3	82

Family Health Teams	Nurse Practitioner-Led Clinics	Designated Agencies for French Language Services	Regional Renal Programs	Regional Cancer Centres	Transplant Centres
22	2	5	6	2	3

WEST

4,499,291
(population)

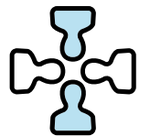
Projected population growth over next ten years
16.6%

Projected population over age of 65 in ten years
21.5%
(19.4% currently)

Number of approved Ontario Health Teams
15

2.25%
Identify as Indigenous

1.3%
Identify as Francophone



18.4%
Identify as Racialized Group

19.7%
Immigrant Population

432
Service Accountability Agreements

5
Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS

Community Mental Health and Addictions Providers

93

Community Support Service Providers

150

Community Health Centres

21

Public Hospitals

41

Indigenous Primary Health Care Organizations

2

Long-Term Care Homes

243

Family Health Teams

51

Nurse Practitioner-Led Clinics

6

Designated Agencies for French Language Services

4

Regional Renal Programs

5

Regional Cancer Centres

4

Transplant Centres

2

Environmental Scan

We are mindful of environmental factors in the planning, execution and delivery of our work. Below is an overview of some of these factors.

EXTERNAL FACTORS

Fiscal Environment and Economic Outlook

- Over the past few years, the Ontario government has made significant investments to aid in the response to and recovery from the COVID-19 pandemic.
- Ontario Health's business planning continuously seeks new ways to create value for public health and health system investments. This includes recommendations for ongoing investment in upstream primary health care and community-based services that enable people to live and thrive in their communities of choice and reducing the need for downstream acute and institutional-based interventions.

Legislative, Regulatory and Policy Changes

- *The Convenient Care at Home Act, 2023* received Royal Assent on December 4, 2023. Upon proclamation, provisions under the *Connecting Care Act* will provide for a new subsidiary organization of Ontario Health called Ontario Health atHome. Ontario Health will have oversight over this new subsidiary ensuring it is accountable for advancing home and community care modernization, long-term care home placement and supporting OHTs as they continue to build capacity and assume responsibility for home care delivery.
- An initial group of 12 OHTs has been chosen to accelerate toward designation. Ontario Health, alongside the MOH, will work to support the advancement and maturity of these and all OHTs.

HHR Constraints

- The COVID-19 pandemic had a profound impact on HHR in Ontario and beyond. HHR shortages illuminated by the pandemic require solutions that will support and stabilize the health care workforce to ensure timely access to quality care.
- The MOH have developed an Integrated Capacity and Health Human Resources plan which includes a focus on recruiting, retaining and optimizing HHR to ensure that the health system has the right number, type and distribution of health care workers. Ontario Health will continue to advise on areas for continued investment.

Population Trends

- Ontario's population reached 15,608,369 on July 1, 2023. There were 35,896 births (1.05% increase from 2022) and 30,226 deaths (1.03% increase from 2022) during the second quarter of 2023. Over the past 12 months, Ontario welcomed 199,297 immigrants, down from 227,424 the previous year. Ontario's population grew by 463,363 (3.1%), much faster than in the previous year (302,518 or 2%), meaning Ontario had the fifth fastest population growth rate in Canada.
- Population growth naturally adds demand on the health system. Ontario Health will continue to work with the MOH to enumerate this impact within the ministry's integrated and long-term capacity plan for the health system (as identified above).
- By 2041, 25% of Ontario's population is projected to be 65 years old or older, increasing significantly from 3 million seniors in 2016 to 4.6 million seniors. Access to home care and long-term care is critical to ensure person-centred care is being delivered in the right place. Ontario Health is working with the MOH and MLTC to improve this access through various modernization efforts and by informing immediate and longer-term investment strategies. Long-term care home bed capacity is a critical resource, and Ontario Health will continue to provide advice to the MLTC on risks and opportunities.

SOCIO-CULTURAL AND SOCIAL DETERMINANTS OF HEALTH FACTORS

Mental Health and Addictions

- Every year more than one million people in Ontario experience a mental health or addictions challenge requiring care.
- Mental health or addictions challenges are often exacerbated by the impact of other social determinants of health, including housing, income, food security, etc.
- This ABP outlines the ways we are improving timely access to high-quality mental health and addictions care. Ontario Health will continue to advise the MOH on high value and targeted investments to improve equitable access to care.

Chronic Diseases

- Chronic diseases such as cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes cause approximately two-thirds of all deaths in Ontario.
- People with chronic diseases and multi-morbidities are living longer (mortality rates are decreasing).

- First Nations, Inuit, Métis and Urban Indigenous peoples have disproportionately high rates of chronic disease prevalence, risk factors and mortality.
- Ontario Health is working to develop integrated clinical pathways that will help to improve the delivery of care for individuals with chronic diseases.

Inflation and Cost of Living

- There is a growing inability among broad sections of populations to meet basic needs due to increases in the cost of essential goods which are not matched with a rise in real household income. This has a two-fold impact on population health as it impacts an individual's ability to remain healthy (e.g., access to nutritious food, adequate housing, etc.) as well as an individual's ability to access care when it is needed (e.g., transportation costs to get to appointments).
- Inflation and impacts of cost of living are disproportionally felt by the most vulnerable members of society, further exacerbating issues of health inequity and diminishing access to care due to rising ancillary out-of-pocket costs.
- Wrap-around supports (e.g., food, housing, transportation) and targeted investments (e.g., high priority communities) will be a critical component to improving access to basic health care.

INTERNAL FACTORS

Ontario Health Capacity

- Ontario Health has integrated 22 organizations into a unified agency. Through harmonization and absorbing increases in scope and mandate, Ontario Health has realized savings of $322 million since inception. Ontario Health will continue to work with the MOH on ensuring we maximize our capacity to deliver against the government's priorities.

Value-for-Money Audits

- Ontario Health is actively managing 11 continuous follow-up value-for-money audits, with another three new audits as reported in December 2023 by the Office of the Auditor General of Ontario (OAGO).
- The ongoing work is being led by teams across Ontario Health to address and implement the OAGO's recommendations, in collaboration with other health system partners. In addition, Ontario Health has implemented a new internal reporting process to facilitate monitoring of this progress.
- A number of these recommendations are related to organizational priorities for the health care system and help to guide the work of Ontario Health.

Risk Identification, Assessment and Mitigation

Foundational elements of the Ontario Health Enterprise Risk Management Program have been operationalized. Organizational risk tolerance across various risk categories have been set and our approach continues to balance mitigation activities against the need to be innovative and forward thinking when tackling some of our most complex risks and health system challenges. Ontario Health is committed to maintaining a risk-aware culture that continuously improves our processes to proactively identify, assess, manage, monitor and report enterprise risks. Ontario Health will continue to work in collaboration with the ministries and other partner organizations to monitor emerging risks and complex challenges that need to be carefully planned for within the provincial health sector.

CYBER SECURITY

As Ontario Health continues to advance and rely on digital health platforms to support and enable the delivery of patient-centred care, the organization will inherently be subject to increasing cybersecurity threats from external sources, resulting in potential operational, financial, legal and reputational impacts and downstream effects on patient care.

Delivery partners have similar reliance on digital health platforms and may have differing approaches to cyber and information security management. Ontario Health is implementing a plan to advance standardized elements to cybersecurity programs that will ultimately drive ongoing advancement in collective cybersecurity maturity across the province.

Likelihood and Impact

Likelihood: ***Possible***, given the persistent and evolving external threat landscape.

Impact: ***Critical***, given the impact on various aspects of Ontario Health business and stakeholders.

Mitigation

Ontario Health has formally reviewed and validated our privacy and security programs. A robust cyber security program is in place, incorporating people, process and technology controls to prevent, detect and respond to cyber threats. A Zero Trust Architecture plan is being implemented which will enable the organization to counter the evolving threat landscape.

Ontario Health has established a provincial cyber security operating model in partnership with the MOH and Ministry of Public Business Service Delivery. The model aims to enhance cyber security resilience in the provincial health care sector and support all health service providers across the province. Local Delivery Groups have been formed to establish cyber security shared services and support health service providers within their region.

HEALTH SYSTEM CAPACITY

In recent years the health system has experienced significant strain and capacity pressures, as acutely experienced during the pandemic and annually during the fall/winter respiratory virus season. HHR capacity and health system access and flow challenges have been noted as some of the underlying systemic issues that have contributed to capacity pressures. Unanticipated health emergency events in the future may further exploit this health system vulnerability.

Likelihood and Impact

Likelihood: ***Likely***, given the complexity and systemic nature of the risk.

Impact: ***Critical***, given direct impact on patients in Ontario.

Mitigation

Ontario Health is supporting the MOH and MLTC in executing *Your Health: A Plan for Connected and Convenient Care* through strategies and actions described in various sections of this annual business plan. Some highlights include:

- **Improving system access and flow** by implementing cross-sectoral and community-focused interventions to improve patient flow and reduce the number of patients who are ALC in acute and post-acute care hospitals.
- **Preventing ED shift closures** by deploying capacity balancing techniques within and across hospitals, expanding the ED Peer-to-Peer Program, and implementing locum programs to ensure clinicians are deployed, particularly in rural and northern settings.
- **Improving provider experience through targeted capacity building programs** such as greater integration of internationally educated health professionals, working with professional regulatory colleges to simplify registration for health professionals seeking licensure, and providing inputs to the ministry's longer term HHR strategy development.
- **Reducing waitlists** by deploying funding to maximize surgical volumes, exploring existing community facility integration and/or partnership opportunities to augment capacity (particularly for low acuity procedures) and exploring opportunities for surgical innovation.
- **Advising the MOH and MLTC** on broader HHR capacity needs across the various health sectors, with a particular focus on primary care, home and community care, a long-term care continuum, and mental health expertise.
- **Addressing long term care capacity** challenges by working with the MLTC to support long term care development/redevelopment plans needed to stabilize and increase bed capacity.

HEALTH SYSTEM RESILIENCY

In recent years, Ontario Health has had to significantly increase operational resiliency by improving its ability to resist, absorb, recover or adapt to emergent business disruption events both within the organization as well as those experienced by health service providers and other delivery partners across the province. Business disruption events take many different forms, including natural disasters (e.g. pandemics), cyber incidents, supply chain disruptions, disruptive geo-political scenarios, etc. The health system needs to be prepared for such scenarios and minimize impact on health service delivery and patient care across the province.

Likelihood and Impact

Likelihood: ***Medium***, given the large range of external factors that have the ability affect business operations of Ontario Health and/or health service providers across the province.

Impact: ***High***, given the potential disruption that could be caused to health service delivery and patient care.

Mitigation

Ontario Health will work with the ministries and provincial partners on health emergency management priorities, including readiness for seasonal respiratory pathogens, chemical, biological, radiological or nuclear events, and ongoing response and recovery to health system emergencies and disruptions.

Ontario Health will further operationalize and mature its Enterprise Business Continuity Management System, ensuring ongoing operations of its most time-sensitive services, as well as continuing to support health service providers and communities in planning for and responding to business disruptions events.

HEALTH SYSTEM TRANSFORMATION

Introduced in 2019, OHTs are a model of integrated care delivery where a group of health care providers and organizations work together as a team to deliver a full and coordinated continuum of care for patients, even if the team members are not in the same organization or physical location. Core to the success of the OHT model will be to ensure appropriate mechanisms and structures are established to engage and connect sectors such as primary care, home and community care, and mental health and addictions care. There will be challenges with achieving maturity goals related to integrated funding, accountability, governance and decision-making given variation in partnership and governance models that exist today and the degree of change management and capacity building that will be required.

Likelihood and Impact

Likelihood: ***Possible***, given that clear direction and support are being provided on structures to be established and requirements for end-state maturity.

Impact: ***High***, given the importance in achieving goals related to the Quintuple Aim as set out in the OHT vision.

Mitigation

Ontario Health, in collaboration with the MOH, will be providing OHTs with clear policy direction, guidance and tools to advance maturity and enable them to progress towards designation. This work is being informed through direct engagement of OHTs, leveraging learnings and experiences to date with a view to ensuring that the most pressing challenges will be addressed. Through this work, Ontario Health and the MOH will:

- Help facilitate appropriate involvement of clinicians, primary care providers, and home and community care leaders in evolving governance structures.
- Ensure funding, accountability, performance management and policy frameworks evolve to enable transformation within primary, home and community care sectors.

MULTIPLE COMPETING PRIORITIES

Responding to service delivery capacity pressures remains a top priority for the entire health system, including Ontario Health. Ontario Health must continue to re-evaluate transformation priorities and agency operations against health system pressures to ensure capacity is committed to the most pressing needs.

Additionally, much of the work is contingent on the capacity and capabilities of our health system partners who are also balancing the need to advance health system transformation priorities against competing operational pressures related to HHR constraints and provider burn out.

Likelihood and Impact

Likelihood: ***Medium***, given Ontario Health's ability to re-balance capacity and plan around seasonal surge cycles.

Impact: ***High***, given that delays in advancing strategic priorities will also delay progress towards addressing underlying systemic health system challenges.

Mitigation

The 2024/25 Annual Business Plan has balanced capacity needed to support health system pressures against capacity needed to advance transformation priorities. Senior management will reassess progress against the Annual Business Plan on a quarterly basis.

DIGITAL INNOVATION AND CHANGE MANAGEMENT

Ontario Health will continue to advance its digital innovation agenda to enable greater access to information and services to both patients and providers through programs such as Health811, Patients Before Paperwork, the Provincial Patient Portal, Clinical Viewer and various virtual care solutions. Although these programs will have a profound impact on health care delivery, they also have complex challenges that need to be addressed before greater spread and scale across the province can be achieved.

- Clinical Change Management: Implementation of digital innovations entails significant clinical change management efforts requiring capacity from both health care administrators and clinicians. Change management efforts continue to be balanced against health system operational pressures.
- Data Authorities: Legacy authority constraints pose significant challenges in achieving the information objectives of Ontario Health as identified in the CCA.

Likelihood and Impact

Likelihood: ***Medium***, given risk strategies being implemented to address the challenges noted.

Impact: ***High***, given that delays in spread and scale of digital innovations will limit health system capacity and patient experience.

Mitigation

Clinical Change Management: Roll out and implementation activities associated with digital innovations are being carefully planned directly with health service providers and clinicians. Clinician leadership is built into program governance. Robust communication strategies are developed to ensure value proposition of digital innovations is effectively shared with clinicians and providers.

Data Authorities: Through the PHDDS initiative, Ontario Health and the MOH will identify and work to implement solutions for a data authority model for Ontario Health that aligns with the principles of PHIPA and recommendations of the Information Privacy Commissioner. These proposed changes would enable a “Collect Data Once Use Many Times” approach to data governance, effectively enabling Ontario Health to achieve an information management strategy aligned to its objects under the *Connecting Care Act*.

Human Resources and Staffing

At Ontario Health, we are committed to developing a strong organizational culture that connects and inspires all team members across the province. This commitment drives our human resources plan and organizational effectiveness priorities for Ontario Health.

HUMAN RESOURCES PRIORITIES AND DELIVERABLES

In support of Ontario Health's strategic goal of strengthening our ability to lead, we have established three human resources priorities towards fostering a diverse, engaged and healthy workforce those partners with communities, health service providers and OHTs.

Strengthening HR Foundations
This goal is focused on integrating and strengthening HR policies, processes and procedures in support of Ontario Health people leaders and team members.

In 2024/25, we will:

- Develop, augment and implement policies, procedures and processes.
- Review our pension approach to attract and retain required health system resources.
- Evolve our Wellness Strategy to continually support the health, safety and wellness of our team members at Ontario.
- Implement further Workday enhancements and configuration efforts to support our goal of having an efficient HR service delivery model.
- Continuously monitor and review our compensation policy to support talent attraction and retention.
- Strengthen partnerships with bargaining agents and unions.
- Continuously monitor HR communication channels for feedback on employee experience and inform operational planning.

Cultural and Organizational Advancement
Creating a culture that aligns with Ontario Health's values ensures that all team members feel part of our vision and mission, and developing and nurturing a high-performing organization is critical to the success of Ontario Health. This area is a constant focus as we work to support team members from legacy agencies.

In 2024/25, we will:

- Develop a comprehensive Employee Engagement Strategy and administer the biennial Employee Engagement Survey. This survey will incorporate diversity questions to help Ontario Health monitor the effectiveness of strategies and impact on the employee experience.
- Expand leadership development and learning and development offerings.
- Continue implementing medium to long-term priorities initiatives related to Ontario Health's Equity, Inclusion, Diversity and Anti-Racism actions.
- Continue our efforts on cultural advancement in relation to embedding Ontario Health's values to support a high-performing organization.
- Implement organizational design and effectiveness.

Focus on Talent
This goal focuses on ensuring that Ontario Health attracts, selects, develops and retains the most qualified candidates and supports employees through the employee life cycle.

In 2024/25, we will:

- Develop a succession planning framework and tools to support talent retention goals and a plan for critical positions.
- Develop and implement a strategy on recruitment and retention of diverse groups.

Compensation Overview
Ontario Health has a compensation policy and structure in place that is designed to support the organization to attract, retain and motivate the workforce necessary for the success of the organization, while ensuring compliance with Ontario legislation and directives. This policy is complemented by an executive compensation framework that has been approved by the MOH and Treasury Board and complies with the requirements of broader public sector compensation legislation. This framework guides compensation-related matters for all executives.

Our compensation policy supports compensation administration within a harmonized single compensation structure for Ontario Health's non-union and management team members. Ontario Health's compensation philosophy is reflected in the following key design principles that govern compensation decisions:

- Fiscal responsibility, governance and compliance with all applicable legislation and accountability requirements.
- Alignment with the organizational mandate, strategic directions and values.
- Value of the total rewards package, including pension, benefits, vacation, paid time off and other policies designed to support team members.
- Internal equity and external competitiveness, with positions of equal value being compensated within the same salary band.
- Balance, consistency and flexibility in compensation program design and application.
- Transparency and open communication, with due respect for privacy.
- Recognize and reward the performance of team members through a fair and equitable compensation program.
- Alignment with compensation best practices.
- Consideration of legacy business unit compensation and pay practices that remain in place for individuals.

Ontario Health's salary band structure and base pay is based on the following:

- Internal value of work (job descriptions and job evaluation)
- External Market value of work (market benchmarking with comparator organizations)
- Knowledge, skills, abilities
- Team member performance

Ontario Health targets the median of a defined talent market that is representative of relevant health care and broader public sector organizations. The organization periodically reviews the competitiveness of the base salary structure through market research and may adjust the framework as required in order to maintain market competitiveness/positioning while respecting legislative requirements. Ontario Health is continuing to monitor the impacts of Bill 124 in the context of attraction and retention goals.

Ontario Health also has a structured job evaluation program managed by HR. This program is fully compliant with pay equity legislation and will provide a consistent and fair method for determining Ontario Health's internal hierarchy of jobs. Jobs are evaluated using factors that align with those outlined in the Pay Equity Act, which is based on the principle of equal pay for work of equal value. All newly created positions must be documented using the job description template and must be evaluated and classified prior to job posting. Positions with significant changes in scope, skills and responsibilities must be reflected in a new job description and reviewed through the formal job evaluation process.

Ontario Health Workforce Demographics

Ontario Health Workforce Profile - Overall
As of January 31, 2024

Demographics	Total
Headcount	3142
% Female Workforce	63%
% Women in Leadership	63%
Average Age (in Years)	44
Unionized Workforce % (CUPE, SEIU, AMAPCEO)	6%
Average Tenure (in Years)	6
Part-Time Workforce % (PTR, PTT)	3%
Full-Time Temporary Workforce % (FTT)	4%
Workforce age >= 65 years	3%

*Total active headcount excluding patient ombudsman** ***3142***

**In accordance with the Excellent Care for All Act, 2010, Ontario Health employs as the Patient Ombudsman the person appointed by the Lieutenant Governor in Council. Under the Connecting Care Act, 2019, Ontario Health's mandate involves providing support to the Patient Ombudsman, which includes providing the staff necessary to enable the Patient Ombudsman to carry out their functions. Accordingly, Patient Ombudsman staff members are employees of Ontario Health. Although the Office of the Patient Ombudsman is a division within Ontario Health, several measures have been put in place to support the independence of the office and enable it to function separately from the rest of the agency. The ministry works with the Patient Ombudsman to establish the office's budget for its activities separately from the Ontario Health budget process.*

Financial Budget

Ontario Health has a hybrid work environment which has resulted in a reduced realty footprint where the savings has been returned to the MOH. Additional realty space to be given up was being considered for further incremental savings. With the return to the office three days per week, this has revised Ontario Health's strategy, and Ontario Health is no longer able to give up realty space. Ontario Health may need to acquire additional realty space in order to accommodate the return to office.

(in 000's)	2023/24 Budget	2024/25 Budget	2025/26 Budget	2026/27 Budget
Revenue	**$37,079,610**	**$35,368,085**	**$35,321,509**	**$35,182,549**
Gov of Ontario (MOH, MLTC)	$37,062,735	$35,359,318	$35,312,742	$35,173,782
Other Recoveries and Revenues	$16,875	$8,767	$8,767	$8,767
Expense	**$37,079,609**	**$35,368,085**	**$35,321,509**	**$35,182,549**
Health Service Provider transfer payments	$32,395,502	$30,851,955	$30,847,433	$30,847,008
Acquired Brain Injury	$67,320	$67,320	$67,320	$67,320
Addictions Program	$360,087	$320,689	$320,689	$320,689
Assisted Living	$371,758	$371,758	$371,758	$371,758
Community Health Centres	$533,522	$512,443	$512,443	$512,443
Community Mental Health	$1,076,473	$1,073,669	$1,072,919	$1,072,919
Community Support Services	$730,048	$724,450	$723,022	$722,772
Cross Sector Initiatives	$159,638	$28,018	$28,018	$28,018
Home and Community Care	$316,962	$272,110	$271,547	$271,547
Hospital	$24,008,389	$22,799,599	$22,797,818	$22,797,643
Specialty Psychiatric Hospitals	$17,954	$4,088	$4,088	$4,088
Initiatives	$100,837	$60,837	$60,837	$60,837
Long Term Care	$4,652,514	$4,616,974	$4,616,974	$4,616,974
Transfer payments	$3,973,167	$3,967,454	$3,927,329	$3,788,794
Salary and Benefits	$384,963	$352,948	$351,019	$351,019
Information technology	$220,323	$119,181	$119,181	$119,181
Purchased services	$59,958	$44,748	$44,748	$44,748
Amortization	$14,823	$1,089	$1,089	$1,089
Office space	$12,548	$12,548	$12,548	$12,548
Administration, supplies and meeting expenses	$13,614	$13,487	$13,487	$13,487
Travel and accommodation	$1,415	$1,379	$1,379	$1,379
Patient Ombudsman Office	$3,296	$3,296	$3,296	$3,296

IT and Electronic Service Delivery Plan

Ontario Health manages a vast technology infrastructure that supports our products, managed services and data stores. The ongoing operation of this infrastructure is critical to system functioning and care across Ontario. Below are the initiatives to support the three main key focus areas of the MOH's Digital First for Health Strategy.

 **Digital Services for Ontarians**	**Patient Navigation and Digital Access –** Operation and maintenance of digital tools used by patients to better navigate the system, such as Ontario Health websites and Health811 services. **Cancer Care, Screening, and Prevention –** Operation of electronic communications, screening forms, drug adjudication tools, patient information systems and administrative systems enabling critical cancer care services, chemotherapy administration, diagnostic imaging and data collection. **Cardiac Care –** Operation of the digital system that manages cardiac wait times and procedure efficiencies. **Virtual Care –** Operation and modernization of the existing provincial virtual visit infrastructure and development and implementation of verification standards for virtual solutions across the province.
 **Digital Supports for Providers**	**Enable Patient Transitions Between Providers (Patients Before Paperwork)** – Operation and enhancement of tools and services supporting provider communications, provider consults, secure document exchange, electronic referrals, assessments, lab orders, notifications and discharge reports. **Provider Technical Support and Change Management** – Provision of support services for providers that wish to enroll to use Ontario Health digital products and view clinical data assets. Ongoing operation of the service desk supporting all internal and external users of Ontario Health digital services. **Home Care** – Operation of the provincial digital system for home care services enables the management of 4 million patient records. System functionality includes document management, service provider referral and billing, supply and vendor management, patient assessments and scheduling, and integrations with other digital assets and point of care systems. **Renal Care** – Operation of the Ontario Renal Reporting System supporting provision of renal care. **Organ Donation and Transplant** – Operation and support for systems enabling the provincial organ allocation and donation system such as OATS and the Donor Management System).
 **System Connectivity & Capacity**	**Provincial EHR** – Billions of records in provincial data repositories are critical to care at the bedside. These datasets, directories, registries (e.g., OLIS, Digital Health Drug Repository, Diagnostic Imaging Repositories, Acute and Community Clinical Data Repository, Provincial Client Registry, Provincial Provider Registry) and the provider identity services, data feeds and viewing applications that enable viewing of these datasets must be maintained, operated and supported. **Data and Analytics for System, Capacity, Practice and Waitlist Management** – Operate Ontario Health's 160 data assets and continually manage and modernize the way data is collected, securely stored and appropriately shared to achieve Ontario Health's objects outlined in the *Connecting Care Act*, including capacity and system planning, performance measurement and management, health system coordination, practice and waitlist management, and quality improvement. **Network:** Operate, modernize, strengthen and optimize the security and consolidated Information Technology operations of Ontario Health while maintaining business continuity, seeking efficiencies and savings, and further reducing technical debt. **Cyber Security Defense** – Lead the province in the cyber security space; assist and support providers to raise their overall cyber security posture. **Cloud First Strategy and Data Centre Consolidation** – "Cloud First" as a principle enables modernization and focus on feature and functionality of application services instead of technical maintenance of physical infrastructure, as well as enables the ability to scale up as needed quickly. **Emergency Department Support** – Operation and support for products enabling ED operation, patient triaging and appropriate level of care. **Enterprise IT Services & Solutions** – Ontario Health Digital enables the operations and productivity of staff both in terms of hardware, software and support for corporate functions.

Communications Plan

Communications is a core strategic enabler for Ontario Health to deliver on its mandate and priorities. The purpose of our three-year (2023-2026) communications strategy is to outline the communications plan required for Ontario Health to successfully achieve its strategic priorities.

Ontario Health's communications strategy is guided by a set of principles that underpin all communications and are to be used as a touchstone to reference as tactics are developed and implemented. They are:

- **Timely:** Inform and engage target audiences early and provide information when they are most receptive and able to take action.
- **Equitable:** Prioritize plain language, ensure communications are inclusive, equitable and meet our French Language Services mandate.
- **Trusted:** Ensure credibility by communicating with integrity and honesty and as one unified organization internally and externally.
- **Distinct:** Showcase Ontario Health's important role and value within the health care system.
- **Integrated:** Ensure consistency and coordination across all audiences and channels by integrating communications.
- **Informed:** Reflect evidence-based best practice and internal and external feedback from partners, providers and patients as required.
- **Measurable:** Assess the effectiveness of communications through qualitative and quantitative data to evaluate progress towards goals.

OVERARCHING GOALS

Ontario Health's goals for communications over the next three years are to:

- Drive a focused, proactive communication strategy that establishes Ontario Health's role in system transformation
- Promote a culture of pride and excellence within Ontario Health by celebrating our collective impact
- Build standardized and aligned communication processes, tools and channels

STRATEGIC APPROACH

Our communications objectives and goals will be reached over a three-year period, with each year having its own focus.

Year 1 (2023-24): Drive
Develop a proactive communications plan reinforcing our role in the system. Build a unified brand for Ontario Health, consolidate and enhance existing communication channels.

Year 2 (2024-25): Strengthen
Through measurement and feedback, strengthen communications channels, continue to improve upon consistency, frequency and efficiency. Refresh annual communications plans.

Year 3 (2025-26): Evolve
Re-evaluate and optimize all communications channels to ensure best practice communications with target audiences.

MEASUREMENT

To measure our communication strategy against each major initiative and organization objective, we will use various tools including but not limited to:

- Survey insights
- Media coverage
- Employee engagement surveys
- Internal communications audit

TARGET AUDIENCE

Ontario Health has identified the following primary and secondary audiences for communications.

Primary Audiences:

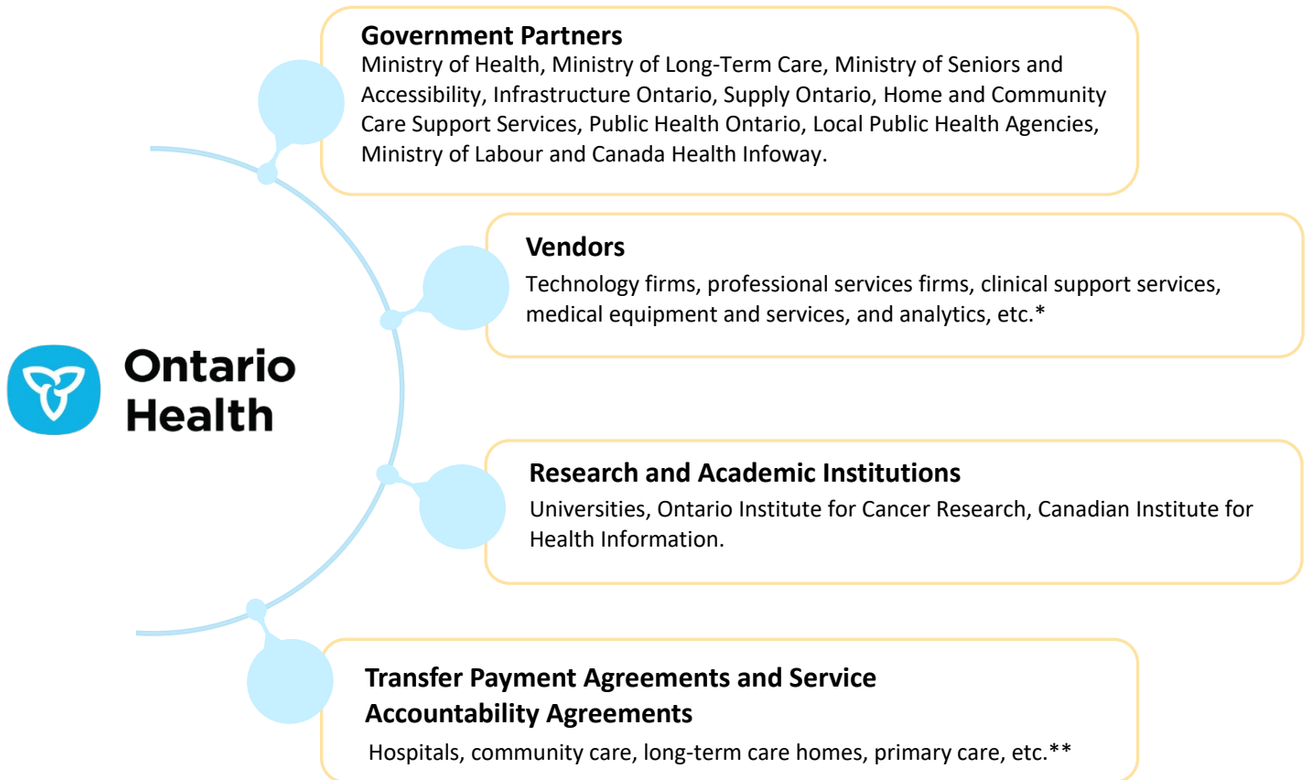
- Ontario Health team members
- Government of Ontario
- Health care providers and organizations
- Health care partners – associations, groups, people and institutions that operate within the health care system

Secondary Audiences:

- General public
- Ontarians

Initiatives Involving Third Parties

This section provides an overview of the various types of organizations Ontario Health works with for the successful delivery of our evidence driven programs and services. This requires collaboration with our clinical, academic and other professional partners. When funds are provided to third party organizations, it is done in accordance with the applicable directives (e.g. Transfer Payment Accountability Directive).



*Furthermore, Ontario Health is currently engaged with over 800 vendors and there are nearly 1,400 active contracts.

** Ontario Health holds just under 1,400 (1,398) Service Accountability Agreements across the province across the hospital, long-term care and community sector. As of fiscal year 22/23, there were 1,137 active Transfer Payment Agreements in place with health service organizations across Ontario, including hospitals, independent health facilities (now ICHSCs), long- term care homes, home and community care support service organizations, community health service providers, universities, municipalities, family health teams, nurse practitioner-led clinics, community labs, and Indigenous partners.

Abbreviations

ABP Annual Business Plan

AI Artificial Intelligence

ALC Alternate Level of Care

ANRP Abdominal Normothermic Regional Perfusion

CCTA Coronary Computed Tomography Angiography

CDF Clinical Data Foundation

COPD Chronic obstructive pulmonary disease

CHC Community Health Centres

CT Computed Tomography

DFfHS Digital First for Health Strategy

ED Emergency Department

EMR Electronic Medical Records

FHT Family Health Teams

FIT Fecal Immunochemical Test

FNIMU First Nations, Inuit, Métis and Urban Indigenous

HCCSS Home and Community Care Support Services

EHR Electronic Health Record

HHR Health Human Resources

HPV Human Papillomavirus

ICHSC integrated community health services centre

LTC Long-term Care

MLTC Ministry of Long-Term Care

MOH Ministry of Health

MRI Magnetic Resonance Imaging

NPLC Nurse Practitioner-Led Clinics

OATS Organ Allocation and Transplant System

OCC Ontario Case Costing

OHT Ontario Health Teams

OLIS Ontario Laboratories Information Systems

OLMP Ontario Laboratory Medicine Program

OMA Ontario Medical Association

OSP Ontario Structured Psychotherapy

PCR Provincial Client Registry

PET Positron Emission Tomography

PHDDS Provincial Health Data & Digital Service

PREM Patient-reported experience measurements

PROM Patient-reported outcome measurements

PSW Personal Support Workers

QIP Quality Improvement Plan

Footnotes

[1] Ontario Health's work is guided by and in compliance with a number of pieces of legislation including the *Fixing Long-Term Care Act,2021, Accessibility for Ontarians with Disabilities Act, 2005*, *Connecting Care Act, 2019*, *Excellent Care for All Act, 2010*, *Freedom of Information and Protection of Privacy Act, French Language Services Act, Gift of Life Act, Mental Health and Addictions Centre of Excellence Act, 2019, Personal Health Information Protection Act, 2004.*

[2] Sources for all statistics in the demographics and regional profile sections include: Statscan Census (2016 and 2021), Ministry of Finance projections and extracted from InteliHealth.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
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