

2021–2022

Business Plan



**Ontario
Health**



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Board Chair and CEO Message

Ontario Health was created two years ago to better coordinate and connect the health care system, to make it more efficient and support the delivery of the best possible care to Ontarians.

Our progress in the first two years has largely focused on creating the necessary foundation on which to build a single, integrated provincial health agency, while maintaining excellence in our core functions and supports to the health care system. At the same time, from March 2020 on, we assumed an unanticipated, yet very significant role, in the province's response to the COVID-19 pandemic. Working together with the government and our system partners, we quickly shifted some of our priorities to meet the urgent, complex needs created by the pandemic and to do our part in limiting the virus spread.

As we look ahead to our third year and beyond, our longer-term vision expands to continuing the journey of this province becoming a world leader in health and wellness for all Ontarians, with a keen eye to innovation and transformation in all that we do.

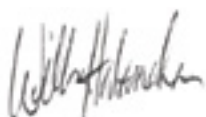
In developing our business plan, we are guided by our mandate to work as a single, unified team to execute the government's strategy, oversee health care delivery, improve clinical guidance, and extend and strengthen quality and performance improvement capacities across the continuum of care.

To fulfill this mandate, we know we must gain a better understanding of the diversity of experiences that shape our province's health system and we will hold ourselves accountable to apply these learnings to improving care and health outcomes. We are committed to meaningful engagement and partnership that ensures we are building and strengthening our relationships across the entire health care system with a specific focus on identifying gaps, enhancing coordination and prioritizing underserved and vulnerable populations.

Our priorities for 2021/22 incorporate what we have heard so far in early conversations with patients, clients, residents, families, caregivers, health care providers and system leaders about what matters to them, and where Ontario Health can advance health care for the province. With this information in mind, we have defined five emerging overarching goals for 2021/22:

- Reduce health inequities
- Enhance clinical care and service excellence
- Transform care with the person at the centre
- Maximize system value by applying evidence
- Strengthen Ontario Health's ability to lead

We are very grateful to our team members across the Ontario Health family and our partners across the province for their commitment and engagement as we work together to achieve our goals to improve the health and lives of Ontarians.



Bill Hatanaka
Chair



Matthew Anderson
President and CEO

Introduction

Ontario Health was established with the passage of the *Connecting Care Act, 2019*. Our short history has been one defined by transformation and building strong connections with our partners across the health system, with the Ministry of Health (Ministry), and internally within Ontario Health.

We are devoted to aligning with and helping to advance Ontario's government-wide priorities including those outlined in the *Ontario Onwards: Action Plan*, as well as those outlined in the Minister's 2021-22 mandate letter to Ontario Health.

These include the Government's commitments to:

- Competitiveness, Sustainability and Expenditure Management;
- Transparency and Accountability;
- Risk Management;
- Workforce Management;
- Data Collection; and
- Digital Delivery and Customer Service

We are also fully committed to supporting the Ministry's goals of transforming our health care system to be person-centred, integrated and coordinated, more equitable, sustainable, digitally-enabled, privacy-robust, and built to last for generations to come. We will advocate strongly for the Ministry's key strategies, including for example, the Digital First for Health Strategy. Furthermore, as specified in the *Excellent Care for All Act, 2010*, we are fully committed to improving health quality in Ontario.

We look forward to working with the Ministry of Long-Term Care, which will include establishing an accountability agreement and receiving a first mandate letter from them. Once received, we will work to incorporate these important priorities into our business plan.

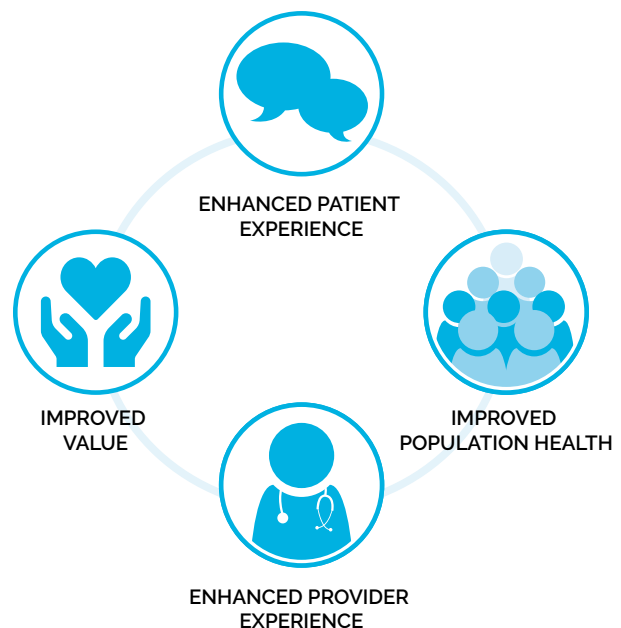
As we enter our third year, we are looking ahead and putting plans into action to continue to improve health outcomes, the experiences of people who access the health system, the experiences of health care providers (providers), and system value. Our efforts will be based on a guiding framework rooted in principles that we apply to everything we do. Our principles include:

- Putting the health and wellbeing of Ontarians first in all that we do, recognizing the distinct needs of individuals and communities;

- Driving integration at all levels, working with our partners to remove barriers to more coordinated care;
- Applying data and evidence-based metrics while listening to the voice of those we serve to improve health, improve experiences and achieve the best possible return on public investment; and,
- Challenging the status quo, asking how care can be delivered better by removing barriers and using both existing and new approaches and tools, including technology.

The cornerstone of our guiding framework remains the health care system's Quadruple Aim. The Quadruple Aim is an invaluable compass for informing decisions and optimizing health care performance, and we are strongly committed to it. Its approach calls for improving population health outcomes, improving how people experience the health care system, improving front-line and provider experience, and achieving better value.

Ontario Health – Quadruple Aim



Delivering as Ontario Health

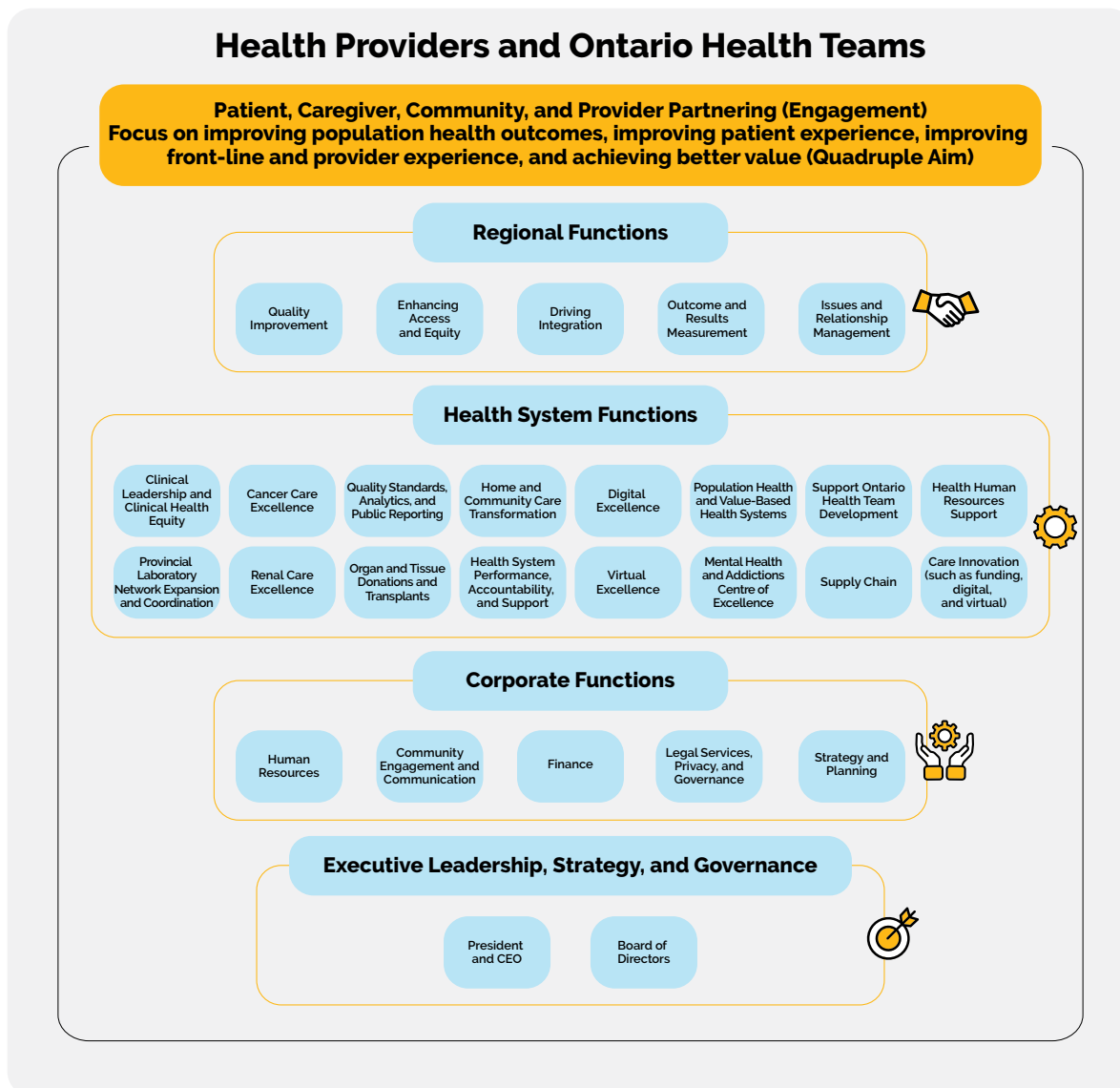
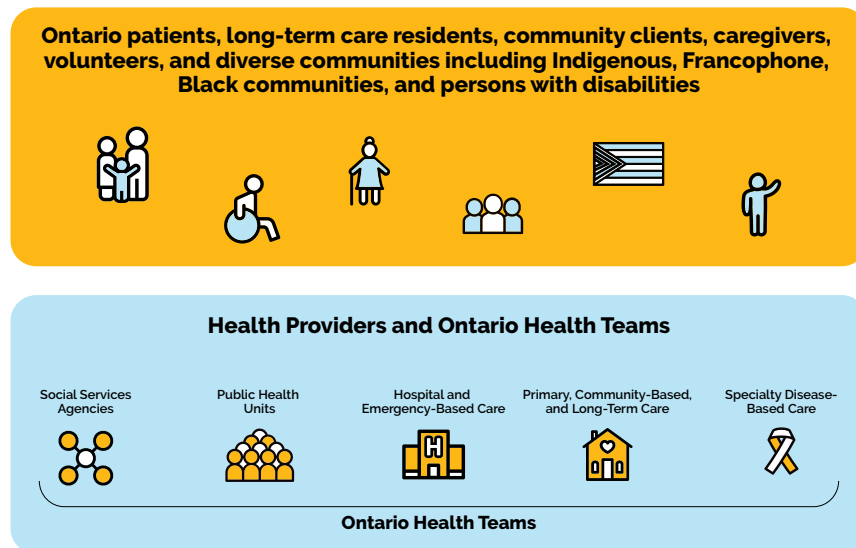
While Ontario Health had already begun its work to bring together 21 separate health organizations, the events of 2020-21 required us to accelerate this process and put our combined resources into immediate action as a single integrated organization. We made great strides in working with our health system partners and the Ministry and will continue to build on our momentum. These immediate opportunities for action included enhancing integration across the health system (for example, we integrated our supply chain and moved from a siloed lab system to a provincial network) and taking a system view to health care (for example, working to respond to Personal Support Worker (PSW) shortages and providing added support to long-term care through our leadership role in home and community care). In response to the COVID-19 pandemic, Ontario Health, like so many other organizations in the province, was forced to shift our focus and address these challenges head-on and with a new urgency. In doing so, we learned a lot about the roles our organization must play to support our partners and have the greatest impact on the broader health system. As Ontario Health continues to move forward, we will draw on these lessons to ensure we set ourselves up to contribute to the health system's success.

In 2020-21 we structured ourselves to be an agency for all Ontarians throughout the province. For example, our regional leaders worked with health system partners to establish action-focused response structures acting as the front window for implementation and relationship management, ensuring responses meet local needs, and coordinating partnerships and logistics during the COVID-19 pandemic. This has provided an excellent starting point from which we can further build out the province-wide presence of Ontario Health. Having team members across the province is core to our relevancy and impact.

As one unified agency, we are working with a common set of priorities. We are doing this with our partners and in collaboration with the Ministry and government to address the needs of the health system. Bringing together 21 diverse organizations into one single team was no small task, and the implementation of our integrated organizational structure was but one of the many pieces of work Ontario Health completed to bring our organization together. With our strong foundation in place, we continue to work with the Ministry to build out the mandate of Ontario Health. For example, on April 1, 2021, in addition to completing the final integration of the Trillium Gift of Life Network (TGLN) and the planning, funding, integration, and other non-home care functions of the Local Health Integration Networks (LHINs), we will have also expanded our role in the mental health and addictions sector, digital health space, and specialty care. On the heels of our second full-year of operation, we are also working with the Ministry to implement a modern accountability agreement that will enable Ontario Health to achieve the objects and expectations set out by the Government which are centred on an ability to connect and modernize the health system.

Our Operating Model is designed to reflect and help bring to life this vision even more, and to be focused on a common person-centred purpose to improve health experiences and outcomes. As we continue to build Ontario Health, we are committed to leveraging all the skills, knowledge, and passion of our team members across the province in a coordinated effort to support the health system.

Operating Model



Pandemic Response

Ontario Health had been in existence for less than a year when the first case of COVID-19 presented in this province and our inaugural 2020-21 Annual Business Plan reflected the COVID-19 response as a top priority. Moving into 2021-22, we continue to serve in a pivotal leadership role in the fight against the virus. We will continue to actively contribute to the government's strategy in collaboration with partners through our regional teams. We are focused on supporting timely planning, coordination, and action.

In 2021-22, we will continue to respond to the need for testing through ongoing support to assessment centres and community collection programming (where specimens are collected) as well as the laboratory processing network (where tests are processed). In 2020-21, we supported over 200 specimen collection sites across the province and brought together over 45 labs into our network. This has resulted in over 11.5 million COVID-19 tests having been completed to date, with continued expansion in capacity.

We will stay nimble to ensure we can continue to support the evolving requirements of the response and be prepared to draw on the full strength of our organization. This includes: the supply chain coordination with ministries and Supply Ontario; expanding testing; increasing acute care and critical care capacity across the province; supporting primary care and other providers in offering virtual care; responding to the urgent issues in long-term care and congregate care settings; increasing mental health and addictions capacity; ensuring life-saving donation and transplant services; ongoing structured data collection and sharing with the Ministry as appropriate; and, providing bioethics, health human resources and communications support - all while engaging in daily system planning and implementation. We recognize the disproportionate impact COVID-19 has on seniors, racialized communities (especially Black and Indigenous peoples), and those experiencing systemic barriers (e.g. housing, income, employment, transportation, etc.). Ontario Health will continue to take an equity approach in our COVID-19 response aiming to eliminate these disparities.

Ontario Health continues to work with the Ministry's Emergency Operations Centre as well as Shared Services Organizations (SSOs) across the province in meeting Ontario's COVID-19 supply chain needs. To date, this work has focused on acquisition of ventilators, beds, personal protective equipment (PPE), and both testing and vaccine related capital and supplies. As part of this work, the Ontario Health regional network will continue to fully support the PPE ordering and distribution needs of 18 health system sectors and over 6,000 health service providers. In September 2020, the network expanded to be the main point for ordering and distributing test kits for all health service providers across the province. In 2021, this work will be expanded to include distribution of vaccine ancillary supplies to support the inoculation of all Ontarians.

Looking forward, once the COVID-19 response efforts begin to taper, we will quickly ramp up our focus to gather best practices and apply lessons learned to prepare for the future. Part of this process of reviewing lessons learned will include our continued action to carry out the recommendations from the Office of the Auditor General's Special Report on COVID-19.

Our Commitment to Equity, Inclusion, Diversity and Anti-Racism

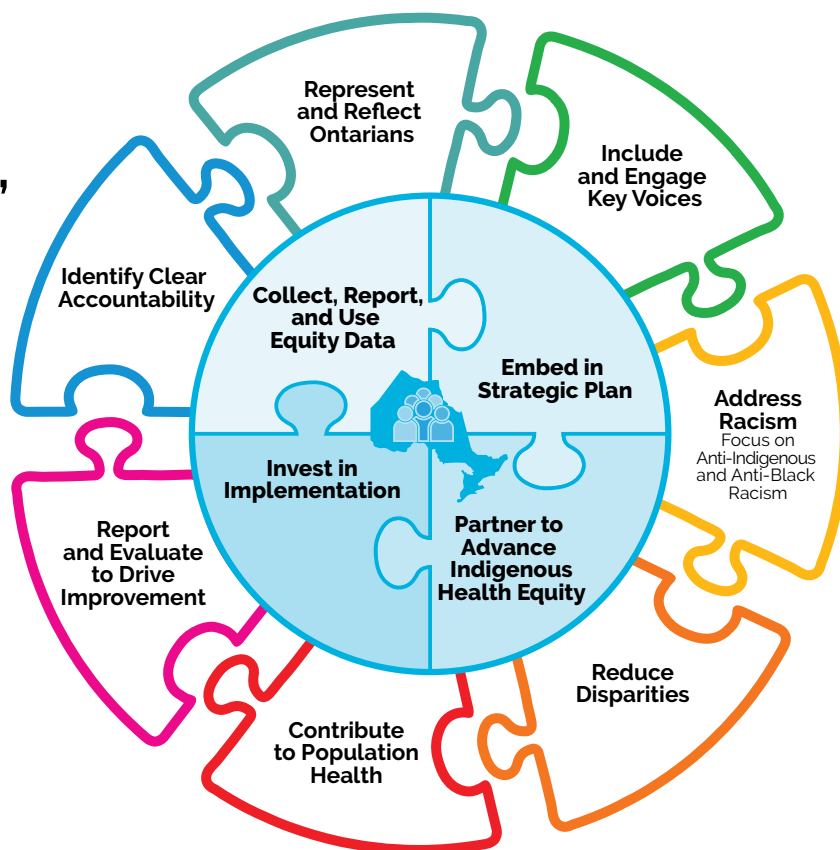
Ontario Health believes that organizations and individuals that plan, deliver, and evaluate health services must have a foundational commitment to and a culture focused on equity, inclusion, diversity, and anti-racism. As a part of the provincial health care system, and more broadly across Canada, we recognize that public institutions have inherent power structures that unfairly and inequitably impact individuals and communities. We must acknowledge the ways that racism, especially anti-Black and anti-Indigenous racism and discrimination, are built into all our institutions and that Ontario Health is included in this legacy. To achieve better outcomes for all patients, families, caregivers, and providers within Ontario's health system, Ontario Health must identify and address the impacts of racism in all its forms as part of its commitment, with an emphasis on anti-Indigenous and anti-Black racism given the disproportionate impacts of racism on these communities. To design and deliver high quality health care supports and services across the province we must recognize racism and discrimination and commit to disrupting these systemic issues through our work.

We believe in the principles stated in the *Connecting Care Act, 2019* that "our public health care system should be guided by a commitment to equity and to the promotion of equitable health outcomes". Our goal is to reduce health disparities by advancing equity, inclusion, diversity, and addressing racism. To achieve this goal, there must be an acknowledgement of the breadth of factors, including social determinants of health, and their intersections that contribute to varied levels of advantage, privilege and opportunity that create disparities in Ontario: Indigenous, Black or racialized identity, gender and gender identity, sexual orientation, disability, age, geographic location, socioeconomic status, health literacy, language barriers and linguistic identity, and access to digital services.

To support the goal and respond to the factors that influence disparities, Ontario Health has developed an Equity, Inclusion, Diversity and Anti-Racism Framework. The Framework outlines 11 areas of action to advance equity and address racism and includes explicit actions to address anti-Indigenous and anti-Black racism. The framework incorporates the legislated requirements from the *French Language Services Act* and from the *Connecting Care Act, 2019*, along with the elements included in the minister's Mandate Letter to Ontario Health pertaining to French Language Services. For Ontario Health to fulfill its mandate to connect and coordinate our province's health care system in ways that have not been done before, and to ensure that diverse voices, ideas, and lived experiences are heard and considered in how Ontario Health can improve we must take a different approach to identify, measure, act, and evaluate the impact we have had on addressing disparities across Ontario.

Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework

With a focus on addressing anti-Indigenous and anti-Black racism



11 Areas of Action



Collect, Report and Use Equity Data

Set up systems and supports to collect, analyze, and use equity data to report findings and inform future decisions



Embed in Strategic Plan

Ensure efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization



Partner to Advance Indigenous Health Equity

Recognize that strong relationships with Indigenous leadership and communities - founded on respect, reciprocity, and open communication — are critical in ensuring that the new health care system in Ontario reflects and addresses the needs of Indigenous peoples.



Invest in Implementation

Apply the financial and people resources needed for success and ongoing sustainability



Identify Clear Accountability

Establish and assign "who" is responsible for "what"



Represent and Reflect Ontarians

Strive for all levels of the organization to reflect the communities served



Include and Engage Key Voices

Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services



Address Racism Focus on Anti-Indigenous and Anti-Black Racism

Identify and address discriminatory practices and procedures in all forms and all levels using targeted approaches



Reduce Disparities

Use data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population



Contribute to Population Health

Work with other arms of government and agencies in planning services to improve the health of the population



Report and Evaluate to Drive Improvement

Publish Framework metrics publicly with all reports including an equity analysis

As an agency, Ontario Health is committed to building new systems and programs – and re-building old ones – so that all people and communities across Ontario are treated fairly and have access to equitable health services and health outcomes. This means committing to making Ontario Health an inclusive and diverse employer that ensures the safety of its employees and making it a place that creates fair opportunities for hiring, development and leadership. This can only be accomplished by specifically naming and addressing the impacts of racism in all its forms, with an emphasis on anti-Indigenous and anti-Black racism given the disproportionate impacts, and taking targeted action and tracking progress on equity and inclusion goals.

Ontario Health understands the importance of reconciliation with Indigenous peoples and acknowledges the history of Indigenous peoples; including past and ongoing harm that has been inflicted and how that translates to the health care system. History plays an important role in reconciliation; to build for the future, we must look to, and learn from, the past. We are focused on healing these relationships and supporting the healing process through continued dialogue. Ontario Health has much to benefit from the strength of Indigenous communities. To benefit from these strengths, we must listen to the voices, experiences, wisdom and much more to learn about reconciliation.

Reconciliation cannot occur without **action**.

This action must come from a place of humility, respect, and reciprocity. Although some progress has been made, significant barriers to reconciliation remain. We are committed to reducing these barriers and working collaboratively and in partnership with Indigenous governance structures and their existing health processes. We will continue to celebrate resiliency, but we do not overlook that resilience is a by-product of suffering and we will strive for continuous improvement.

We also understand and respect the importance of working with diverse Francophone communities.

We are committed to respecting the requirements of the *French Language Services Act* in the planning, design, delivery, and evaluation of health care services for Ontario's French-speaking communities as outlined in the *Connecting Care Act, 2019* and in the Memorandum of understanding between Ontario Health and the Ministry.

The work we must undertake to achieve our goal of reducing disparities by addressing equity, inclusion, diversity and anti-racism is reflected throughout this business plan. It is not the work of one part of Ontario Health; rather it is a central goal of all Ontario Health's work.

Our Commitment to Engagement

Consistent with our guiding principles and our commitment to equity and the Quadruple Aim, engaging and partnering with people and communities, health service providers, and health system workers and administrators will be key to Ontario Health's success. Only through meaningful stakeholder engagement will Ontario Health gain a better understanding of people's diverse needs and experiences in our health system and be able to apply these learnings to improve care experiences, health outcomes, and to increase health equity in our province. While the COVID-19 pandemic has necessitated an acceleration in the development of certain partnerships, other engagement activities have been delayed as organizations and communities focus on the pressing issues the pandemic has created. As Ontario Health and its partners begin to look beyond the pandemic, we are committed to increasing our engagement activities and strengthening our partnerships with all stakeholders.

Ontario Health's goals for stakeholder engagement are:

- 1. To collaborate with stakeholders through meaningful engagement activities** that influence the decision making of Ontario Health and result in improved health care for all Ontarians.
- 2. To create a range of equitable engagement activities and structures** that ensure all Ontarians can participate and be heard, where the needs of their community are understood, and experiences and ideas are valued.
- 3. To continue to build trust** in Ontario Health through the establishment of collaborative and respectful partnerships and relationships across all stakeholders and health system partners.
- 4. To foster a culture of collaboration** within Ontario Health and the health care system where all people in Ontario, including patients, families, caregivers, and health care professionals, contribute their experiences and expertise to build the best health care system.

The *Connecting Care Act, 2019* lays out the foundations of Ontario Health's engagement approach. We recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities, and we are committed to working in partnership with Indigenous leadership, communities and health service providers to improve health care experiences and outcomes for Indigenous peoples.

We are likewise committed to working with the French Language Health Planning Entities, and with the Minister's Patient and Family Advisory Council to coordinate provincial patient and family engagement activities as well as convening a working group of experts and partner organizations to advance a provincial Black Health Plan.

We are committed to building on the positive working relationships and partnerships developed by the legacy agencies forming Ontario Health. This includes partnering with the many patient and family advisors who have contributed so much to improving care in our health system through our CEO's Patient and Family Advisors Group, our Patient and Family Advisors Network and other mechanisms. It also

includes continuing to engage with health service providers and the front-line, including primary care, who have supported the development and implementation of local and provincial initiatives through the legacy agencies of Ontario Health to understand the populations they serve and ensure that our programs and services meet the needs of their communities.

We recognize that Ontario Health can do more to engage and partner with people and communities that face racism and other forms of discrimination and inequity, and the health service organizations and providers that serve these communities. We commit to identifying gaps in engagement for underserved populations that face barriers accessing safe, appropriate and equitable care. We are committed to developing a range of engagement approaches in consultation with the communities we look to work with, and to partnering with a diverse group of organizations to ensure that Ontario Health's programs acknowledge and address health inequities.

We also understand that for our engagement and partnerships to be successful, Ontario Health must work to earn the trust of our partners, particularly those who have experienced racism, discrimination and other barriers in our health system. As a starting point, we recognize that engagement activities must address the past and present experience of communities, including the legacy of colonialism, racism and discrimination that has resulted in current health inequities. In this context, we commit to providing safe spaces for important conversations around all forms of racism, prejudice and discrimination, and to working together to implement anti-racist, equitable health care practices throughout our programs and the health system more broadly.

Our Multi-Year Overarching Goals

Our guiding principles, our commitment to the Quadruple Aim, our commitment to engagement, and our focus on achieving government and Ministry priorities has served as the compass for defining five goals that guide this business planning. These goals build on this foundation and incorporate what we have heard thus far in early conversations with patients, caregivers, our provider partners, and health system leaders about what matters to them, and where Ontario Health can advance health care for the province.

Reduce health inequities	Enhance clinical care and service excellence	Transform care with the person at the centre	Maximize system value by applying evidence	Strengthen Ontario Health's ability to lead
				
This means: • Improving care for those who need it most • Listening to and partnering with those we serve and understanding health and wellness from their perspectives • Recognizing the distinct needs of individuals and communities	This means: • Putting the health and wellbeing of Ontarians first in everything we do • Advancing positive health outcomes for all • Improving experiences across the health care system	This means: • Empowering health system leaders at all levels to collaborate and to improve planning and delivery of care • Asking how care can be better delivered using both existing and new approaches and tools • Working with partners to remove barriers to more connected and coordinated care	This means: • Strengthening the capacity to collect, share, integrate, analyze and react to data and evidence • Achieving the best possible return on public investment	This means: • Committing to our own continuous improvement • Establishing ourselves as a reliable leader and partner • Challenging the status quo to build a strong organization and health system

Our efforts within these priority areas are rooted in the 2021-22 Mandate Letter from the Minister of Health as well as the requirements and expectations as defined by government and as set out in:

- *Accessibility for Ontarians with Disabilities Act, 2005*, (AODA);
- *Connecting Care Act, 2019*;
- The Ministry of Health–Ontario Health Accountability Agreement (currently in development);
- Ministry of Health – Ontario Health Memorandum of Understanding (MOU);
- *Freedom of Information and Protection of Privacy Act* (FIPPA);
- *French Language Services Act*;
- *Mental Health and Addictions Centre of Excellence Act, 2019*;
- *Personal Health Information Protection Act, 2004* (PHIPA);
- *Excellent Care for All Act, 2010*;
- *Gift of Life Act*; and
- Ministry of Long-Term Care – Ontario Health Accountability Agreement.

Our 3-Year Implementation Priorities

REDUCE HEALTH INEQUITIES



This means:

- Improving care for those who need it most
- Listening to and partnering with those we serve and understanding health and wellness from their perspectives
- Recognizing the distinct needs of individuals and communities

AREAS OF FOCUS TO REDUCE HEALTH INEQUITIES

1. Advance partnership building and develop engagement framework with a diverse set of partners
2. Embed an equity focus in all our priority areas and clinical programs
3. Expand the scope of data collection and public reporting to uncover and report on areas of inequity and systemic racism
4. Mobilize equity data to drive system priority setting, investments, and decision-making

Actions

1. Advance partnership building and develop engagement framework with a diverse set of partners

2021/22 Deliverables

- Expand our comprehensive engagement structures and mechanisms to collaborate with and incorporate the perspectives of communities, patients, families and caregivers (including but not limited to engagement with patient and family advisory councils, a patient and family advisors network, and through the use of virtual tools to offer real-time feedback), ensuring we incorporate effective approaches to engaging those who have experienced racism, discrimination and those who are otherwise ill-served by our health system
- Develop a stakeholder engagement framework to support effective collaboration and partnership with health service providers and Ontario Health Teams (OHTs)
- Strengthen engagement, uphold the Relationship Protocols, and work collaboratively with First Nation, Inuit, Métis and urban Indigenous leadership and communities to improve health care for Indigenous peoples within Ontario
- Develop an Indigenous engagement framework to include Indigenous voices in the health care system
- Continue to engage with the Ministry, the French Language Health Planning Entities and other provincial Francophone organizations to advance provincial projects, including the collection of data about the Francophone population and health services in French
- Develop a provincial Black Health Plan in partnership with community members and experts that will focus on improving equity in the pandemic and beyond

1. Advance partnership building and develop engagement framework with a diverse set of partners (continued)

2022/23 Deliverables

Building on the 2021/22 deliverables:

- Engage diverse, vulnerable and underserved communities in support of Ontario Health's Equity, Inclusion, Diversity and Anti-Racism strategic goals, using the suite of approaches developed in the previous year
- Implement the stakeholder engagement framework focussed on advancing collaboration and partnerships with health service providers and OHTs

2023/24 Deliverables

- Continue to advance prior year's deliverables
- Finalize the Indigenous engagement framework with Indigenous partners to address/enhance transparency, accountability and reciprocity between Ontario Health and Indigenous leadership

2. Embed an equity focus in all our priority areas and clinical programs

2021/22 Deliverables

- Actions are embedded throughout the Annual Business Plan
- Establish data- and equity-informed clinical goals for the health system
- Advance the integration of a social lens within local health systems

2022/23 Deliverables

- Actions embedded throughout the Annual Business Plan

2023/24 Deliverables

- Actions embedded throughout the Annual Business Plan

3. Expand the scope of data collection and public reporting to uncover and report on areas of inequity and systemic racism

2021/22 Deliverables

- Measure variation in health outcomes (regionally and for priority populations)
- Harness and add new data sources to understand health inequities
- Focus on understanding diverse community experiences through dialogue
- Explore new performance measures to account for person and provider experience

2022/23 Deliverables

- Publicly report on provincial, regional, and priority-population equity-based outcomes

2023/24 Deliverables

- Continue to expand expertise in measurement and reporting
- Incorporate improvements against inequities and racism in accountability agreements

4. Mobilize equity data to drive system priority setting, investments, and decision-making

2021/22 Deliverables

- Establish evidence-informed targets for 2022 - 2024 and work with the Ministry to ensure Ontario Health is enabled to make equity-informed and value-based investments

2022/23 Deliverables

- Establish in year and out year targets

2023/24 Deliverables

- Achieve targets and establish new targets for out years

ENHANCE CLINICAL CARE AND SERVICE EXCELLENCE

This means:

- Putting the health and wellbeing of Ontarians first in everything we do
- Advancing positive health outcomes for all
- Improving experiences across the health care system



AREAS OF FOCUS TO ENHANCE CLINICAL CARE AND SERVICE EXCELLENCE

1. Rapidly respond to COVID-19 and contribute to stabilizing the health care system
2. Continue to work with hospitals and the Ministry to oversee surgical and diagnostic imaging ramp up as well as hospital capacity initiatives in response to COVID-19 (Mandate Letter Priority)
3. Build on the existing world class model and expertise in cancer care and apply that model to chronic diseases and conditions, by developing and offering patients new evidence informed programs and treatments sooner (Mandate Letter Priority)
4. Provide leadership on patient safety, through the public reporting of data, and the development of clinical and quality standards for patient care and safety (Mandate Letter Priority)
5. Continue efforts to end hallway health care
6. Increase access and drive quality improvement in cancer care
7. Increase access and drive quality improvement in renal care
8. Increase life-saving donations and transplant services
9. Support the Ministry of Long-Term Care's modernization objectives and priorities.

1. Rapidly respond to COVID-19 and contribute to stabilizing the health care system

2021/22 Deliverables

- Maintain COVID-19 testing and laboratory capabilities until there is clear provincial direction to ramp down
- Continue to operate the Ontario Health Regional Network in managing and distributing PPE and test kits to 18 sectors of the health system until there is clear provincial direction to ramp down
- Support vaccine deployment and implementation if/as requested by the Ministry and public health
- Work with the Ministry to apply learnings and ensure supports are in place for future emergencies
- Expand and evaluate virtual care programs including remote care monitoring, surgical, urgent care and home and community care
- Support efforts to stabilize health human resource capacity in long-term care and home and community care sectors (note: the ability to lead in this area will change once governance and leadership for home care are separated from Ontario Health)
- See additional actions in item #2 below

2022/23 Deliverables

- To be determined throughout the course of 2021/22 based on health system recovery and lessons learned

2023/24 Deliverables

- To be determined throughout the course of 2021/22 and 2022/23 based on health system recovery and lessons learned

2. Continue to work with hospitals and the Ministry to oversee surgical and diagnostic imaging ramp up as well as hospital capacity initiatives in response to COVID-19 (Mandate Letter Priority)

2021/22 Deliverables

- Work with the Ministry to create system flexibility that can enable recovery of non-urgent and non-emergent care, such as surgery, imaging, and other procedures
- Support the opening and operationalization of new Ministry-funded beds, including critical care beds to help address hospital occupancy challenges
- Support the Ministry with implementation and monitoring of key surgical and diagnostic imaging recovery initiatives, including work on centralized surgical waitlist management, surgical smoothing coaching, surgical innovation fund, and continued clinical engagement to inform and guide specific initiatives that the Ministry has requested Ontario Health to support as part of the health system recovery and backlog reduction strategy for 2021-22
- Monitor the implementation of hospitals' plans to restart surgeries and procedures, while coordinating an overarching regional perspective
- Work with the Ministry to develop guidance and provide support for managing hospital capacity and financial health
- Develop and release clinical guidance to support system recovery with required quality and safety measures
- Continue to ramp-up cancer screening correspondence for breast, colorectal, and cervical cancers
- Routinely monitor, forecast and report key data metrics to support health system recovery. This includes capacity forecasting and modelling of flow, wait times monitoring, and tracking cancer screening, surgical and diagnostic imaging backlog.

2. Continue to work with hospitals and the Ministry to oversee surgical and diagnostic imaging ramp up as well as hospital capacity initiatives in response to COVID-19 (Mandate Letter Priority) (continued)

2022/23 Deliverables

- Continue efforts to support restarting deferred care, routinely monitor, forecast and report key metrics, and to manage hospital capacity and financial health

2023/24 Deliverables

- To be determined throughout the course of course of 2021/22 and 2022/23 based on health system recovery and lessons learned

3. Build on the existing world class model and expertise in cancer care and apply that model to chronic diseases and conditions, by developing and offering patients new evidence informed programs and treatments sooner (Mandate Letter Priority)

2021/22 Deliverables

- Continue existing oversight of excellence in renal care and palliative care through the Ontario Renal Network and the Ontario Palliative Care Network (OPCN), respectively, and further advance the development of the Mental Health and Addictions Centre of Excellence using the core components of the Cancer Care Ontario model
- Implement 2021/22 key areas of focus of the OPCN action plan
- Work with CorHealth to implement their 2021/22 annual business plan for patients with stroke, cardiac and vascular diseases (and in anticipation of a potential transfer of CorHealth to Ontario Health within 2021/22)
- Explore opportunities for other priority clinical areas (including diabetes and paediatric care), with a focus on areas with disparities in outcomes, equity, and access
- Expand on Ontario Health's capacity to collect and analyze data that supports population health and the integration of an equity lens at local and provincial levels

2022/23 Deliverables

- Continue to advance 2021/22 deliverables
- Provide clinical quality improvement oversight for patients with cardiac, stroke, and vascular diseases (pending successful transfer of CorHealth to Ontario Health within 2021/22)
- Expand oversight to Diabetes
- Further build capacity to expand oversight to other priority clinical areas, such as paediatric care, with a focus on areas with disparities in outcomes, equity, and access

2023/24 Deliverables

- Continue to advance prior year's deliverables and reassess based on evidence, outcomes, experience, and value

4. Provide leadership on patient safety, through the public reporting of data, and the development of clinical and quality standards for patient care and safety (Mandate Letter Priority)

2021/22 Deliverables

- Select areas for clinical and quality standards development focused on patient care and safety (topics to be determined annually)
- Review legacy public reports related to patient safety in alignment with the 3-year roadmap for public reporting

2022/23 Deliverables

- Continue to advance 2021/22 deliverables and expand areas of focus depending on health system performance

2023/24 Deliverables

- Continue to advance prior year's deliverables and expand areas of focus depending on health system performance

5. Continue our efforts to end Hallway Health Care*

2021/22 Deliverables	Work with the Ministry to implement recommendations from the Premier's Council on Improving Health Care and Ending Hallway Medicine
2022/23 Deliverables	• Advance the use of centralized wait list management systems • Advance mapping/tracking of bed use across the system • Develop bilingual digital tools (English/French) that help patients access their own health data, disease information, intervention schedules, and OHT providers
2023/24 Deliverables	• Expand wait list management services • Advance bilingual (English and French) technologies that allow for more care in the home and smoother transitions between care sites • Identify and advance the adoption of new models of care to ensure health human resources are stable and used to their highest scope of practice

**Note that deliverables listed here are limited to hospital focused actions to end hallway healthcare. Many of Ontario Health's actions in health system transformation, and enhancement of clinical care and service excellence will also contribute to ending hallway healthcare. Please see those sections for further detail.*

6. Increase access and drive quality improvement in cancer care

2021/22 Deliverables	• Implement the third year of the Ontario Cancer Plan 5 (OCP5), focusing on excellence in screening, treatment, chronic disease prevention, drug funding, capital projects, and quality initiatives • Continue to implement the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019-2023 • Working with the Ministry, continue to plan for expansion of critical infrastructure such as a new proton beam facility, radiation facility expansion in the West, Positron Emission Tomography Expansion, and Complex Malignant Hematology Facility expansion; • Plan the refresh of the Radiation Treatment Capital Investment Strategy and launch the updated Positron Emission Tomography Capital Investment Strategy • Work with the French Language Health Planning Entities to analyze the capacity to provide services in French, and to integrate French language services in the OCP5
2022/23 Deliverables	• Continue to advance 2021/22 deliverables • Complete planning for the OCP6
2023/24 Deliverables	• Launch the OCP 6 and implement the first year • Complete final report on the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy 2019-2023 and launch the fifth Indigenous Cancer Strategy

7. Increase access and drive quality improvement in renal care

2021/22 Deliverables

- Implement the third year of Ontario Renal Plan 3 (ORP 3), focusing on excellence in renal care, including quality initiatives and critical capacity infrastructure
- Work with the French Language Health Planning Entities to analyze the capacity to provide services in French, and to integrate French language services in the Ontario Renal Plan

2022/23 Deliverables

- Continue to advance 2021/22 deliverables
- Complete planning for ORP 4, with engagement with renal system clinicians, administrators, patients, families, caregivers, and other partners

2023/24 Deliverables

- Launch ORP 4 and begin implementation of the first year of ORP 4, focusing on excellence in renal care, including quality initiatives and critical capacity infrastructure

8. Increase life-saving donations and transplant services

2021/22 Deliverables*

- Successfully integrate life-saving donations and transplant services into the Ontario Health operating model
- Drive improvements in access to transplantation and increase organ utilization
- Facilitate increase and enhancements in living donation
- Continue development of the new transplant funding methodology
- Continue implementation planning of the transplant performance measurement and evaluation framework
- Increase life-saving organ and tissue donations by maximizing donation potential through increased consent performance, system level improvements, performance measurement and optimizing physician leadership
- Engage Ontarians in supporting donation and transplantation and increasing donor registrations through media relations, social media and marketing, leveraging all available channels through ServiceOntario and strengthening partnerships with community leaders
- Complete redevelopment of the mission critical waitlist and organ allocation system, and advance integration of the new system with external partners
- Advance innovation and leading practices in donation and transplant through research and partnerships

2022/23 Deliverables

- Continue to advance 2021/22 deliverables
- Complete integration of the new organ allocation transplant system with external partners

2023/24 Deliverables

- Continue to advance prior year's deliverables

9. Support the Ministry of Long-Term Care's modernization objectives and priorities

2021/22 Deliverables

- Work with the Ministry of Long-Term Care to establish an Ontario Health - Ministry of Long-Term Care Accountability Agreement and to define success against it
- Continue supporting the planning, development and implementation of initiatives to respond to the COVID-19 pandemic and stabilize the long-term care sector
- Work with the Ministry of Long-Term Care to explore additional potential areas for OH to support the modernization strategy for the long-term care sector
- Work with the Ministry of Long-Term Care to support the development of Ontario's Quality Framework for Long-Term Care to improve the quality of care for long-term care home residents
- Assume oversight and administration of long-term care home service accountability agreements (SAAs)
- Work with the Ministry of Long-Term Care to define success against the Strategic Priorities Letter from the ministry, including priorities related to accelerated development and re-development of long-term care homes, innovative models of care and the Community Paramedicine for Long-Term Care program

2022/23 Deliverables

- Continue to support the Ministry of Long-Term Care's specified priorities as needed

2023/24 Deliverables

- Continue to support the Ministry of Long-Term Care's specified priorities as needed

AREAS OF FOCUS TO TRANSFORM CARE WITH THE PERSON AT THE CENTRE



This means:

- Empowering health system leaders at all levels to collaborate and to improve planning and delivery of care
- Asking how care can be better delivered using both existing and new approaches and tools
- Working with partners to remove barriers to more connected and coordinated care

AREAS OF FOCUS TO TRANSFORM CARE WITH THE PERSON AT THE CENTRE

1. Work with the Ministry to establish and support the implementation of Ontario Health Teams across Ontario, by leveraging existing accountability tools and resources in quality improvement, digital and analytics, and other resources (Mandate Letter Priority)
2. Working within defined roles and responsibilities, lead the transition of home and community care responsibilities to points of care, aligned with the Ministry's implementation of Ontario Health Teams, and support Local Health Integration Networks/Home and Community Care Support Services in the delivery and modernization of services and transition responsibilities (Mandate Letter Priority)
3. Further operationalize the Mental Health and Addictions Centre of Excellence at Ontario Health in accordance with the *Mental Health and Addictions Centre of Excellence Act, 2019* to implement a comprehensive and connected mental health and addictions system across the lifespan, focused on core services embedded in a stepped-care model that spans the full continuum of care, including community, primary, and acute care, and that is supported by a robust data and measurement framework (Mandate Letter Priority)
4. Ensure the successful planning, implementation and operation of a province-wide testing and laboratory network capable of supporting provincial needs for COVID-19 testing. In addition, ensure the successful implementation of genetic testing, by conducting a detailed assessment and developing recommendations to drive better outcomes for Ontarians and improved value (Mandate Letter Priority)
5. In collaboration with the Ministry, implement the Digital First for Health Strategy to deliver a more modern, integrated and digitally enabled system experience for patients (Mandate Letter Priority)

Actions

1. Work with the Ministry to establish and support the implementation of Ontario Health Teams across Ontario, by leveraging existing accountability tools and resources in quality improvement, digital and analytics, and other resources (Mandate Letter Priority)

2021/22 Deliverables

- Provide support to the Ministry's review process for all future cohorts of OHTs
- Work with the Ministry to collaboratively develop OHT transfer payment reporting and oversight framework
- Support the development of an OHT performance management program in alignment with ongoing work on performance measurement and performance improvement
- Work with the Ministry to develop patient reported outcome and experience measures that reflect integrated care and are tailored for use by OHTs
- Engage with OHTs to support the development and the provision of French language services in designated areas under the *French Language Services Act*, including the designation and identification of Health Services Providers under the *French Language Services Act*.
- Deliver local support for OHTs, in partnership with the Ministry's Central Program of Support, including:
 - Coaching and facilitation, as appropriate
 - Establishing online communities of practice to support knowledge exchange and support priority quality improvement programs
- Work with the Ministry to develop a collaborative quality improvement program (CQIP) model and collaboratively develop guidance to assist OHTs in developing cQIPs, supporting FY 2022/23 performance and implementation goals
- Create and support innovation in clinical care pathways (including remote monitoring) that can be leveraged by OHTs with targeted populations
- Work with the Ministry to develop guidance for organizations that are part of the provincial organizational Quality Improvement Plan (QIP) program and support them as they develop their annual QIPs, ensuring that the plan for the organizational QIP is aligned with the provincial quality strategy
- Identify and execute recommendations to support a preferred and digitally supported population health management approach
- Manage the organizational QIP program and deliver supports and products to the system related to the program, ensuring appropriate alignment with the cQIP for OHTs.
- Work with health service providers, associations, relevant OHT planning tables and the Ministry to identify barriers to primary care participation in OHTs
- Engage with OHTs to support meaningful engagement and inclusion of First Nations, Inuit, and Métis (FNIM) care providers

1. Work with the Ministry to establish and support the implementation of Ontario Health Teams across Ontario, by leveraging existing accountability tools and resources in quality improvement, digital and analytics, and other resources (Mandate Letter Priority)
(continued)

2022/23 Deliverables

- Continue to advance 2021/22 deliverables
- Manage cQIPs and deliver supports and products to OHTs related to the program
- Implement the preferred population health management digital approach
- Manage the organizational QIP program and deliver supports and products to the system related to the program, ensuring appropriate alignment with the cQIP for OHTs.
- Expand OHT performance improvement indicators and Ontario Health's related public reporting and performance management capacity
- Collaboratively with the Ministry, build awareness and preparedness within the sector for population based funding and associated accountabilities

2023/24 Deliverables

- Continue to advance prior year's deliverables
- Conduct evaluation on the implementation of new patient and provider reported measures, to ensure continuous quality improvement and to inform enhancements to data collection that meet the needs of the population(s) a
- Initiate alignment of OHT performance improvement with funding models

2. Working within defined roles and responsibilities, lead the transition of home and community care responsibilities to points of care, aligned with the Ministry's implementation of Ontario Health Teams, and support Local Health Integration Networks/Home and Community Care Support Service in the delivery and modernization of services and transition responsibilities. (Mandate Letter Priority)

2021/22 Deliverables

- Work with the Ministry to identify Ontario Health's role in transitioning home and community care responsibilities to points of care
- Work with the Ministry and the 14 HCCSS agencies to scale successful home and community care service delivery models in alignment with future transfer to OHTs
- Work with the 14 HCCSS agencies to support virtual care initiatives that build long term virtual capacity into the home and community system across the province
- Enable OHT access to the Client Health and Related Information System (CHRIS) and enhance tools for Coordinated Care Planning across health service providers, in alignment with future transfers to OHTs
- Continue to enhance the collection and reporting of home care data to advance system planning, as well as performance management and improvement, including in the context of future transfers to OHTs
- Work with the Ministry to establish and support the approval and funding of home and community care services delivered by health service providers and OHTs by leveraging existing accountability tools and resources, in particular following the proclamation of new home and community care legislation.
- Work with the Ministry to identify Ontario Health's role in developing policies or guidance for health services providers and OHTs funded to deliver home and community care services.

2. Working within defined roles and responsibilities, lead the transition of home and community care responsibilities to points of care, aligned with the Ministry's implementation of Ontario Health Teams, and support Local Health Integration Networks/Home and Community Care Support Service in the delivery and modernization of services and transition responsibilities. (Mandate Letter Priority) (continued)

2022/23 Deliverables

- TBD pending the Ministry's progress in transferring home and community care to OHTs

2023/24 Deliverables

- TBD pending the Ministry's progress in transferring home and community care to OHTs

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

2021/22 Deliverables

- Continue to advance the development and expansion of the Mental Health and Addictions Centre of Excellence within Ontario Health and in partnership with client and family advisors, French language planning entities, providers, and the front-line
- Continue to scale the Ontario Structured Psychotherapy Program across the province
- In partnership with the Ministry, advance a performance measurement framework for the mental health and addictions system
- Launch the mental health and addictions provincial data standard for implementation in the sector
- Establish the provincial Ontario structured psychotherapy measurement-based care clinical data solution(s)
- Continue to plan for the collection of the provincial mental health and addictions data and storage solution and begin implementation of the Mental Health and Addictions Data-Digital Initiative
- Continue to participate in the national project to advance a core services framework
- Initiate system performance monitoring and reporting
- Build effective partnerships with key mental health and addictions stakeholders
- Implement a provincial clinical leadership model for the Mental Health and Addictions Centre of Excellence
- Develop provincial programs to support better systems of care in high-priority mental health and addictions clinical services
- Continue to support virtual care innovation in mental health and addictions

2022/23 Deliverables

- Continue to advance 2021/22 deliverables
- Implement the core services framework and advance evidence-based and data informed system planning in the mental health and addictions sector
- Develop additional provincial programs to support better systems of care in high-priority mental health and addictions clinical services
- Advance performance reporting in the mental health and addictions sector

2023/24 Deliverables

- Continue to advance prior year's deliverables
- Develop additional provincial programs to support better systems of care in high-priority mental health and addictions clinical services

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

2021/22 Deliverables

- Continue to coordinate the Provincial Diagnostic Network of licenced microbiology laboratories, including for COVID-19 testing
- Establish a Provincial Genetic Services Oversight Program that focuses on genetic testing and genetic counselling services for cancer and rare diseases
- Launch an advisory committee and operationalize a first wave of Genetic Site Groups
- Expand the scope of Ontario Health's support in the adjudication of out-of-country health services applications to include genetic testing
- Initiate development of an integrated digital strategy for genetics

2022/23 Deliverables

- Support COVID-19 testing as needed, in alignment with off-ramping specific to COVID-19 testing
- Operationalize second wave of Genetic Site Groups
- Develop a roadmap for initiating, completing and operationalizing short and long-term digital deliverables supporting genetics

2023/24 Deliverables

- Operationalize third wave of Genetic Site Groups
- Advance roadmap for initiating, completing and operationalizing short and long-term digital deliverables supporting genetics

5. In collaboration with the Ministry, implement the Digital First for Health Strategy to deliver a more modern, integrated and digitally-enabled system experience for patients (Mandate Letter Priority)

2021/22 Deliverables

- **Virtual care:** Continue work to implement virtual care technologies to improve system navigation and to enable patient-provider engagement from any location, including implementing phase one of the Health Care Navigation Service (HCNS) and warm transfers between HCNS and OHTS (where appropriate)
 - Evaluate the impact of the COVID regional funded initiatives to guide planning and future funding of sustainable virtual care models in alignment with OHTs
 - Verification attestation process completed for key virtual visits solutions and complete the validation testing process as part of the virtual visit verification program
 - Develop and execute plan for post-pandemic sustainment and optimization of virtual care leveraging evaluation results (including virtual models of care)
 - Continue to modernize the provincial network of virtual care access sites for remote, rural and underserved communities and analyze access sites' integration to verified video solutions
- **Better, more connected tools for frontline providers:** Continue work to improve interoperability, allowing for seamless sharing of information and smooth transitions of care, including: continued modernization of CHRIS, and automation of Ontario Lab Information System (OLIS). We will also continue implementation of the Digital Health Information Exchange (DHIE) program, including publishing the specification for HL7 International Patient Summary, continue supporting implementation of eServices (e.g. eReferral and eConsult), enable ongoing integration of provincial assets to point-of-care systems across the health sector (e.g., Hospital Information Systems, Electronic Medical Records (EMRs)), as well as management of provider access to provincial assets including Connecting Ontario and Clinical Connect
 - Develop integrated Ontario Health wait times strategy for specialty services in alignment with the eServices program
 - Work with the ministry to establish and operationalize a provincial clinical standardization and knowledge translation program known as Ontario Standards for Care (OSC).
 - Continue to support implementation of the Clinical Systems Renewal for Integrated Care strategy aimed at advancing the province's strategic objectives for enabling health service providers and OHTs to enhance their clinical systems maturity.
- **Data integration and predictive analytics:** Continue work to advance data integration and predictive analytics to improve population health, and support evidence-based decision making including continued development of the Ontario Health Data Platform, developing and enhancing virtual care data collection and reporting framework and continue releasing public and practice reporting data such as wait times.
- **Digital access for patients:** Improve digital access for patients (bilingual where possible) to review and control access to their personal health information (PHI) using a digital identity to remotely verify themselves and provincial integration with patient access tools, such as MyChart. Digital identity work led by Ontario Health is expected to align directly with the broader provincial digital identity rollout through Ontario Digital Service and the Ontario Onwards Action Plan. Plans are in place to expand patient control over their PHI through the work of a joint Ministry-Agency working group on consent management.
- **Online appointment booking:** Support OHTs and health care providers in the adoption and implementation of digital solutions for online appointment bookings with providers to modernize the patient experience, including finalizing development of online appointment booking standards and supporting OHT adoption

5. In collaboration with the Ministry, implement the Digital First for Health Strategy to deliver a more modern, integrated and digitally-enabled system experience for patients (Mandate Letter Priority) (continued)

2022/23 Deliverables

- **Virtual care:** Continue to advance 2021/22 deliverables, with a focus on:
 - Supporting continued innovation in care at home, mental health and addictions and primary care aligning with regional and OHT priorities
 - Supporting ongoing Ministry virtual care policy development
 - Merging virtual visits verification with DHIE program and incorporating requirements for interoperability into virtual visit solution standards
 - Initiating and/or completing year 2 priorities for the provincial network of virtual care access sites, and integration with verified solutions
 - Continue to support the Ministry throughout all stages of the HCNS procurements
- **Better, more connected tools for frontline providers:** Continue work to improve interoperability, allowing for seamless sharing of information and smooth transitions of care, including ongoing integration of provincial assets to point-of-care systems across the health sector, work on Ontario Standards for Care, and improvements to integrated support for provincial assets to ensure one place to call for onboarding and helpdesk support for OHTs. Continue to support implementation of the Clinical Systems Renewal for Integrated Care strategy.
- **Data integration and predictive analytics:** Continue work to advance data integration and predictive analytics to improve population health, support evidence based decision making, and support the expansion of the Ontario Health Data Platform to enable access to anonymized health data and explore opportunities to leverage electronic Canadian Triage and Acuity Scale (eCTAS) tool for virtual visits to improve patient safety and quality of care
- **Digital access for patients:** Improve bilingual (English/French) digital access for patients to review and control access to their PHI, and for providers to access all required patient information. Continue work on a provincial digital identity system for verification of patient's identity and expand provincial integration with patient access tools. Implement a system of expanded consent management for patients' PHI held in electronic health record.

2023/24 Deliverables

- **Virtual care:** Continue work to implement prior year's deliverables to enable patient-provider engagement from any location, which includes continuing to enhance HCNS and implementation of OHT's digital front doors, supporting virtual care innovations in primary care, care at home and mental health and addictions care, continuing to refine resources and tools to assist in the sustainability of integrated virtual care models and programs, building capacity to deliver care virtually in home and community services sector and enhance access to remote services for chronic disease care
 - Sustain virtual care innovations in primary care, care at home and mental health and addictions care ensuring alignment with regional and OHT priorities
 - As OHTs mature, continue to refine resources and tools to assist in the sustainability of integrated virtual care models and programs
 - Complete year 3 priorities for modernization of provincial network of virtual care access sites and support programs reliant on provincial network to transition to verified solutions
- **Better, more connected tools for frontline providers:** Continue to support system integration between provincial data repositories and point of care systems across the health sector, work on Ontario Standards for Care, and support the Clinical Systems Renewal for Integrated Care strategy.
- **Data integration and predictive analytics:** Continue to implement prior year's deliverables.
- **Digital access for patients:** Continue to implement prior year's deliverables.

MAXIMIZE SYSTEM VALUE BY APPLYING EVIDENCE

This means:

- Strengthening the capacity to collect, share, integrate, analyze and react to data and evidence
- Achieving the best possible return on public investment



AREAS OF FOCUS TO MAXIMIZE SYSTEM VALUE BY APPLYING EVIDENCE

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

Actions

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

2021/22 Deliverables

- Establish a vision for performance measurement and public reporting that is governed by the Quadruple Aim framework and spans the continuum of care, with accessibility for general audiences and health system stakeholders
- Working with internal and external stakeholders and patient partners, establish a three-year roadmap for performance measurement and public reporting activities at Ontario Health. This will include:
 - Framework for aligning public reporting with performance measurement across the agency to support transparency, accountability, quality improvement, and decision-making
 - Identification of gaps in public reporting and opportunities to fill the gaps by ensuring that appropriate performance indicators are used throughout the health care system
- Development of a health system scorecard

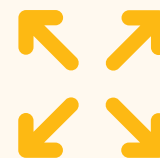
2022/23 Deliverables

- Continue improving internal and external performance measurement and public reporting alignment and simplification
- Develop new areas for public reporting gaps (e.g., health system scorecard, mental health and addictions, data reflecting equity, diversity and inclusion priorities, Francophone populations and health service providers, patient reported experience and outcome measures, provider experience measures, value, population health, patient safety and OHT performance measurement and reporting program)

2023/24 Deliverables

- Continue to advance prior year's deliverables

STRENGTHEN ONTARIO HEALTH'S ABILITY TO LEAD



This means:

- Committing to our own continuous improvement
- Establishing ourselves as a reliable leader and partner
- Challenging the status quo to build a strong organization and health system

AREAS OF FOCUS TO STRENGTHEN ONTARIO HEALTH'S ABILITY TO LEAD

1. Embed a focus on Equity, Inclusion, Diversity, and Anti-Racism in all that we do
2. Advance and Strengthen System Accountabilities
3. Continue to establish and operationalize Ontario Health by bringing together an effective and efficient "single team" from the agencies and organizations already transferred into Ontario Health and preparing for possible future transfers of additional agencies and organizations. (Mandate Letter Priority)
4. Work with the Ministry to develop and implement a regional structure for Ontario Health that ensures identification of regional and local health care needs. These structures should be regional extensions of Ontario Health's mandate of accountability, sharing clinical best practices and enabling quality improvement. (Mandate Letter Priority)
5. Continue to support the government's supply chain centralization and modernization efforts, including planning, development and implementation of activities to respond to the COVID-19 pandemic (Mandate Letter Priority)

Actions

1. Embed a focus on Equity, Inclusion, Diversity, and Anti-Racism in all that we do

2021/22 Deliverables

- Implement Year 1 strategic initiatives associated with Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework and ensure alignment to all portfolios within Ontario Health
- Achieve Year 1 goals of the multi-year framework, starting with four foundational areas of action:
 - Strategic planning (making equity a strategic priority of the organization and a call to action to the health system)
 - Investing in implementation (establishing an equity office and an Indigenous coordinating unit with dedicated teams and resources to advance this work)
 - Advancing equity data collection (beginning first by collecting and using demographic data to advance workforce equity within Ontario Health)
 - Partnering to advance Indigenous health equity
- Identify opportunities and take action to improve access to care and identify key priorities for underserved and marginalized populations (including a focus on leveraging virtual technologies)

1. Embed a focus on Equity, Inclusion, Diversity, and Anti-Racism in all that we do (continued)

2022/23 Deliverables

- Continue to advance 2021/22 deliverables and implement Year 2 strategic initiatives associated with the Equity, Inclusion, Diversity and Anti-Racism Framework, for example:
 - Identify clear accountabilities across all of Ontario Health (establish and assign "who" is responsible for "what")
 - Represent and reflect Ontarians (strive for all levels of the organization to reflect the communities served)
 - Include and engage key voices (listen to team members and communities and include their ideas and feedback into the design, delivery, and evaluation of programs and services)
 - Continue to address racism head on (identify and address discriminatory practices and procedures in all forms and all levels using targeted approaches)

2023/24 Deliverables

- Continue to advance 2021/22 deliverables and implement Year 3 strategic initiatives associated with the Equity, Inclusion, Diversity and Anti-Racism Framework, for example:
 - Report and evaluate to drive improvement (publish metrics publicly; ensure all reports include an equity analysis)
 - Contribute to population health (work with other agencies and arms of government in planning services to improve the health of the population)
 - Reduce disparities (use data and best practices to establish standards, identify disparities, and implement corrective action through a focus on access, experience, and outcomes for the population)

2. Advance and Strengthen System Accountability

2021/22 Deliverables

- Finalize a modern and integrated accountability agreement with the Ministry of Health and with the Ministry of Long-Term Care
- Establish internal processes to track progress against commitments, including commitments to engagement and relationship building
- Establish longer-term accountabilities through a multi-year strategic plan, for ourselves but also our expectations of the health system

2022/23 Deliverables

- Work with the Ministry, HSPs, and OHTs to modernize Service Accountability Agreements, performance management, and funding processes to reflect desired outcomes

2023/24 Deliverables

- Continue to advance prior year's deliverables

3. Continue to establish and operationalize Ontario Health by bringing together an effective and efficient “single team” from the agencies and organizations already transferred into Ontario Health and preparing for possible future transfers of additional agencies and organizations. (Mandate Letter Priority)

2021/22 Deliverables

- Develop a 5-year strategic plan with a mission, vision, values, and guiding principles that will orient our work and ability to deliver on priorities of the people we serve including government and Ministry priorities
- Advance a unified culture through robust employee engagement, including regular townhalls and leadership forums, Ontario Health website consolidation, and implementation of consolidated corporate planning and reporting processes
- Complete the initiation of our agency's mandate through the integration of TGLN and LHINs (non-home and community care) following the April 1, 2021 transfer to Ontario Health
- Complete the integration of CorHealth to Ontario Health by Fall of 2021
- Hold responsibility for transferred digital programs and contracts, as jointly agreed to with the Ministry and effective April 1, 2021 (such as transfer payment agreements for the Integrated Assessment Record Program and the Digital Health Drug Repository)
- Continue to develop a sustainable culture, healthy work environment, and employee offerings that are supportive of comprehensive workplace health promotion
- Identify and develop harmonized HR policies and programs for Ontario Health staff (e.g., vacation policies, benefits policies, French language services, cultural sensitivity training etc.)
- Continue to develop our staff and leaders

2022/23 Deliverables

- Continue implementation of 2021/22 deliverables as required

2023/24 Deliverables

- Continue implementation of 2022/23 deliverables as required

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

2021/22 Deliverables

- Complete the development of our operating model through the integration of the regional planning, funding, integration, and accountability functions
- Establish our regional teams as the front-window of the Ontario Health operating model, with streamlined regional oversight and partnership models with communities, health service providers, and broader health and social care partners

2022/23 Deliverables

N/A; focused on continuous improvement

2023/24 Deliverables

N/A; focused on continuous improvement

5. Continue to support the government's supply chain centralization and modernization efforts, including planning, development and implementation of activities to respond to the COVID-19 pandemic (Mandate Letter Priority)

2021/22 Deliverables

- Finalize Ontario Health's supply chain structure, including relationships with key SSOs
- Finalize and implement Ontario Health's Supply Chain Policy, and develop supply chain procedure documents that establish leading practices
- Develop performance measures that focus on operational excellence such as cost savings, patient outcomes, cycle time, spend per full time equivalent (FTE), quality and provider satisfaction
- Finalize key provincewide initiatives such as Medical Equipment and Supplies and Peritoneal Dialysis that will improve patient outcomes and deliver cost savings
- Continue to support Ontario's COVID-19 supply chain response on sourcing, warehousing and distribution
- Working with the Ministry of Health, Ministry of Government and Consumer Services, and Supply Ontario, operationalize a province-wide supply chain management model with clear roles and responsibilities for the health care sector
- Establish Ontario Health's relationship with Supply Chain Ontario in managing Ontario's clinical supply chain
- Develop a health system approach for an integrated supply chain supporting value-based health care (e.g., bundling, OHTs), addressing funding, technology/data and process (GS1, Health Technology Assessments, etc.)

5. Continue to support the government's supply chain centralization and modernization efforts, including planning, development and implementation of activities to respond to the COVID-19 pandemic (Mandate Letter Priority) (continued)

2022/23 Deliverables

- Continue to work with the government and Supply Ontario on progressing the province-wide supply chain management model
- Establish an integrated demand planning approach across the health care sector for strategic initiatives
- Working with Supply Ontario, create a Centre of Excellence as the benchmark for all of supply chain for the health care sector and report on supply chain key performance indicators
- Implement a health system approach for an integrated supply chain supporting value-based health care (e.g., bundling, OHT's), addressing funding, technology/data and process (GS1, Health Technology Assessments, etc.)

2023/24 Deliverables

- Continue to work with the government and Supply Ontario on progressing the province-wide supply chain management model
- Continue to evolve the integrated demand planning approach across the health care sector, including the development of a graduated scorecard program for vendors that focuses on both services and goods
- Continue to drive and deliver on providing wide sourcing initiatives that will achieve improved patient outcomes and cost savings

Performance Measures*

Sentinel Health System Metrics

- Emergency Department as first contact for mental health and addictions care
- People diagnosed with or identified as having opioid use disorder have access to opioid agonist therapy as soon as possible, within a maximum of 3 days
- Number of unique consumers accessing Ontario Health supported online virtual care
- Achieve sustainable proportion of Ontario healthcare as appropriate virtual care
- Percentage of COVID-19 diagnostic tests completed within 2 days (30-day average)
- Number of fecal tests, pap tests, screening mammograms, etc. (most recent quarter compared to pre-pandemic equivalent quarter)
- Number of surgeries performed in last quarter (compared to pre-pandemic volumes for:
 - cancer
 - non-cancer
- Number of new long-term care placement referrals from hospital and community (non-crisis)**
- Number of people requiring an alternative level of care (ALC) waiting for placement by setting (LTC, homecare, rehab, etc)
- Number of people waiting for long-term care in the community in crisis
- Home care referral acceptance rates

Organizational Development Metrics

- Voluntary turnover number and rate (at the end of the quarter)
- Ratio of internal to external hires
- Percentage of employees that have provided socio-demographic data in order to understand the demographics of our employee population in support of the OH Equity, Inclusion, Diversity and Anti-Racism action framework
- Net promoter score (detractors - promoters)
- Variance to budget of less than 10%

Contextual Measures

- Percent of patients with 4 or more emergency department visits for mental health and addictions
- Rotating patient experience survey results
- Rotating provider experience survey results

* Performance Measures are draft and currently under review. Equity analysis to be conducted and reported on all measures where feasible.

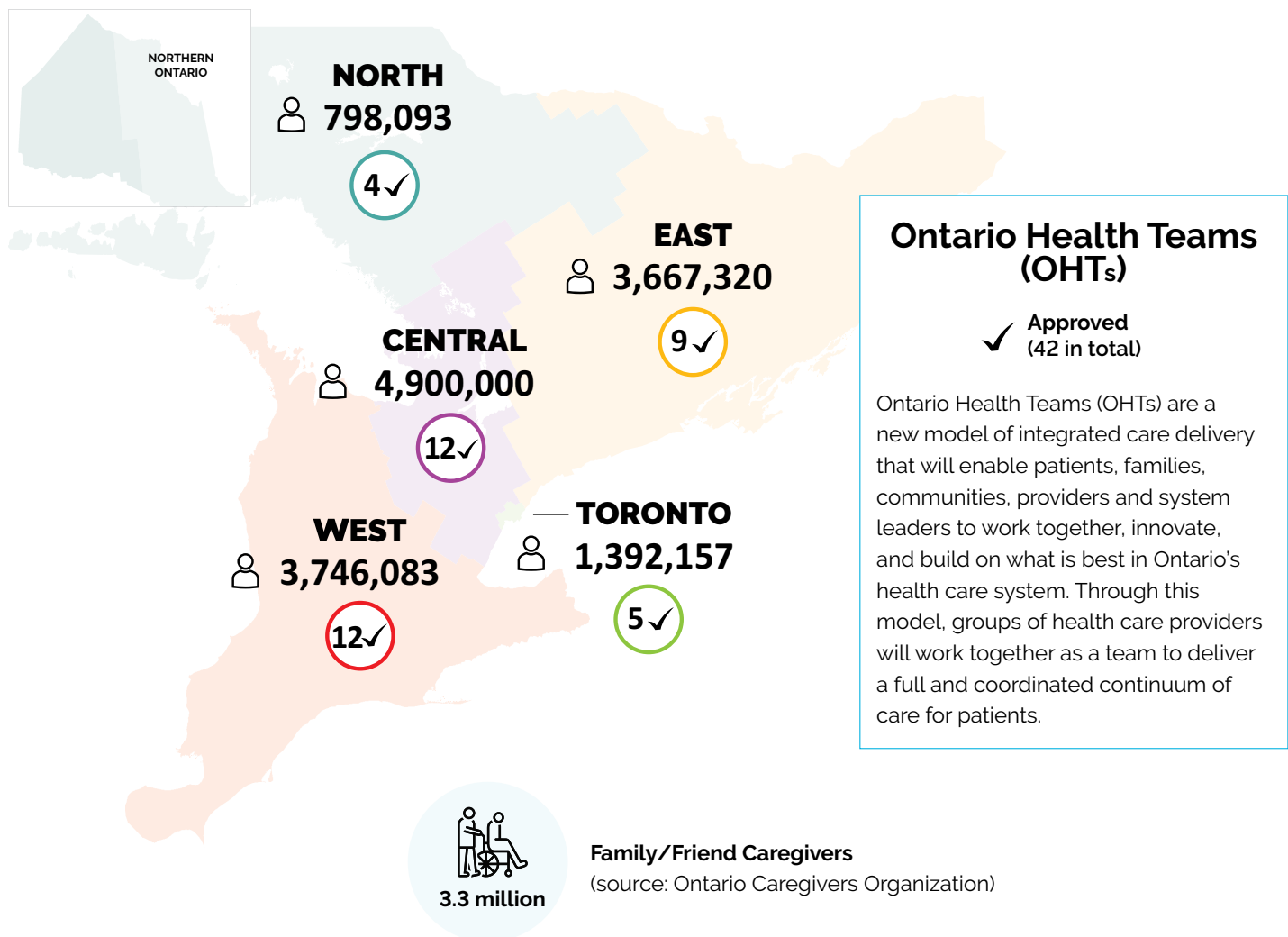
** Indicator type will shift to monitoring once the new Home and Community Care Support Services governance and leadership is in place.

APPENDIX

Our Current Environment

We consider several factors in our business planning, including ensuring:

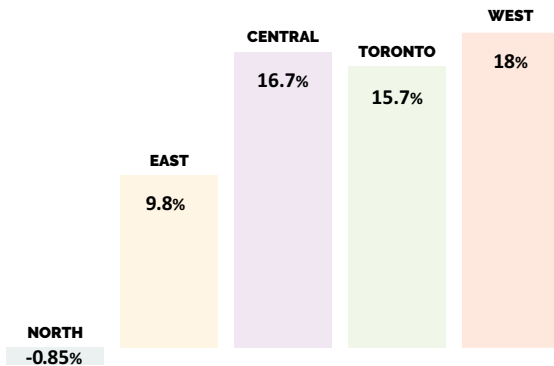
- Through our regional teams that cover the province, we have a clear view of the communities and people we serve and the regional and local partners we work with;
- Our work complements and supports the Ministry's strategic priorities including those outlined in Ontario's Plan to Build a More Connected Public Health System, the Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System, and the Digital First for Health Strategy. Our work will support the government's commitments to drive better patient and provider outcomes and experiences while striving to increase value for money in all areas of health care delivery;
- An eye to the broader health system context, economic factors, socio-cultural factors and social determinants of health (with the inclusion of social determinants of Indigenous Health), technological trends, and health system risks.



Additional regional information can be found in the Appendix

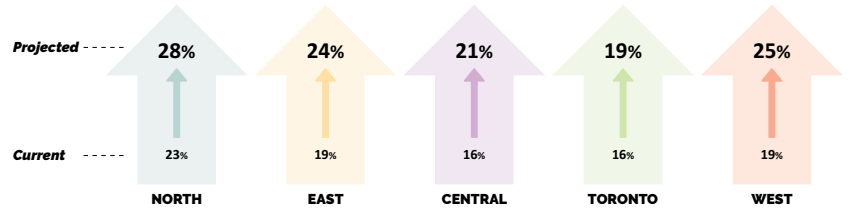
DEMOGRAPHICS

Projected population growth over next 10 years

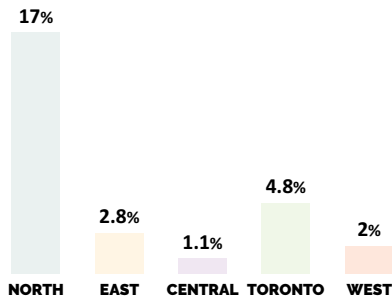


Increasing aging population

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

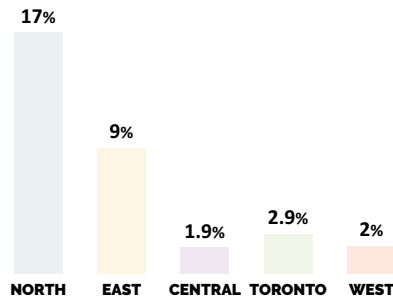


Population that identifies as Indigenous



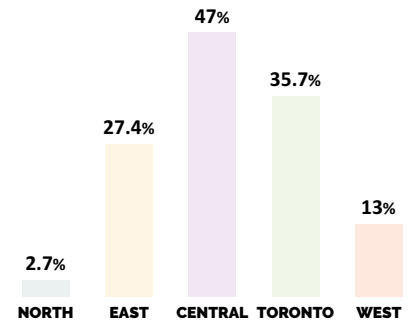
~2.8% of Ontarians identify as Indigenous

Population that identifies as Francophone



~4.7% Ontarians identify as Francophone

Population that identifies as visible minority



~29.3% of Ontarians identify as a visible minority

HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



371

Community Support Service Providers



576

Community Health Centres



78

Public Hospitals



140

Aboriginal Health Access Centres



12

Long-Term Care Homes



623

Family Health Teams



194

Home Care Service Providers



240

Nurse Practitioner-Led Clinics



26

Regional Renal Programs



27

Regional Cancer Centres



14

Transplant Centres



8

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

North – Regional Profile

NORTH

798,093
(population)



Projected
population growth
over next 10 years

-0.85%

Projected
population over
age of 65 in
10 years

28%

(23% currently)



17%

Identify as
Indigenous



17%

Identify as
Francophone*



2.7%

Identify as
visible minority



6%

Immigrant
population



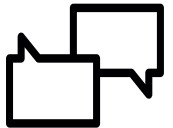
263

Service
Accountability
Agreements



52

Home Care
Service Provider
Organization
Contracts



9

Designated
French-
Language
Service Areas

HEALTH SERVICE PROVIDERS

Community
Mental Health
& Addictions
Providers



83

Community
Support
Service
Providers



128

Community
Health
Centres



9

Public
Hospitals



37

Aboriginal
Health
Access
Centres



6

Long-Term
Care
Homes



64

Family
Health
Teams



44

Home Care
Service
Providers



52

Nurse
Practitioner-
Led Clinics



8

Designated
Agencies
for French
Language Service



42

Approximate totals exclude primary care physicians and specialists

East – Regional Profile

EAST

3,667,320
(population)



Projected
population growth
over next 10 years

9.8%

Projected
population over
age of 65 in
10 years

24%

(19% currently)



2.8%

Identify as
Indigenous



9%

Identify as
Francophone*



27.4%

Identify as
visible minority



23.4%

Immigrant
population



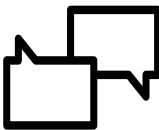
385

Service
Accountability
Agreements



48

Home Care
Service Provider
Organization
Contracts



8

Designated
French-
Language
Service Areas

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

HEALTH SERVICE PROVIDERS

Community
Mental Health
& Addictions
Providers



81

Community
Support
Service
Providers



125

Community
Health
Centres



23

Public
Hospitals



34

Aboriginal
Health
Access
Centres



2

Long-Term
Care
Homes



164

Family
Health
Teams



50

Home Care
Service
Providers



42

Nurse
Practitioner-
Led Clinics



6

Designated
Agencies
for French
Language Service



48

Approximate totals exclude primary care physicians and specialists

Central – Regional Profile

CENTRAL

4,900,000
(population)



Projected
population growth
over next 10 years*

16.7%

Projected
population over
age of 65 in
10 years

21%

(16% currently)



1.1%

Identify as
Indigenous



1.9%

Identify as
Francophone*



47%

Identify as
visible minority



48.3%

Immigrant
population



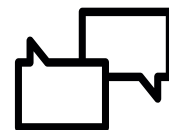
276

Service
Accountability
Agreements



79

Home Care
Service Provider
Organization
Contracts



6

Designated
French-
Language
Service Areas

*58% report English as a first language

HEALTH SERVICE PROVIDERS

Community
Mental Health
& Addictions
Providers



52

Community
Support
Service
Providers



112

Community
Health
Centres



9

Public
Hospitals



15

Aboriginal
Health
Access
Centres



1

Long-Term
Care
Homes



123

Family
Health
Teams



30

Home Care
Service
Providers



53

Nurse
Practitioner-
Led Clinics



5

Designated
Agencies
for French
Language Service



2

Approximate totals exclude primary care physicians and specialists

Toronto – Regional Profile

TORONTO

1,392,157
(population)



Projected
population growth
over next 10 years

15.7%

Projected
population over
age of 65 in
10 years

19%
(16% currently)



4.8%

Identify as
Indigenous



2.9%

Identify as
Francophone*



35.7%

Identify as
visible minority



36.4%

Immigrant
population



171

Service
Accountability
Agreements



18

Home Care
Service Provider
Organization
Contracts



1

Designated
French-
Language
Service
Areas

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

HEALTH SERVICE PROVIDERS

Community
Mental Health
& Addictions
Providers



55

Community
Support
Service
Providers



47

Community
Health
Centres



16

Public
Hospitals



14

Aboriginal
Health
Access
Centres



1

Long-Term
Care
Homes



36

Family
Health
Teams



15

Home Care
Service
Providers



19

Nurse
Practitioner-
Led Clinics



0

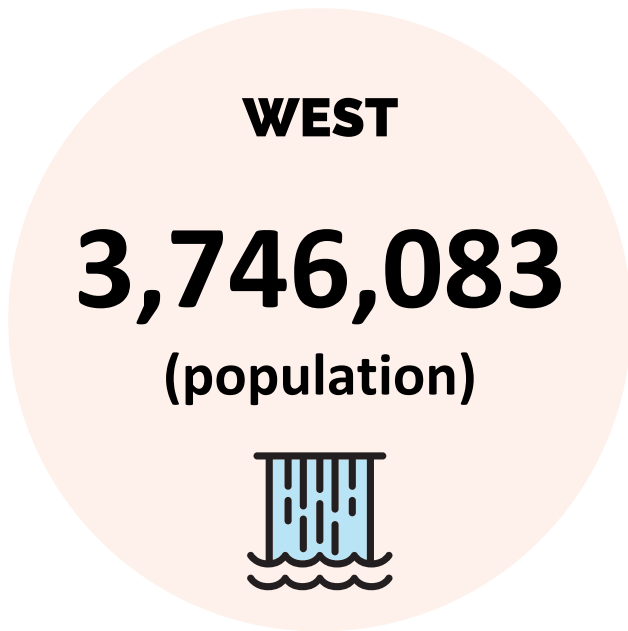
Designated
Agencies
for French
Language Service



2

Approximate totals exclude primary care physicians and specialists

West – Regional Profile



Projected
population growth
over next 10 years

18%

Projected
population over
age of 65 in
10 years

25%

(19% currently)



2%

Identify as
Indigenous



2%

Identify as
Francophone*



13%

Identify as
visible minority



18%

Immigrant
population



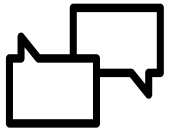
530

Service
Accountability
Agreements



85

Home Care
Service Provider
Organization
Contracts



5

Designated
French-
Language
Service Areas

**87% report English as their first language*

HEALTH SERVICE PROVIDERS

Community
Mental Health
& Addictions
Providers



100

Community
Support
Service
Providers



164

Community
Health
Centres



21

Public
Hospitals



40

Aboriginal
Health
Access
Centres



2

Long-Term
Care
Homes



236

Family
Health
Teams



55

Home Care
Service
Providers



74

Nurse
Practitioner-
Led Clinics



7

Designated
Agencies
for French
Language Service



5

Approximate totals exclude primary care physicians and specialists

Risks to the Health System

We are also mindful of risks facing the health system that are out of our direct control; this is a reality of the complex environment that every health system faces. While many risks are out of our direct control, we remain committed to working with patients, families, caregivers, providers, the front-line, the Ministry, the Government of Ontario, researchers, and innovators to identify risks and help to mitigate in any way we can. Some examples of risks we are cognizant of, and will monitor and report on, but that we may not have direct control over include:

Economic and Labour

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

Socio-Cultural and Social Determinants of Health

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

Health System Challenges

- Increased capacity pressure and health care professional shortages have made provider burnout a growing concern.
- The impact of COVID-19 on health system capacity limits the ability to return to scheduled and elective procedures.
- There is a critical need to respond to the crisis in long-term care homes, not just within this COVID-19 response, but structurally over the long-term.
- There is a provincial PSW shortage that requires a coordinated strategy amongst levels of government and health sectors.
- COVID-19 risks continue to stress provincial supplies
- Francophone partners have advised us that the COVID-19 pandemic has exacerbated challenges faced by Ontario's Francophones in accessing health care services in French

Technological

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

Our Programs and Activities

Our Programs and Activities at a Glance	
We partner and collaborate with patients, caregivers, volunteers and our diverse communities	• Engaging with over 1600 patients virtually • Collaborating with donation/transplant volunteers • Working with the French language planning entities to ensure health services meet the needs of Francophones • Guided by our relationship protocols signed with Indigenous partners, strengthening relationships in support of the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy
We provide health system operational management and coordination	• Providing a single window into Ontario Health through our regional teams which cover the entire province and offer streamlined oversight and partnership building with all communities, health service providers, and broader health and social care partners • Leading regional COVID-19 response structures • Managing over 1,600 accountability agreements with health service providers • Continuing to build and operate the Mental Health and Addictions Centre of Excellence • Supporting Ontario's 14 regional cancer programs and 27 regional renal programs • Working with Ontario's donation hospitals, transplant programs, tissue banks, laboratories, Ornge, ServiceOntario and other stakeholders to coordinate and deliver organ and tissue donation and transplant services
We promote health service integration	• Providing support to all OHTs and the Ministry's strategy to make OHTs a success • Supporting Ontario's 14 regional palliative care networks • Facilitating the receipt of over 15,000 eNotifications daily to inform primary and community care providers of patient visits to hospitals
We support health care practitioner recruitment and retention	• Supporting urgent Emergency Department coverage and as well as family medicine clinic coverage in rural remote, and northern communities • Supporting internationally educated health professionals • Supporting oncologists and other specialists through an Alternate Funding Plan

Our Programs and Activities at a Glance (continued)

We develop clinical and quality standards and promote the dissemination of knowledge throughout Ontario's Health System

- Establishing new quality standards
- Establishing cancer care guidelines
- Developing health technology assessment recommendations
- Providing provincial donation and transplant guidance documents
- Publicly reporting health system performance data

We monitor and report on Ontario's Health system and promote quality improvement

- Monitoring and reporting renal, cancer, donation and transplant, wait time and other health system measures and indicators to monitor the performance of Ontario's health care system
- Providing clinicians with reports to support improvement
- Supporting organizations to create annual quality improvement plans, aligned with provincial strategy

We provide Digital Health information technology and data management services for Ontario's Health system

- Maintaining data for:
 - Lab test orders and results
 - Publicly funded dispense medication records
 - Clinical records for hospitals, home and community care
 - Diagnostic images and reports
 - Patient records
- Processing an average of 30 million requests for patient records every month
- Facilitating over 1.4 million virtual visits annually

Risk Identification, Assessment, and Mitigation Strategies

Ontario Health is establishing a comprehensive Enterprise Risk Management Program that will establish one common risk management practice. This program will be critical to the proactive identification, assessment, management, monitoring and reporting of risks, all of which are vital to the achievement of our priorities. It will also embed review processes for senior management and our Board of Directors, as well as processes for risk reporting and escalation to the Ministry.

RISKS FACED BY ONTARIO HEALTH	DESCRIPTION	LIKELIHOOD AND IMPACT	MITIGATION
1. Ontario Health Integration	TGLN and health system planning and LHIN non-home care functions were transferred to Ontario Health on April 1, 2021. While TGLN transferred in whole, the 14 LHIN corporations remained with a narrowed focus on home and community care (under a new name, Home and Community Support Services (HCCSS)). It will be important to ensure that there is a clear governance and accountability delineation between Ontario Health and HCCSS and clarity about shared planning between Ontario Health and HCCSS for home and community care services.	Low likelihood given close collaboration between Ontario Health and the Ministry leading up to the transfers. High impact to the overall ability of Ontario Health to succeed in its integration mandate.	Senior management and the Board of Directors will continue to work with the Ministry to appropriately outline an accountability relationship between Ontario Health and the 14 HCCSS corporations.
2. Multiple competing priorities due to the unprecedented impact of COVID-19	Responding to COVID-19 remains a top priority of the entire health system including Ontario Health. Due to the far-reaching impacts of COVID-19, pre-pandemic and emerging priorities continue to be re-evaluated. Ontario Health has already been tasked with a number of priorities that are additional to those initially envisioned for it and further priorities may be added. We will continue to meet these challenges that come our way, but also need to recognize that these new priorities may impact capacity across the organization.	High likelihood on account of our significant role in responding to COVID-19. Moderate impact as Ontario Health can utilize much of our response to COVID-19 to transform and innovate.	Senior management will reassess progress against the business plan on a quarterly basis. The 21/22 Annual Business Plan has considered capacity needed for ongoing pandemic response activities as well as health system stabilization and recovery efforts. Ontario Health will work with the Ministry to ensure health recovery efforts are appropriately resourced and prioritized

RISKS FACED BY ONTARIO HEALTH	DESCRIPTION	LIKELIHOOD AND IMPACT	MITIGATION
3. Clarity on accountabilities	The Accountability Agreement signed in 2019 and subsequently amended in 2020 accounts for the past practices of the multiple agencies that were transferred into Ontario Health. With Ontario Health entering into its second full year of operation, a new and modern accountability agreement is required. A new, modernized, and integrated accountability agreement is required to enable Ontario Health to be transformative, innovative, and impactful in ways that reflect the government's intent for Ontario Health. It is also required to reduce administrative inefficiencies as Ontario Health has moved from 21 agencies to one single organization. For example, streamlined and modernized reporting and funding practices are required. It should also reflect new accountabilities that have resulted from the Ontario Health COVID-19 response that may not have been contemplated prior to the pandemic (e.g. oversight of the provincial lab network and assessment centers). Clearly stated responsibilities and funding modernization will better enable Ontario Health to articulate success on its mandate.	Low likelihood that this will not be resolved within 2021/22. High impact as Ontario Health may not be able to fully achieve its mandate to connect and modernize the health system, as originally defined by the government.	Senior management and the Board of Directors will continue to work with the Ministry to: (1) finalize a modern accountability agreement that reflects the Ministry and Ontario Health shared interest in enabling innovation and transformation; and (2) Ensure funding modernization aligns with Ontario Health's evolving accountabilities, including health system integration and value-based investments.
4. Privacy Modernization	The privacy regulatory and related public interest landscape is changing faster in the last few years than ever before in Ontario's health system in an effort to balance protections while providing supports for the benefits of patients. These changes present great opportunity but also directly impact Ontario Health and the many important roles it has in supporting patients and providers, the Ministry and researchers with the data necessary for improving patient care. Ontario Health continues to integrate the significant and highly regulated data stores from agencies that have transferred. Complexities associated with multiple <i>PHIPA</i> authorities and fragmented data sharing frameworks are further compounded with the changing regulatory landscape. This complexity may affect availability of data to various stakeholders groups.	Low likelihood where privacy design is not built into the integration structure for Ontario Health's legacy business units. High likelihood and associated impact for Ontario Health's reputation as a proactive partner in data reporting and analytics due to data sharing restrictions and need for enhanced and consolidated system infrastructure.	Senior management to collaborate with the Ministry and the Information and Privacy Commissioner in establishing a regulatory framework that supports the streamlining of these roles and sharing of data across Ontario Health and the health system.

Operations and Staffing Plans

2021/22 Budget	
Revenue	\$30,564,660,274
Ministry of Health	\$30,557,369,587
Other Recoveries and Revenues	\$7,290,687
Expense	\$30,564,660,274
Health Service Provider transfer payments	\$26,421,468,730
Transfer payments	\$3,535,431,429
Salary and Benefits	\$331,177,540
Information technology	\$130,426,300
Purchased services	\$104,475,454
Amortization	\$3,385,090
Office space	\$23,096,628
Administration, supplies and meeting expenses	\$13,573,560
Travel and accommodation	\$1,625,542

Human Resources

As of April 1, 2021, our staffing numbers were as follows:

2021 ACTUAL FULL TIME EQUIVALENTS (FTE) FOR STAFF	
Ontario Health TOTAL	2,724

NOTE - 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 includes 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, a number of measures have been put in place to support the independence of the office and to 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.

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

Ontario Health's Digital Excellence in Health portfolio is a key enabler and accelerator of the strategic priorities outlined in this Annual Business Plan. Ontario Health currently operates over 100 clinical and technology systems serving thousands of health care workers at hundreds of health institutions across the province as well as numerous corporate systems. We are committed to enabling patients and health care providers to have new and improved ways to access the information they need in a timely way to support better health care outcomes, in a manner that protects the privacy of Ontarians by safeguarding the personal information (PI) and PHI entrusted to us on their behalf by health information custodians. To do this, we will continue to ensure our technology systems are designed and managed with privacy and security at the core and run securely, efficiently, and reliably. We will continue to evolve these systems in support of health transformation and our own organizational improvement efforts. We will do this in partnership with the Ministry, patients and caregivers, health care providers, and other industry partners. Underpinning all this work is our commitment to advancing the Digital First for Health Strategy through many of the digital health solutions operated by Ontario Health.

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

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

Digital and virtual efforts across Ontario Health will continue to be focused on supporting a rapid and integrated response to COVID-19. For example, as part of Ontario Health's response to COVID-19 we are focused on expanding access to COVID-19 test results by onboarding new health care professionals to provincial digital solutions and supporting expanded lab capacity to enable increased testing, and enabling OHT capacity to monitor the spread of COVID-19 and the management of complex chronic patients remotely through the use of virtual care and digital health tools (or digital health solutions). We are also supporting provincial vaccination registration and rollout efforts to ensure coordinated access to COVID-19 vaccinations.

Enhance Clinical Outcomes

Ensuring patient-facing impact is of utmost importance to all of our digital and virtual care efforts; this is a priority we will place on all of our areas of existing and emerging clinical focus. Beginning April 2021, Ontario Health will be providing end-to-end technology support for the delivery and coordination of organ and tissue donation and transplantation. We will focus on how we can utilize digital and virtual supports to enhance access to care for First Nations, Inuit, Métis, and Urban Indigenous peoples, Francophones, and additional priority, underserved, and vulnerable populations to ensure equitable and effective health care. Finally, we will continue to enhance, scale, and integrate digital health solutions that will increase adoption by health care professionals.

Transform Delivery of Care

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

Drive Decisions Based On Data

Digital and virtual care have an important role in the development of the provincial mental health and addictions system. In partnership with patient and family advisors, providers, and front-line care providers, we will work to expand access to priority populations such as children and youth, First Nations, Inuit, Métis, and Urban Indigenous peoples, and Francophones. We will also work to expand the development and implementation of IT infrastructure, data standardization, collection, and use, and access to virtual and digital solutions, including measurement-based care, in the mental health and addictions system. This work will leverage a robust privacy and security governance framework and the implementation of the Roadmap to Wellness Mental Health and Addictions Data Digital Initiative.

Strengthen and Lead

The inception of a single integrated Ontario Health has also created great potential to find efficiencies, eliminate silos, and to define uniform frameworks, methodologies and processes for digital and virtual services. For example, in alignment with the Digital First for Health strategy, we are driving the implementation of privacy and security, robust foundational technology systems across Ontario Health and providing a service catalogue and provincial guidance for digital health implementation and information management for OHTs. We will continue to operate, enhance and sustain Ontario Health's digital health assets and services. In partnership with our Ministry and health delivery partners, we are developing a provincial cyber security operating model for the Ontario health sector to safeguard Ontario's health care assets from cyber threats. The provincial cyber security operating model will integrate with Ontario Health's operating model and leverage a Privacy-By-Design framework. We will also continue to evolve our own practices, such as through the transition of our on-premise applications to the cloud, through establishing common cyber security policies and standards, and further advancing our data centre consolidation strategy.

Advancing Ontario Health's Information Management Data and Analytics (IMDA) Strategy

Information Management, Data and Analytics is an important component to enabling our strategic priorities. Ontario Health is hosting and managing an abundance of clinical and non-clinical data repositories that can provide a wealth of insights to health care professionals, researchers, health service providers, and system planners. With a focus on leveraging these assets, we will align with provincial strategies in developing and implementing a multi-year data and analytics strategic program for Ontario Health. This program will aim to ensure best use of our capability and capacity to effectively manage our data and information in order to support the Ministry in evidence-based health system decision making.

In order to meet our strategic objectives related to data and analytics, Ontario Health requires access to PHI and PI from stakeholders across Ontario's health care system, which is subject to both the *PHIPA* and the *FIPPA*. We are committed to respecting personal privacy, safeguarding the PHI and PI within our custody or control, and maintaining compliance with our legislative requirements. Embedding effective privacy and security practices across the organization leveraging a "Privacy By Design" methodology as a whole is key to meeting these commitments and maintaining the trust of Ontarians.

Priorities to advance Ontario Health's Information Management Data and Analytics Strategy and capabilities

2021/22 Deliverables

- Launch the development of a data and analytics strategic initiative that supports the immediate needs of Ontario Health and advances the Ministry's strategic priorities including the delivery of a governance model and an operating model with robust privacy and security controls.
- Support the Ministry in delivering strategies and initiatives such as the Ontario Health Data Platform, a platform to support the provincial response to COVID 19.
- Collaborate with the Ministry in establishing a regulatory framework that supports the consolidation and sharing of data across Ontario Health to efficiently and effectively allow the organization to leverage the data needed to deliver on its mandate.
- Mature, evolve, and harmonize our privacy program governance and accountability framework in order to fulfill obligations as a Prescribed Entity, and as a Prescribed Organization under *PHIPA* in respect of maintaining and supporting new uses of the Electronic Health Record (EHR), and in accordance with recent *PHIPA* regulatory amendments.
- Expand the thoughtful use of data and reporting to inform our existing and emerging clinical focus areas including population health and OHTs, clinical and quality initiatives, health system performance and public reporting, and support for regions in a way that is aligned with key provincial priorities.
- In conjunction with the broader health system including the Ministry, continue to strategically source data related to the unique and diverse needs of Ontarians including actions to advance socio demographic data collection.
- Partner with system stakeholders at the forefront of health system data and analytics advancement in the areas of artificial intelligence, machine learning, data integration, and multi-sector collaborations to tackle health system and health care challenges.

Priorities to advance Ontario Health's Information Management Data and Analytics Strategy and capabilities

2022/23 Deliverables

- Leverage changes in legislation to continue to transition, consolidate and share key data assets required for population health and OHTs, clinical and quality initiatives, health system performance and public reporting, and support for regions in a way that is aligned with key provincial priorities.
- Continue to expand an Ontario Health Data and Analytics Program to meet the needs of the organization and key priorities of the Ministry.

2023/24 Deliverables

- Continue to mature the Data and Analytics Program to ensure that it is meeting the needs of the organization and key priorities of the Ministry.

Strategic Communications Plan

Communications is a core enabler for Ontario Health to deliver on its mandate. Our communications over the next three years will be designed to inform and engage our diverse audiences in both English and French on ways to connect and coordinate Ontario's health care system to help ensure Ontarians receive the best possible care.

Overall communications objectives:

- **Heighten awareness and stimulate action** on evidence-based recommendations, innovations, services and enhanced health system operations.
- **Build, maintain and strengthen partnerships** with various professional stakeholders, specialized populations and community partners – listening to their needs and applying their feedback.
- **Continue adopting a system-focused and person-centred approach** to our work, in partnership with others.
- **Continue supporting the establishment of Ontario Health** as agencies and organizations are transferred to form a single effective and efficient team.
- **Demonstrate the impact and value of our work, in partnership with others**, connecting and coordinating Ontario's health system in new ways.

Our target audiences are:

- Patients, residents, clients, families and caregivers, and the general public
- Health care professionals across all disciplines and sectors
- Health system organizations and associations
- Researchers
- Indigenous and Francophone communities
- Other specialized populations including Black communities and persons with disabilities
- Government (Ministry of Health, Ministry of Long-Term Care, Ministers' Offices, Cabinet Office, Premier's Office, other ministries)
- All Ontario Health staff

Throughout all of our communications efforts:

- Use multifaceted and integrated communications channels to engage with our audiences: digital, social, stakeholder communications, issues management, etc.
- Build narratives to inform as well as inspire action, so our audiences understand and derive value from our communications.

- Reinforce the value of partnership and leverage the credible voices of third parties to share our collective messages and positively reflect upon the work (e.g., system leaders, health service providers, associations, patients, residents and families, etc.)
- Work in collaboration with the Ministry of Health, the Ministry of Long-Term Care and other ministries where needed, as well as the Minister's Office, Cabinet Office and Premier's Office as necessary.
- Communications plans for specific initiatives, with supporting message narratives and materials, will be developed as they unfold (such as for initiatives outlined in our 12-month communications calendar).

Our overarching tactics:

- Effective issues management and media relations which includes scanning the horizon continuously, proactively and effectively managing issues, responding to media and other inquiries and proactively engaging with journalists, where appropriate.
- Internal communications that inform as well as foster meaningful connection, a 'one team' culture and coordination around central priorities and shared goals.
- Corporate communications that continuously express our mandate, strategic goals, activities and results, and that profile our offerings, benefits and value.
- Stakeholder communications that support our partnering and engagement efforts with professional stakeholders, Indigenous and Francophone communities, specialized populations such as the Black communities and persons with disabilities, community partners and patients, families and caregivers.
- COVID-19 communications that demonstrate Ontario Health's evidence-based recommendations and aim to consistently provide system value throughout our collaborative response efforts.
- Robust digital communications including website, social media and potential other channels that support reaching our audiences where they are.

Our performance measures and targets for responding to complaints:

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

Initiatives Involving Third Parties

THIRD PARTIES USED TO SUPPORT THE DELIVERY OF PROGRAMS AND ACTIVITIES	
Canada Health Infoway (CHI)	CHI Infoway is helping to improve the health of Canadians by working with Ontario Health to accelerate the development, adoption and effective use of digital and virtual health solutions across Canada.
Ministry of Labour and Canadian Cancer Society	Operational funding received for the Occupational Cancer Research Centre (OCRC). The Occupational Cancer Research Centre (OCRC) is an applied research program for the study and prevention of cancers caused by work. The OCRC builds scientific knowledge of occupational cancer through three broad categories of research: 1. Surveillance: Research that identifies the industries, occupations, and workers where the risks of occupational cancer are the highest. 2. Causation: Epidemiologic research that identifies the causes of cancer in the workplace and synthesizes the results of previous studies. 3. Prevention: Research that helps identify the most effective, context-sensitive interventions to reduce exposure to workplace carcinogens.
Université Laval	Funding for a large research grant entitled 'Personalized Risk Assessment for Prevention and Early Detection of Breast Cancer: Integration and Implementation'. The funding period is April 1, 2018 to March 31, 2022. This research study is funded federally by Genome Canada/CIHR.
BC Cancer	The Canadian Centre for Applied Research in Cancer Control (ARCC) was originally established in 2009 as a formal partnership between Cancer Care Ontario, BC Cancer (then known as the BC Cancer Agency), the University of British Columbia, and the University of Toronto. At Ontario Health – Cancer Care Ontario (Ontario Health-CCO), full funding is (and has been since 2009) provided to employ and support the activities (printing/ technology/ travel/ professional development) of the ARCC Network Manager. Additional funding has also been made available to Ontario Health-CCO at varying amounts over the past decade to support further resources. ARCC is currently fully funded through 2022, and we anticipate further sustainable funding beyond that date as well.
Canadian Partnership Against Cancer	Fund cancer agencies to support cancer patients during the COVID-19 Outbreak
Ontario Hospitals, Local Health Integration Networks, Long-term care homes, independent health facilities, labs, Dialysis units, screening/assessment centres, universities	Ontario Health works with health service providers in every LHIN to better coordinate and connect the health care system from top to bottom, make it more efficient, and support the delivery of the best possible person-centred care.

Sources

DEMOGRAPHICS (page 37)

Projected population growth over next 10 years

North: 2020-2030 projections from Intellihealth Accessed January 2021, Projected population 2021, 2030

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

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

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

West: 2020-2030 projections from Intellihealth, 2020-02-11
Increasing aging population

North: 2020-2030 projections from Intellihealth Accessed January 2021, Projected population 2021, 2030

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

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

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

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

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

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

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

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

Population that identifies as Indigenous

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

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

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

Toronto: Our Health Counts Toronto – custom request in 2017

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

Population that identifies as Francophone

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

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

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

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

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

Population that identifies as visible minority

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

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

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

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

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

NORTH REGIONAL PROFILE (page 39)

Population: 2020-2030 projections from Intellihealth Accessed January 2021, Projected population 2021

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

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

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

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

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

EAST REGIONAL PROFILE (page 40)

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

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

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

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

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

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

CENTRAL REGIONAL PROFILE (page 41)

Population: 2020-2030 projections from Intellihealth Accessed February 2020

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

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

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

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

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

TORONTO REGIONAL PROFILE (page 42)

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

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

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

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

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

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

WEST REGIONAL PROFILE (page 43)

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

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

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

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

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

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

OPERATING MODEL

Ontario patients, long-term care residents, community clients, caregivers, volunteers, and diverse communities including Indigenous, Francophone, Black communities, and persons with disabilities.

Health Providers and Ontario Health Teams

- Social Services Agencies
- Public Health Units
- Hospital and Emergency Based Care
- Primary, Community-Based, and Long-Term Care
- Specialty Disease-Based Care

ONTARIO HEALTH FUNCTIONAL SERVICE STRUCTURE

Patient, Caregiver, Community, and Provider Partnering (Engagement). Focus on improving population health outcomes, improving patient experience, improving front-line and provider experience, and achieving better value (Quadruple Aim).

Regional Functions

Quality Improvement; Enhancing Access; Driving Integration; Outcome and results measurement; and Issues and relationship management.

Health System Functions

Clinical leadership and clinical health equity; Cancer care excellence; Quality Standards, analytics, and public reporting; Home and Community Care transformation; Digital excellence; Population health and value based health systems; Support Ontario Health Team Development; Health Human Resources support; Provincial laboratory network expansion and coordination; Renal care excellence; Organ and tissue donations and transplants; Health system performance, accountability, and support; Virtual excellence; Mental Health and Addictions Centre of Excellence; Supply chain; and Care innovation (such as funding, digital, and virtual).

Corporate Support Functions

Human Resources; Community Engagement and Communications; Finance; Legal Services, Privacy, and Governance; and Strategy and Planning.

Executive Leadership, Strategy, and Governance: President and CEO; and Board of Directors.

Abbreviations

ABBREVIATION	DEFINITION
ALC	Alternate Level of Care
CCO	Cancer Care Ontario
CHRIS	Client Health and Related Information System
DHIEX	Digital Health Information Exchange
eCTAS	Electronic Canadian Triage and Acuity Scale
EHR	Electronic Health Record
EMR	Electronic Medical Record
FIPPA	Freedom of Information and Protection of Privacy Act
FTE	Full Time Equivalent
HCCSS	Home and Community Care Support Service
HCNS	Health Care and Navigation System
LHIN	Local Health Integration Network
Ministry	Ministry of Health
OCP	The Ontario Cancer Plan
OHT	Ontario Health Team
OLIS	Ontario Lab Information System
ORP	The Ontario Renal Plan
PHI	Personal Health Information
PHIPA	Personal Health Information Protection Act
PI	Personal Information
PPE	Personal Protective Equipment
PSW	Personal Support Worker
SSO	Shared Services Organization
TGLN	Trillium Gift of Life Network

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