

Annual Business Plan

2022/23



**Ontario
Health**

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Introduction

Ontario Health’s Annual Business Plan (ABP) is a critical planning document that sets out our overarching goals, priorities and key activities for the next three years, with a focus on fiscal year 2022/23. It is the blueprint that guides our work as we build for the future.

Although this is our third ABP, it is our first that reflects a fully integrated Ontario Health (OH) organization. The plan focuses Ontario Health as a single, unified team to execute the government’s strategy and oversee health care and long-term care delivery.

The priorities outlined in the plan are based on several foundational guides, including legislation¹, our mandate letter from the Minister of Health, our strategic priorities letter from the Minister of Long-term Care, and our Equity, Inclusivity, Diversity and Anti-Racism Framework. Given the impact of COVID-19 over the past two years, our plan for the future reflects the lessons we have already learned from the pandemic. It is also informed by what we have heard as we continuously engage with people and health care providers across Ontario about what matters to them and where Ontario Health can advance health and long-term care for the province.

Our other compass in setting the course for our journey ahead has been the health care system’s Quadruple Aim, which offers invaluable guidance for informing decisions and optimizing health care performance. Ontario Health is strongly committed to the four objectives that the Quadruple Aim set for the design and delivery of an

effective health care system: Improving patient experience; improving population health outcomes; achieving better value; and improving front-line provider experience.

Importantly, this ABP is aligned to Ontario Health’s five multi-year strategic priorities:

- 1. Reduce health inequities
- 2. Transform care with the person at the centre
- 3. Enhance clinical care and service excellence
- 4. Maximize system value by applying evidence
- 5. Strengthen Ontario Health’s ability to lead

As Ontario Health enters its fourth year, we look forward to continuing to work with our partners towards the priorities outlined in this plan as we support the evolution of a connected and coordinated health system to help ensure Ontarians receive the best possible care.

MANDATE

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

¹ Our work is guided by and in compliance with the following legislation and to any legislation that succeeds or replaces that legislation (i.e., the Long-Term Care Homes Act, 2007):

- Compassionate Care Act, 2020
- Long-Term Care Homes Act, 2007
- Accessibility for Ontarians with Disabilities Act, 2005
- Connecting Care Act, 2019
- Excellent Care for All Act, 2010
- Freedom of Information and Protection of Privacy Act
- French Language Services Act
- Gift of Life Act
- Mental Health and Addictions Centre of Excellence Act, 2019
- Personal Health Information Protection Act, 2004

Strategic Priorities



Reduce health inequities

Improving care with and for those who need it most;

Engaging those we serve to understand health and wellness from their perspectives and partnering to take action to make improvements;

Working to address the distinct needs of individuals and communities across the province; and,

Focusing on the full care continuum, including our role and the health system's role in contributing to upstream social determinants of health and preventative care.



Transform care with the person at the centre

Supporting people in Ontario to take an active role in their care, including preventative care;

Collaborating with patients in order to continuously improve planning and delivery of quality care;

Asking how care can be better delivered using both existing and new approaches and tools; and,

Working with Ontario ministries, funded and non-funded partners including municipalities and social services to support and enable more connected and coordinated care.



Enhance clinical care and service excellence

Putting the holistic health and wellbeing of people in Ontario first in everything we do;

Advancing positive health outcomes for all; and,

Improving experiences across the health care system.



Maximize system value by applying evidence

Strengthening the capacity to collect, share, integrate, analyze and react to data and evidence; and,

Achieving the best possible quality and value for public investments.



Strengthen Ontario Health's ability to lead

Building a strong organizational culture that unifies and empowers Ontario Health team members across the province;

Investing in our people and committing to our own continuous improvement;

Continuing to establish ourselves as a reliable leader and partner;

Challenging the status quo and embracing transformation in order to continuously strengthen our organization and the health system;

Leading by example both locally and provincially, with all of our teams providing valued contributions.

Ontario Health's Annual Business Plan is aligned to our long term, strategic priorities and guided by government's eight priorities set out for 2022/23 in our mandate letter including: competitiveness, sustainability and expenditure management; transparency and accountability; risk management; workforce management; data collection; digital delivery and customer service; diversity and inclusion; and COVID-19 recovery. Throughout the ABP we are focused on how we will advance and execute on these priorities.

Making Progress

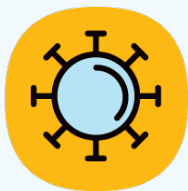
In our first two-and-a-half years, we have successfully:



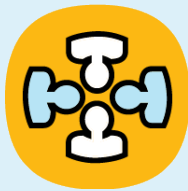
Created one high-performing team from 22 previous standalone agencies and organizations, **saving the government over \$219 million** as a result of our integration. We have also assumed additional program and contract management from the Ministry of Health (totaling over **\$100 million**).



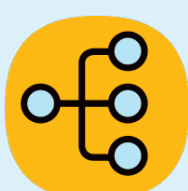
Established **foundational relationships** with patient and family committees, Indigenous partners, Francophone partners and a number of community partners in the Black Health Plan Working Group and in the development of the High Priority Community Strategy.



Achieved a single coordinated **COVID-19 implementation plan and recovery response** for the province. Including the provincial and regional Incident Management Systems and a robust data and analytics infrastructure to inform decision-makers and steer response.



Grounded ourselves in a leading framework for **equity, inclusion, diversity and anti-racism**.



Established regional teams as the front door of the **Ontario Health operating model**, adapting and responding to the needs of people and communities we are serving.



Established Ontario's first-ever diagnostic network by bringing together 52 labs. This network has successfully completed more than **21.25 million COVID-19 tests** to date and is expanding to provide more equitable access to additional diagnostic services across the province.

Stakeholder and Community Engagement

Ontario Health has made considerable progress in establishing and re-establishing meaningful relationships with health system stakeholders, including patients, families, caregivers, clinicians and others. In 2022/23, we will build on the foundational engagement structures and strategies laid out in 2021/22 to support collaboration and partnership throughout our organization:

1. We will continue to implement a **renewed patient and family engagement program** that is focused on proactively advancing equity and diversity in our engagement activities. This includes creating multiple opportunities for health system users to contribute their experiences and insights through regional patient and family advisors' councils, the CEO's Patient and Family Advisors' Council and a patient and family advisors' network. It also means supporting community outreach and partnerships with organizations that work with underserved populations. We anticipate continued collaboration with the Minister's Patient and Family Advisory Council to support meaningful patient engagement across health transformation initiatives.
2. All **clinical and regional programs will continue to engage extensively with clinical stakeholders** in the development and delivery of provincial clinical and virtual care programs, and in regional planning, coordination, integration and program implementation.
3. We will **develop and implement a First Nations, Inuit, Métis and urban Indigenous engagement framework** that will outline a process for engagement and relationship development with Indigenous leadership, organizations, health tables and communities, with a clear focus on respecting governance structures and relevant protocols or political agreements. The framework will emphasize coordination across Ontario Health to avoid duplication and added burden on Indigenous groups; we will work closely with Indigenous leadership to support their priorities and develop joint priorities; ensure that we work with established core Indigenous health tables to seek guidance; and build health system capacity to address Indigenous needs respectfully, successfully and in a culturally safe manner. We will continue to take guidance from the Joint Ontario Indigenous Cancer Committee and explore opportunities to expand the mandate of the committee beyond cancer.
4. We will continue to **collaborate with Francophone partners, notably the Minister's French Language Health Services Advisory Council, the Provincial Advisory Committee on Francophone Affairs and the French Language Health Planning Entities**, to improve access to health care services for Francophone people in each region, and consistent with the French Language Services Act.

5. We will continue to **prioritize partnerships with organizations that represent underserved and priority populations**, to collaboratively implement the elements of our Equity, Inclusion, Diversity and Anti-Racism Strategy, and to support work that addresses the social determinants of health across the full spectrum of health services in the community.

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

Developed in 2021/22, our Ontario Health Equity, Inclusion, Diversity, and Anti-Racism Framework continues to focus our efforts towards reducing health inequities in Ontario. This Framework is continuously informed through engagement and working with communities to learn, grow and ensure the steps taken are informed by the voice of experience and addressed through partnership. As we continue to implement this framework, we spotlight our commitment to partner with First Nations, Inuit, Métis, and urban Indigenous people as well as the development of The Black Health Plan.

Indigenous Communities and Partners

ONTARIO HEALTH IS COMMITTED TO PARTNERING WITH FIRST NATIONS, INUIT, MÉTIS, AND URBAN INDIGENOUS PEOPLE TO IMPROVE HEALTH OUTCOMES.

Ontario Health is committed to working collaboratively with Indigenous communities and partners to learn, grow and together, improve the health outcomes for First Nations, Inuit, Métis, and urban Indigenous people. Through continued and ongoing engagement, we are focused on working together to:

- Establishing a partnership approach to engagement with Indigenous partners
- Build and support capacity to better coordinate Indigenous health initiatives across Ontario Health, including the regions
- Building health system capacity to address Indigenous health needs
- Continue to work with health system partners to jointly develop, fund, and implement cancer control policies and programs that improve the performance of the cancer system with and for Indigenous people in a way that honours the Indigenous Path to Well-being
- Continue to support an inventory of Indigenous related programs, services and funding opportunities across Ontario Health that would be shared with Indigenous leadership and their health teams



“Ontario Health recognizes that strong relationships with Indigenous leadership and communities — founded on respect, partnerships and open communication — are critical. These relationships are needed to ensure the health care system in Ontario reflects and addresses the needs of Indigenous people across the province”

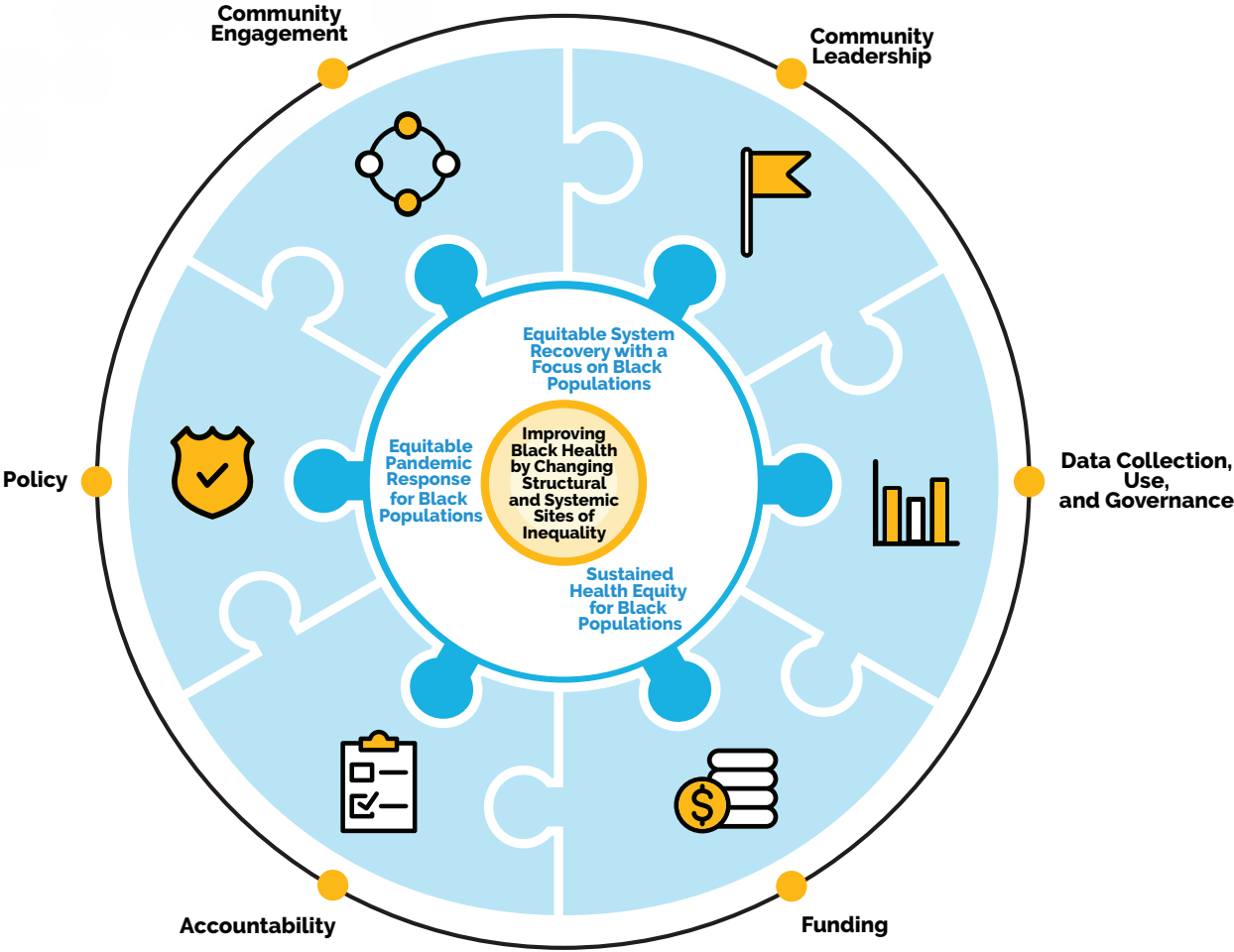
– **Matthew Anderson (CEO, Ontario Health)**

The Black Health Plan

Ontario Health is committed to reducing health inequities. It is focused on addressing anti-Black racism through advancement of our Equity, Inclusion, Diversity, and Anti-Racism Framework.

In Ontario five percent of the population is Black. This community is more at risk to the harmful effects of the social determinants of health and exposure to persistent inequities during their healthcare interactions. The Black Health Plan sets out a course of action to respond to urgent and long-term priorities for equitable pandemic response, equitable health system recovery, and sustained health equity.

It looks at the social determinants of health and responds to the diverse needs of Black populations and the regional differences that affect the care individuals receive. This plan was developed by leaders from across the regions, public health, and within Ontario’s diverse Black communities. Identifying responsibilities for the government, the health system, and the community, this plan focuses on achieving better access to screening, care, and outcomes for Black populations.



Our Areas of Focus

A primary area of focus for Ontario Health continues to be reducing health inequities. As we continue our progress, we approach this in at least three ways:

- 1 By identifying **priority areas** of focus.
- 2 By prioritizing a discrete set of **focused activities** that will have a measurable impact.
- 3 Further **embedding equity** in all our activities.

All our priorities are achieved alongside our objectives of **health system operational management, coordination, performance measurement and management, and integration**. In addition to these objectives and our ongoing system supports and issues management, in 2022/23 we will work with our partners to: stabilize and transform health human resources (HHR), maintain a provincial pandemic response and system recovery, and improve system access and flow.

Ontario Health will focus on **five major transformation initiatives** that will fundamentally advance health system integration and care for patients.

- Support the increase in timely access to high-quality mental health and addictions care.
- Improve a person-centred continuum of long-term care (and support the fixing long-term care plan).
- Expand access to high-quality, integrated care through accelerated implementation of Ontario Health Teams.
- Supporting people in the community (integrating home care to points of care).
- Digitally enable patient navigation and seamless patient transitions (implement Digital First for Health Strategy).

As we are accelerating major transformations, Ontario Health will also continue to pursue the delivery of **best-in-class care through the experience and well-established success of our clinical programs**. This means advancing new strategies while further improving access, quality, and innovation within our traditional clinical leadership areas. An important focus within this aspect of our business will be the development of approaches to integrating care that improve outcomes, experiences, and address people’s needs including their physical, psychological, social, cultural, emotional and spiritual needs.

In addition to our core clinical business, our 2022/23 plan includes improvement in several of our core capabilities that **maximize system value by applying evidence** (e.g. our data, quality, and reporting strategies and value identification).

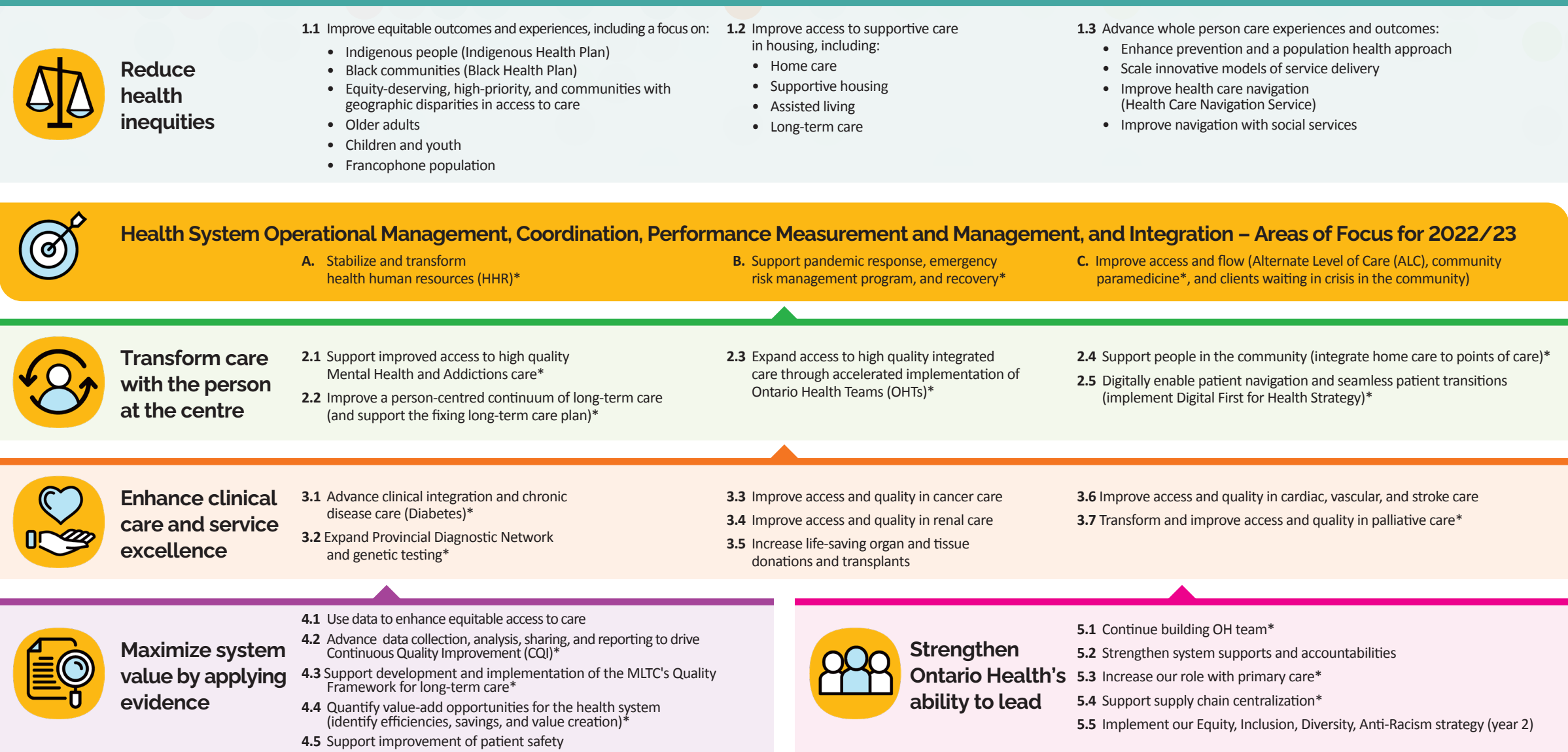
Underpinning these priority areas is **strengthening Ontario Health’s ability to lead**. This includes focusing on building the Ontario Health team, strengthening our supports to the system and general system accountabilities. It involves us being an effective system operator and collaborator, advancing our role in key areas such as primary care.

Finally, our 2022/23 priority-setting recognizes that **our success is dependent on**:

- The strength and capabilities of our people, our partners and our relationships.
- Our flexibility in evolving health system funding and accountability.
- Our ability to create value for the health system and quantify this impact.

Implementation Plan

2022/23 Strategic Priorities





Reduce Health Inequities

1.1 Improve equitable outcomes and experiences

1.2 Improve access to supportive care in housing

1.3 Advance whole person care experiences and outcomes

1.1 Improve equitable outcomes and experiences

YEAR ONE: 2022/23

Embed a focus on reducing inequities in all our priorities and activities and measure the impact.

1.1.1 Commit to working with First Nations, Inuit, Métis and urban Indigenous people to improve health outcomes

- Work with health system partners to jointly develop, fund and implement cancer control policies and programs that improve the performance of the cancer system with and for Indigenous people in a way that honours the Indigenous Path to Well-being from 2019–2024.
- Draft an Indigenous data governance process that will inform Ontario Health's access and use of Indigenous data in partnership with Indigenous communities and organizations.
- Ensure alignment and support the development of an Ontario Health Indigenous Strategy that will also allow for Indigenous based co-design and development of programming and service.

- Continue to work with Indigenous partners to enhance knowledge, build capacity and empower communities with the skills and tools needed to reduce and prevent commercial tobacco use and addiction (including vaping and cannabis use) through the Indigenous Tobacco Program.
- Operate, modernize and expand virtual care digital assets that support prevention and care for Indigenous populations.

1.1.2 Implement the Black Health Plan

- Implement the Black Health Plan to enable improved health for Black Ontarians, including those with intersecting marginalized identities, and by extension and all racialized and marginalized populations with a focus on equitable pandemic response, equitable health system recovery, and sustained health equity.
- Leverage sociodemographic data collection, and a data governance model that enables community stewardship and makes dismantling structural racism its primary objective, to develop and track progress on policies that meet the needs of diverse Black communities.

1.1.3 Equity-deserving communities³, high-priority communities, and communities with geographic disparities in access to care

- Build and broaden access to programs, and digital and virtual services or tools for remote and rural communities and those without equitable access to care. This includes maintaining access to virtual care patient host sites and Virtual Visit Verification.
- Develop engagement and needs-based assessments for equity seeking populations by region.
- In collaboration with the Ministry of Health (MOH), Ministry of Long-Term Care (MLTC) and system partners, collaborate with High

Priorities Communities, that have high health needs as part of the High Priority Communities Strategy to support the province's pandemic recovery goals. Through this strategy, increase access to testing, vaccination, and wraparound supports, including check-ins and screening.

1.1.4 Older adults

- Support the implementation of service models that improve living conditions for older adults, enabling them to age at home, including through partnerships with hospital service providers, OHTs, community housing providers, Behavioural Supports Ontario, and community paramedicine providers (supported through Ministry of Health or Ministry of Long-Term Care funding).
- Collaborate with the Ministry of Long-Term Care (MLTC) and partners to improve care, develop more innovative models, and support advancements in quality of care, including the Community Paramedicine for Long-Term Care program.
- Support the collection and analysis of data that provide information about high priority and marginalized Long-term care home (LTCH) residents to inform improvements targeted to community need.
- As part of the home and community care modernization program, improve access and equity of home and community care services which address individual needs and support older adults in remaining in their own home.

³ **Equity-deserving community refers to groups who are underserved, underrepresented, and experience barriers to equal access, opportunities, and resources due to discrimination. The marginalization they experience is created by historic and current social and environmental barriers and attitudes.**

1.1.5 Francophone Populations

- Continue to engage and collaborate with French language health planning entities on initiatives aiming to reinforce regional service capacity in French, such as the mapping and analysis of available services in French to the Francophone communities.
- Support health service providers in the development and implementation of the principle of Active Offer for services in French.
- Collaborate with the MLTC and MOH for the enhanced collection of French Language Services (FLS) data that will support health system planning in French.

YEAR TWO: 2023/24

Commit to working with First Nations, Inuit, Métis, and urban Indigenous people to improve health outcomes

- Start the development of fifth Indigenous Cancer Strategy.
- Continue to advance the Indigenous Tobacco Program.
- Develop an Ontario Health Indigenous Strategy in collaboration with Indigenous partners. Focus on addressing health inequities and outcomes to support First Nations, Inuit, Métis, and urban Indigenous people; this includes supporting their health priorities and health strategies (e.g. such as Nishnawbe Aski Nation’s health transformation).

Continue to implement the Black Health Plan

Equity-deserving communities, high-priority communities, and communities with geographic disparities in access to care

- Reduce disparities in high priority communities across all four health system recovery goals.

Continue to engage and collaborate with Francophone Populations through planning entities

YEAR THREE: 2024/25

Commit to working with First Nations, Inuit, Métis, and urban Indigenous people to improve health outcomes

- Complete a final report on the “First Nations, Inuit, Métis, and urban Indigenous Cancer Strategy 2019–2024”, and launch the fifth Indigenous Cancer Strategy.
- Continue to advance the Indigenous Tobacco Program.
- Launch the Ontario Health Indigenous Strategy.

Continue to implement the Black Health Plan

Continue to engage and collaborate with Francophone Populations through planning entities

1.2 Improve access to supportive care in housing

YEAR ONE: 2022/23

- Advance access to housing through other priority areas (for example, through 2.1, 2.2, 2.3 and 2.4).
- Recognizing the importance of housing as a social determinant of health, develop an Ontario Health wide strategy for improving access to supportive care in housing.

YEAR TWO: 2023/24

- Work with HSPs, municipal governments and other partners to develop local supportive housing short term and long

YEAR THREE: 2024/25

- Continue to implement the strategy developed in 2022/23 and refined in 2023/24.

1.3 Advance whole person care experiences and outcomes

YEAR ONE: 2022/23

- Develop a multi-year strategy for comprehensive, relationship-based primary care aligned to the OHT model and in collaboration with the ministry.
- Begin to improve people’s ability to navigate the system through the launch of the Health Care Navigation Service (HCNS) in both English and French and with multi-channel (phone, web and mobile) access to symptom assessment, intake, escalation, referral and OHT services.
- Align Connex Ontario and other (2021/22 funded) virtual mental health navigation services with the healthcare navigation service.
- Continue to enhance access to screening through priority 3.3.
- Develop a strategy to advance the collection of patient-reported outcome measures (PROMs) and patient reported experience measures (PREMs).

YEAR TWO: 2023/24

- Continue to advance prior year’s deliverables.

YEAR THREE: 2024/25

- Continue to advance prior year’s deliverables.



Health System Performance Monitoring, Management, Coordination, and Integration

- A. Stabilize and transform health human resources
- B. Support pandemic response, emergency risk management program, and recovery
- C. Improve access and flow (ALC, community paramedicine, and clients waiting in crisis in the community)

A. Stabilize and transform health human resources

YEAR ONE: 2022/23

- Establish collection of and access to Health Human Resources (HHR) data to support long-term HHR forecasting, identification of hotspots and crisis prevention.
- Lead the implementation of urgent health workforce staffing solutions to prevent critical service disruptions/closures (e.g., long-term care homes, emergency departments) or patient/resident transfers due to a lack of HHR.
- In partnership with the College of Nurses of Ontario, Ministry of Health, and Ministry of Long-Term Care, expand innovative programs to expedite registration for Internationally Educated Nurses (IEN) in order to support their deployment to Ontario care settings.
- Support the MLTC with initiatives aimed at understanding, responding and stabilizing HHR in long-term care homes.
- Stabilize and rebuild workforce to address attrition, recruitment, and staffing shortages.

YEAR TWO: 2023/24

- Working with the Ministry of Health, identify opportunities to align Ontario's health workforce strategy at a national level.
- Continue to support staffing and health human resources initiatives, to stabilize and continue to build the long-term care workforce.

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.

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

YEAR ONE: 2022/23

Continue to provide leadership to the COVID-19 response

- Provide province-wide oversight and support in surge preparedness and response: outbreak prevention and management; alignment with public health measures; system coordination; clinical assessment; data and analytics; communication; HHR capacity; distribution and procurement of personal protective equipment (PPE); anti-viral treatment; test

kits and Intensive Care Unit (ICU) supplies/equipment for the health system; and maintain optimal testing capacity, access and turnaround time across the province.

Scale a long-term Emergency and Risk Management Program

- Confirm regional structures that extend Ontario Health's mandate of transparency and accountability, sustainability, and quality improvement.
- Continue to oversee the implementation of Infection Prevention and Control Hubs to enhance infection prevention and control practices in community-based and congregate living settings/sites and build resources to provide these services.

Advance recovery across all areas of focus, including surgical and diagnostic imaging recovery, mental health and addictions and transformation

- Increase overall access to scheduled surgeries, procedures and appropriate diagnostic imaging services.
- Implement and monitor surgical and diagnostic imaging recovery and transformation initiatives, including Centralized Waitlist Management, and other surgical recovery strategies, in partnership with the Ministry of Health.

YEAR TWO: 2023/24

- Continue to advance prior year’s deliverables.

YEAR THREE: 2024/25

- Continue to advance prior year’s deliverables.

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

YEAR ONE: 2022/23

- Work with MOH, MLTC, and the 14 Home and Community Care Support Service agencies to create a multi-year provincial access and flow priorities and improvement plan.
- Support the MOH and MLTC to continue developing a consistent reporting and performance management framework for community paramedicine to enable improvement /impact on avoidable hospitalizations, emergency department visits, ALC, and support for clients waiting in community in crisis.

YEAR TWO: 2023/24

- Prioritize and inform recommendations for equitable and sustainable community paramedicine programming.
- Work with partners to advance intermediate and longer-term recommendations and begin to further integrate community paramedicine within Ontario Health Teams.

YEAR THREE: 2024/25

- Continue to identify equitable program opportunities for community paramedicine within OHTs.
- Evaluate community paramedicine programs and make further recommendations to evolve integration and programs to support ‘mobile integrated health teams’.



Transform Care with the Person at the Centre

- 2.1 Support improved access to high quality Mental Health and Addictions care
- 2.2 Improve a person-centred continuum of long-term care (and support the fixing long-term care plan)
- 2.3 Expand access to high-quality, integrated care through accelerated implementation of Ontario Health Teams (OHTs)
- 2.4 Support people in the community (Integrate home care to points of care)
- 2.5 Digitally enable patient navigation and seamless patient transitions (implement Digital First for Health Strategy)

2.1 Support improved access to high quality Mental Health and Addictions care

YEAR ONE: 2022/23

Improve access to and quality of care for depression and anxiety-related disorders by:

- Increase access to high-quality and measurement-based care, through expanding the capacity of the Ontario Structured Psychotherapy (OSP) program and integrating internet-based cognitive behavioural therapy.
- Identify where additional services may be needed to support a continuum of care for depression and anxiety-related disorders.
- Begin phased approach with three OHTs to develop and implement care pathways related to screening for depression.

Improve access to and quality of care for people experiencing substance use, eating disorders and psychosis by:

- Develop a provincial oversight and stakeholder engagement strategy to support operationalizing priority recovery recommendations.
- Develop a measurement strategy, supported through the expansion of the provincial minimum data set, in alignment with anxiety and depression.

Improve system strategy and operations by:

- Improve access to mental health and addictions services in rural and underserved populations by supporting initiatives such as mobile clinics and French Language virtual counseling services.
- Begin development of a plan for Indigenous mental health and addictions care.
- Enhance access, quality and informed planning of mental health and addictions services via digital and virtual tools.
- Begin scaling up the collection of mental health and addictions data from community providers to support planning, funding, and monitoring quality.
- Begin development and implementation of a performance measurement framework for priority clinical areas and related populations.
- Develop an implementation approach for mental health and addictions coordinated access that aligns with system-level improvements. This approach will be supported by the development of a system level performance measurement framework, starting with the identification of key indicators.

YEAR TWO: 2023/24

Improve Clinical Programs

- Implement the Ontario Structured Psychotherapy performance management cycle and begin to align funding and quality expectations.
- Initiate improvements in quality, equity and performance of targeted clinical areas of focus.

Improve System Strategy and Operations

- Continue mental health and addictions services planning and improvements with OHTs and other integrated care programs for priority clinical areas.
- Begin implementation of a plan for Indigenous mental health and addictions care.
- Continue to enhance and improve access to, integration of, and quality of care via digital and virtual tools.
- Expand and digital initiatives in the community mental health and addictions sector.



YEAR THREE: 2024/25

Improve Clinical Programs

- Maintain continued performance improvements in the priority clinical programs.
- Develop a provincial plan for integrated mental health and addictions services.

Improve System Strategy and Operations

- Implement performance management strategies for clinical programs in development.
- Implement more equitable needs-based funding across the Ontario Structured Psychotherapy program sites and greater linkage between funding and quality.

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



YEAR ONE: 2022/23

- In response to COVID stabilization and recovery, continue to work with MLTC, MOH, Public Health and providers to provide oversight to the IPAC hub.
- Work with the MLTC to support continuous quality improvement in long-term care, including supporting the development and implementation of Ontario's Quality Framework for Long-Term Care.
- Support development and implementation of provincial LTC home resident and caregiver experience/ quality of life measurement to prioritize person-centered care initiatives.

- Continue to support the MLTC in planning for LTC home development and re-development by providing regional and community-level information about evolving population needs and LTC home capacity.
- Participate and support the process to review and establish options for the provincial LTC home placement process in the context of home care modernization and OHTs.



YEAR TWO: 2023/24

- Support continued development and implementation of MLTC's Ontario's Quality Framework for Long-Term Care, including considering establishing a provincial LTC Quality Steering Committee to identify and/or support spread and scale of quality initiatives, as appropriate.
- With the MLTC, MOH, Home and Community Care Support Services, and other provincial partners (e.g., PGLO, CLRI), establish a care continuum innovations committee to make recommendations on care models that will meet the changing needs of Ontario's aging population.
- Support implementation of long-term care placement initiatives, as appropriate.
- Continue to support the MLTC 's specified priorities.



YEAR THREE: 2024/25

- Support the planning and implementation of priority care continuum innovations.
- Continue to support MLTC 's specified priorities.

2.3 Expand access to high-quality, integrated care through accelerated implementation of Ontario Health Teams (OHTs)



YEAR ONE: 2022/23

Ontario Health Team Strategy

- Provide clear and aligned provincial guidance to OHTs on their priorities and development milestones, including governance, in collaboration with the Ministry.
- Support OHT development in order to deliver on provincial priorities, through 2022/23 OHT implementation funding that is aligned to specified outcomes. Measure and report on OHT performance in priority areas.
- Support the continued advancement of primary care engagement in OHTs in partnership with the Ministry of Health. Build on existing provincial guidance and engagement with health system stakeholders to create a multi-year strategy to support primary care engagement in the OHTs.

OHT Virtual Care, Digital and Analytics Supports

- Support the development and delivery of programs and services enabled by digital and virtual in OHTs in both official languages.
- Strengthen and standardize integrated virtual care models, including (but not limited to) remote monitoring, surgical transitions, and urgent care.
- Support OHT digital innovation, including population health, next-generation health care and clinical systems renewal, and identify opportunities for spread and scale.
- Work with MOH to enable a provincial solution for data sharing, information management needs to support population health and OHTs, in alignment with OH's Data & Analytics (D&A) Governance structures.

Engagement and Supports

- Engage OHTs through a formal OHT consultation structure with provincial partners to ensure OHT priorities are represented.
- Expand High Priority Community Strategy (HPCS) and ensure alignment to the OHT strategy.

Performance Measurement and Reporting

- Develop an OHT dashboard to report on results and quantify improvements in patient care.
- Implement OHT performance measurement, including collaborative quality improvement plan (cQIPs) for all OHTs.

YEAR TWO: 2023/24

- Refresh guidance on OHT priorities and development milestones in collaboration with the ministry.
- Oversee OHT funding aligned to priorities.
- Advance integrated funding opportunities in collaboration with the ministry. Implement the second phase of the primary care engagement strategy in collaboration with the ministry that is informed by an evaluation (e.g., Health Care Connect, support for primary care associations, etc.).
- Develop and deliver digital and virtual care standards, programs, and services to build OHT digital and virtual maturity.
- Continue to expand high priority community strategy (HPCS) to additional lead agencies and enable the OHT strategy.

YEAR THREE: 2024/25

- Refresh guidance on OHT priorities and development milestones, including end-state maturity, with the ministry.
- Enable OHTs to plan and deliver a full continuum of care for their patient population.
- Continue advancing integrated funding opportunities in collaboration with the ministry.
- Continue to develop and deliver digital and virtual care standards, programs, and services to build OHT digital and virtual maturity.
- Manage OHT performance using a full suite of performance measures.
- Implement a population health management analytics solution with access to relevant data sets.

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

YEAR ONE: 2022/23

- Work with the MOH and MLTC to confirm deliverables and timeframes for OH’s role in home care implementation, transition, integration and HCCSS dissolution activities.
- Support the delivery of advanced implementation projects that involve OHTs working in partnership with Ontario Health and Home and Community Care Support Services (HCCSS), as approved by the MOH.
- Support the development of a provincial roadmap to achieve the government’s home care modernization plan.
- Lead provincial procurement and contracting functions for Health Care (HC) services.

YEAR TWO: 2023/24

- Complete the 2023/24 deliverables outlined in the provincial roadmap, working with the MOH, MLTC, HCCSS and OHTs.
- Continue to implement value-based HC service provider partnership models in order to enhance quality, access and equity of these services as deployed via OHTs/HSPs.

YEAR THREE: 2024/25

- Support any remaining activities associated with the home care modernization plan.

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

YEAR ONE: 2022/23

- Work with critical partners to design and implement the foundations for provincial Digital Patient Identity service, enabling patient access to their health care data.
- Enable more patients and service providers to digitally access their own health information, to participate in virtual health care interactions with their clinician(s) and book/manage appointments with their health care providers online.

- Launch Health Care Navigation Service (HCNS) with multi-channel (phone, web and mobile) access to symptom assessment, intake, escalation, referral and OHT services.
- Work with the MOH to enable appropriate sharing of provincial data holdings.
- Build, modernize and spread digital tools and eServices (including eConsult and eReferral) that enable seamless transitions between providers.
- Address surgical care deficit through digital tools and waitlist management infrastructure.
- Enhance Ontario Health’s current capabilities of data aggregator for the Ontario Health Data Platform to create the provincial platform for data analytics and planning.

YEAR TWO: 2023/24

- Continue to advance prior year’s deliverables.

YEAR THREE: 2024/25

- Continue to advance prior year’s deliverables.



Enhance Clinical Care & Service Excellence

- 3.1 Advance clinical integration and chronic disease care
- 3.2 Expand Provincial Diagnostic Network and genetic testing
- 3.3 Improve access and quality in cancer care
- 3.4 Improve access and quality in renal care
- 3.5 Increase lifesaving organ and tissue donations and transplants
- 3.6 Improve access and quality in cardiac, vascular and stroke care
- 3.7 Transform and Improve access and quality in palliative care

We will continue to pursue the delivery of best-in-class care and through the experience and well-established success of each clinical program, we will begin to build an approach to integrating care that addresses people's physical, emotional, social, and spiritual needs.

3.1 Advance clinical integration and chronic disease care

YEAR ONE: 2022/23

- Collaborating with the ministry on the establishment of a strategy to advance care for those living or at risk of diabetes. Working in partnership with stakeholders and local communities to ensure

a focus on areas with disparities in outcomes, equity and access, including an assessment of mental health needs of people with diabetes.

YEAR TWO: 2023/24

- Support OHTs that have identified chronic disease as a priority population to improve pathways and connection to upstream intervention and social services.

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.

3.2 Expand Provincial Diagnostic Network and genetic testing

YEAR ONE: 2022/23

- Continue to support the COVID-19 response via provincial digital infrastructure and move innovation/learnings to operations such as those from lab automation, vaccine tracking, and case and contact management.
- Develop an integrated digital strategy and roadmap that will support system planning, monitoring and performance management of genetics services, including genetic testing.

- Continue implementation of the Provincial Genetics Program to expand access for delivering and managing comprehensive, coordinated, evidence-based genetic services for additional domains of care. Convene experts to identify additional domains of care.
- Work with the Ministry to develop an implementation plan for a provincial program delivering all insured and/or publicly-funded laboratory and point-of-care testing services. The objectives of this provincial program include increasing equitable access, supporting innovation, coordinated operations across the sector, and improving delivery of services.

YEAR TWO: 2023/24

- Continue modernization of the provincial diagnostic network via:
 - Continued solution assessment and enhancements to the Ontario Laboratories Information System (OLIS) infrastructure architecture.
 - Continued integration between lab systems and OLIS.
 - Continued simplification of integration with the provincial lab network by expanding interface engine options.
 - Continued contribution to OLIS from labs doing tests that are not covered under OHIP.
- Continue to expand access and maintain operations for delivering comprehensive, coordinated, evidence-based genetic services for additional domains of care. Convene experts to identify additional domains of care.
- Stand up a provincial program for all insured and/or publicly-funded laboratory and point-of-care testing services.

YEAR THREE: 2024/25

- Continue modernization of the provincial diagnostic network.

3.3 Improve access and quality in cancer care

YEAR ONE: 2022/23

- Implement prioritized initiatives outlined in the fourth year of the Ontario Cancer Plan 5 (OCP5) and initiatives in response to the pandemic.
- Improve, operate and modernize digital systems supporting cancer screening, prevention, treatment, and service planning and delivery.

Cancer Care

- Launch the Radiation Treatment Quality Based Procedures (QBP) to support adoption of evidence-informed clinical practices and reduce variation to improve outcomes.
- Continue to plan for expansion of critical infrastructure – including, a radiation facility in the West, and expansion of positron emission Tomography (PET) and complex malignant hematology– to promote improved and equitable access to the standard of care.
- Continue ongoing efforts to ensure the standard of care is provided to all Ontarians needing cancer treatment, including the ability to adapt to scientific and technological advances in cancer care.
- Develop and potentially launch an innovation pathway framework to accelerate adoption of new technologies focusing initially on robotic surgery and genetic testing in Ontario.

Screening and Diagnosis

- Launch the Sioux Lookout and Zone fecal immunochemical test (FIT) pilot that will increase access to colorectal cancer screening to 27 remote First Nation communities.
- Expand the Ontario Lung Screening Program to include new screening sites.
- Continue activities to implement human papillomavirus (HPV) testing in the Ontario Cervical Screening Program to improve cervical screening and colposcopy in Ontario.

YEAR TWO: 2023/24

- Extend Ontario Cancer Plan 5 to implement prioritized initiatives for year 5 and initiatives in response to the pandemic.
- Complete planning for Ontario Cancer Plan 6.
- Continue to improve, operate, and modernize digital systems supporting cancer screening, prevention, treatment, and service planning and delivery.

Cancer Care

- Continue to plan for expansion of critical infrastructure – including a radiation facility in the West, and expansion of positron emission Tomography (PET) and complex malignant hematology– to promote improved and equitable access to the standard of care.
- Continue ongoing efforts to ensure the standard of care for cancer treatment is provided to all Ontarians, including the ability to adapt to scientific and technological advances in cancer care.
- Refine the innovation pathway framework based on early lessons learned.

Screening and Diagnosis

- Expand Sioux Lookout and Zone FIT pilot to other First Nation communities and under/never screened groups to increase access and equity in colorectal cancer screening.
- Continue activities to implement human papillomavirus (HPV) testing in the Ontario Cervical Screening Program to improve cervical screening and colposcopy in Ontario.
- Continue to expand the Ontario Lung Screening Program to include new screening sites.
- Plan for High Risk ColonCancerCheck pilot (Lynch Syndrome) to reduce cancer incidence and mortality among high-risk individuals through early detection.

YEAR THREE: 2024/25

- Launch Ontario Cancer Plan 6 and implement first year priorities for improving quality, equity and performance of the Ontario cancer system.

Cancer Care

- Continue to plan for expansion of critical infrastructure – including an Ontario proton beam facility, a radiation facility in the West, and expansion of positron emission Tomography (PET) and complex malignant hematology– to promote improved and equitable access to the standard of care.
- Continue ongoing efforts to ensure the standard of care is provided to all Ontarians needing cancer treatment, including the ability to adapt to scientific and technological advances in cancer care.
- Operationalize the innovation pathway.

Screening and Diagnosis

- Plan for launch of HPV testing in the Ontario Cervical Screening Program to improve cervical screening and colposcopy in Ontario.
- Continue to expand the Ontario Lung Screening Program to include new screening sites.
- Modernize cancer screening patient correspondence by advancing initiatives to include digital options.
- Continue activities to implement a High Risk ColonCancerCheck pilot (Lynch Syndrome) to reduce cancer incidence and mortality among high-risk individuals through early detection.

3.4 Improve access and quality in renal care

YEAR ONE: 2022/23

- Implement the fourth year of Ontario Renal Plan 3, focusing on quality improvement initiatives, health equity and critical capacity infrastructure to drive excellence in renal care.
- Establish a more person-centered and integrated kidney transplant system to increase equitable access to kidney transplantation, with a focus on increasing the number of living kidney donor transplants.
- Transfer the accountability for funding, reporting, and performance management of Independent Health Facilities providing dialysis from the Ministry of Health to Ontario Health.

YEAR TWO: 2023/24

- Extend Ontario Renal Plan 3 for a fifth year, focusing on quality improvement initiatives, health equity and critical capacity infrastructure to drive excellence in renal care.

- Develop Ontario Renal Plan 4 to establish future priorities for the renal system, with extensive stakeholder engagement and the identification, through partnering, of opportunities to reduce disparities.
- Advance a more person-centered and integrated kidney transplant system to increase equitable access to kidney transplantation, with a focus on increasing the number of living kidney donor transplants.

YEAR THREE: 2024/25

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

3.5 Increase lifesaving organ and tissue donations and transplants

YEAR ONE: 2022/23

- Identify and resolve barriers to equitable transplant services by:
 - Achieving an organ yield of 3.22 and 365 deceased organ donors.
 - Achieving 2200 ocular donors and 320 multi-tissue donors.
 - Increase donor registrations by 120,000.
 - Planning and implementing initiatives to reduce referral work-up time.
- Reporting key transplant performance and evaluation indicators across the six quality dimensions (safe, effective, patient-centered, timely, efficient, and equitable).

- Leveraging United Kingdom methodology to review current data collected on donation cases in support of diversity, equity and inclusion.
- Advance innovation and leading practices in donation and transplant through research and partnerships by:
 - Implementing and evaluating ex-vivo organ technologies and abdominal normothermic regional perfusion.
 - Contributing to national consensus on death determination guidelines.
 - Applying for American Association of Tissue Banks accreditation.

YEAR TWO: 2023/24

- Develop a plan with key stakeholders to advance provincial access to living donor transplantation.
- Operationalize the new kidney transplant funding model and submit an implementation plan to MOH for the new living donor kidney transplant funding methodology.
- Work with hospital partners, patients, potential donors and care providers to improve access to transplantation and donation and achieve:
 - An organ yield of 3.24 and 375 deceased organ donors.
 - 2300 ocular donors and 340 multi-tissue donors.
 - Increase donor registrations by 120,000.

YEAR THREE: 2024/25

- Continue to advance through engagement and achieve:
 - An organ yield of 3.24 and 385 deceased organ donors.
 - 2400 ocular donors and 360 multi-tissue donors.
 - Increase donor registrations by 120,000.

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

YEAR ONE: 2022/23

Cardiac

- Advance the integration of the heart failure model of care, leveraging OHTs, to improve early identification and management of heart failure disease across the continuum of care.
- Improve timely access and care outcomes for patients with atrial fibrillation (AFib) by:
 - Finalizing provincial capacity recommendations for timely access to catheter AFib ablation.
 - Completing provincial guidelines for patient eligibility and facility quality criteria for AFib catheter ablation procedures.

Vascular

- Integrate/implement lower-limb preservation model in three to five programs/OHTs to improve access to best-practice management and integrated lower-limb preservation care.

Stroke

- Implement endovascular thrombectomy (EVT) screening and patient selection up to 24 hours from stroke symptom onset for better access to hyper acute stroke care (tissue plasminogen activator tPA, EVT) for patients with ischemic stroke.
- Complete provincial capacity recommendations for MOH and regional stroke system as well as regional leaders to improve equitable access to high quality stroke unit care.
- Assess the gap for post-stroke community rehabilitation best practice; develop a plan for data collection to inform improvements in access and patient outcomes.

YEAR TWO: 2023/24

Cardiac

- Standardize a maximum recommended wait time target for catheter AFib ablation to improve care to enable better quality of life for people with AFib.

Vascular

- Provincially scale lower-limb preservation programs to reduce non-traumatic major lower-limb amputations.

Stroke

- Implement system strategy for improving access to hyper acute screening, assessment and treatment.
- Implement provincial recommendations for improving equitable access to high quality stroke unit care to improve short- and long-term outcomes for patients with acute stroke admitted to hospitals.
- Operate and modernize systems supporting cardiac, stroke and vascular care.
- Implement data collection and use the data to begin to more accurately measure post-stroke community-based rehabilitation gaps, and inform strategies towards a better stroke rehabilitation system in future years.

YEAR THREE: 2024/25

Cardiac

- Scale heart failure care model implementation and make recommendations to update CHF QBP funding policy to reduce heart failure emergency department visits and hospitalizations.
- Continue to advance prior year’s deliverables.

Vascular

- Implement a provincial Abdominal Aortic Aneurysm (AAA) screening program (one-time ask) for early detection and decrease avoidable AAA ruptures.

Stroke

- Continue to advance prior year’s deliverables.

3.7 Transform and Improve access and quality in palliative care

YEAR ONE: 2022/23

- Develop recommendations for palliative models of care for pediatrics in all care settings and adults in hospital, aligned to the Ontario Provincial Framework for Palliative Care, to enable patients to remain in their setting of choice, if possible, thus reducing unnecessary hospitalizations, and improving overall coordination and quality of palliative care in Ontario.

- Support OHT implementation of models of palliative care for adults in the community (through the Palliative Care Health Services Delivery Framework) across the province.
- Work to expand palliative approaches to care in long-term care in a manner that is responsive to the diverse needs of long-term care residents.



YEAR TWO: 2023/24

- Finalize and initiate implementation of recommendations for models of palliative care for pediatric care settings and adults in hospital and continue implementation of health services delivery framework to enable patients to remain in their setting of choice.



YEAR THREE: 2024/25

- Continue implementation of palliative care related models of care recommendations for children and adults in all care settings, including monitoring and evaluation.



Maximize System Value by Applying Evidence

- 4.1 Use data to enhance equitable access to care
- 4.2 Advance data collection, analysis, sharing and reporting to drive Continuous Quality Improvement (CQI)
- 4.3 Implement Quality Framework for long-term care
- 4.4 Quantify value-add opportunities for the health system (Identify efficiencies, savings, and value creation)
- 4.5 Support improvement of patient safety

4.1 Use data to enhance equitable access to care

YEAR ONE: 2022/23

- Build, operate and modernize digital tools to help OHTs and clinicians better understand their populations and the services that are available to the populations they serve. Enable capacity to collect, analyze and use clinical data for planning and quality improvement.
- Ontario Health performance reporting for feasible indicators includes an equity analysis based on key stratifications for our corporate scorecard and program level dashboards. These stratifications include the Ontario marginalization index that is built on multiple axes of deprivation, including economic, ethno-racial, age-based and social marginalization. This informs Ontario Health shifting to mobilize change in order to reduce inequities across our programs and key areas of focus.

YEAR TWO: 2023/24

- Continue to advance prior year's deliverables.
- Continue implementation of the provincial Centralized Surgical Waitlist Strategy with focus on accelerating consistency of centralized intake practices and standards across the province (Phase 2).

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.
- Continue implementation of the provincial Centralized Surgical Waitlist Strategy with focus on standardization of active decision support to optimize patient flow and ensure equitable access from initial referral through surgical intervention (Phase 3).

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

YEAR ONE: 2022/23

- Assess opportunities for new socio-demographic data collection in provincial programs consistent with ministry policies and the ministry's health equity priorities (i.e., mental health and addictions, cancer screening, etc.).

- Execute on year 1 of the three-year Public Reporting Roadmap, including new areas of public reporting and a health system scorecard, and evaluating the impact of public reporting.
- Promote improvements in the quality of the patient experience, patient care and safety through the development of clinical and quality standards and guidelines, the regular collection, analysis and reporting of data, and in response to key audit findings.
- Support and monitor the execution of Quality Improvement Plans (QIPs). To ensure organizations advance their quality improvement goals, the program will provide support in actioning improvement, particularly for organizations with lower performance in their selected priority areas - in order to help them meet their targets.
- Provide practitioners across Ontario with MyPractice reports, which includes establishing online communities of practice and/or implementation strategy to support knowledge exchange and support priority quality improvement areas.
- Continue to provide support and guidance to the Ontario General Medicine Quality Improvement Network, Ontario Surgical Quality Improvement Network, and the Emergency Department Return Visit Quality Program.

YEAR TWO: 2023/24

- Execute on year 2 of the Public Reporting Roadmap by introducing new public reporting, refreshing data on public reporting products as appropriate, reviewing public reporting impact and including equity in reporting and distribution of public reporting products.

YEAR THREE: 2024/25

- Execute on year 3 of Public Reporting Roadmap by releasing new products, refreshing data and reviewing public reporting impact.

4.3 Support development and implementation of the MLTC's Quality Framework for long-term care

YEAR ONE: 2022/23

- Continue to support the MLTC in the development and implementation of Ontario's Quality Framework for Long-Term Care to improve the quality of care for long-term care home residents.
- Support the development of the future Long-Term Care Quality Centre, ensuring quality goals are part of an integrated quality improvement plan for the province.

YEAR TWO: 2023/24

- Monitor and evaluate the success of year 1 priorities.
- Evolve (as required) and implement year 2 priorities.

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.

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

YEAR ONE: 2022/23

- Design OHT integrated funding framework with a test of integrated heart failure care in OHTs in collaboration with the ministry.
- Rationalize and consolidate digital assets and services as contracts end or opportunities arise to optimize services, increase efficiency and ensure value for money.
- Evaluate digital and virtual solutions, programs and services to identify opportunities, innovative models and promising practices for improvement, scale and spread.
- Develop health technology assessment recommendations.

YEAR TWO: 2023/24

- Establish a diversified portfolio of funding tools and envelopes to enable OHTs/integrated care systems in collaboration with the ministry.

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.

4.5 Support improvement of patient safety

YEAR ONE: 2022/23

- Implement a Never Event Reporting System in hospitals, including language barrier as a criterion. "Never events" are patient safety incidents that result in serious patient harm or death and are preventable using organizational checks and balances.
- Refresh publicly reported hospital patient safety measures in partnership with the Ontario Hospital Association, the public, and the Ministry of Health.

YEAR TWO: 2023/24

- Develop a learning calendar for the provincial Quality and Patients Safety Rounds based on the synthesis of the previous year's reports to the Never Event Reporting System (as well as other system priorities). Approximately, 50% of the rounds will be focussed on patient safety.
- Produce a specialized report on patient safety and never events.
- Continue to advance 2022/23 deliverables and expand areas of focus depending on health system performance.

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.



Strengthen Ontario Health's Ability to Lead

- 5.1 Continue building Ontario Health team
- 5.2 Strengthen system supports and accountabilities
- 5.3 Increase our role with primary care
- 5.4 Support supply chain centralization
- 5.5 Implement our Equity Inclusion Diversity and Anti-Racism (EIDA-R) strategy (Year 2)

5.1 Continue building Ontario Health team

YEAR ONE: 2022/23

- Build and deliver Ontario Health's Learning and Development Program.
- Harmonize talent management and workforce planning.
- Provide greater support to partners in the North through the implementation of a revised operating model that will establish and resource two distinct regions and teams as part of Ontario Health North (East and West).
- Work with the MOH to evolve the funding framework between the Ministry and Ontario Health to further support a connected, innovative, and outcome-focused health system.

YEAR TWO: 2023/24

- Continue to advance prior year's deliverables.

YEAR THREE: 2024/25

- Continue to advance prior year's deliverables.

5.2 Strengthen system supports and accountabilities

YEAR ONE: 2022/23

- Implement the roadmap to reform service accountability agreements (SAAs) and execute the 2022/23 SAA planning cycle in alignment with stakeholder input, including FLS requirements.
- Operate and modernize systems supporting: cancer care; renal care; organ and tissue donations and transplants; and cardiac, stroke and vascular care.
- Enhance comprehensiveness and clinical value of provincial repositories through the addition of critical data sets and broadened contribution.

- Enhance the clinician experience and access to data at the point of care via direct integration between systems. This includes Digital Health Drug Repository (DHDR) integration with hospital information systems for example.
- Prioritize use cases for data access and exchange, and develop and applying maintain relevant interoperability specifications for the digital tools/platforms used by providers and patients. (Digital Health Information Exchange DHIE policy).
- Help raise the provincial bar in data security through the advancement of Ontario Health's Provincial Cyber Security Operating Model.
- Procure a single provincial acute care clinical viewer and a replacement technology for the Clinical Data Repository (acCDR), enabling technology consolidation and improved system performance, improved clinician and patient experience.
- Develop and maintain the necessary processes and requirements to respond to access requests to the EHR upon proclamation of PHIPA s.51(5).
- Create infrastructure to enable a provincial patient digital identity and implement policy changes to enable the sharing of electronic health record data in patient-facing tools.

YEAR TWO: 2023/24

- Continue transformation of SAAs in alignment with strategy and stakeholder input.
- Identify and implement processes and tools to support coordinated SAA oversight, operations and performance management.

YEAR THREE: 2024/25

- Continue to advance prior year’s deliverables.

5.3 Increase our role with primary care

YEAR ONE: 2022/23

- Form a steering committee on primary care to enable collaboration, information sharing and alignment of goals in between MOH and Ontario Health.
- Partner with the regions to optimize the service accountability agreements (SAA) summaries for community health centres.
- Integrate Ontario Health primary care data reports into a single offering that is aligned with the priorities for the primary care sector.
- Continue to advance electronic medical records (EMR) integration projects aimed at making new clinical tools and patient data sources available to community-based clinicians at the point of care.

YEAR TWO: 2023/24

- Coordinate capacity building and an integrated suite of quality improvement tools in alignment with the primary priorities and data reports.

YEAR THREE: 2024/25

- Integrate the primary care reporting into EMRs and/or implement a business intelligence tool to improve access and use of the data for quality improvement.

5.4 Support supply chain centralization

YEAR ONE: 2022/23

- Continue to support Ontario’s COVID-19 supply chain response and system recovery in coordination with MOH, MGCS, health sector entities and Supply Ontario.
- Deliver on the provincial supply chain centralization initiative for medical equipment and supplies and peritoneal dialysis in line with category management best practices that will improve patient outcomes and deliver better value to clients.
- Implement a strategic health system approach for an integrated supply chain supporting value-based health care (e.g., bundling, OHTs), addressing funding, technology/data and process (e.g., health technology assessments).
- Continue to work with the government and Supply Ontario on progressing the province-wide clinical supply chain management model for the health care sector with clear roles and accountabilities.

YEAR TWO: 2023/24

- Execute a province wide sourcing strategy for hemodialysis that will deliver on improved outcomes for renal patients while delivering cost savings to the system.
- Procure a provincial acute care clinical viewer for the new clinical document repository, enabling technology consolidation and improved system performance, clinician and patient experience.
- Develop a vendor scorecard program that focuses on both services and goods and establishes key metrics on quality, cost, delivery and customer satisfaction.

YEAR THREE: 2024/25

- Pilot a vendor scorecard program with two strategic vendors.
- Successful completion of provincial wide sourcing strategies such as the fecal immunochemical test (FIT).

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

YEAR ONE: 2022/23

Reducing disparities in services related to access, experiences, and outcomes:

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

Reflect our communities in all decision-making bodies and advisory committees:

- Establish trusted relationships with communities for meaningful engagement.
- Develop tools and resources to enable effective partnerships and programs.

Support our people by ensuring our teams are diverse, inclusive, and team members are fulfilled in their work:

- Implement equity learning and development plan.
- Implement the Equity, Inclusion, Diversity, and Anti-Racism recruitment and retention plan.

Build sustainability by embedding equity, inclusion, diversity, and anti-racism in everything we do with stable funding over the long-term:

- Apply an equity lens to all organizational policies.

Partner to Advance Indigenous Health

- Engage and develop a relationship with Indigenous leadership, organizations, health tables and communities.



YEAR TWO: 2023/24

- Continue to implement the EIDA-R multi-year plan.
- Develop year 3 plan in alignment with Ontario Health's EIDA-R objectives.



YEAR THREE: 2024/25

- Continue to implement the EIDA-R multi-year plan.
- Develop year 3 plan in alignment with Ontario Health's EIDA-R objectives.

Performance Measures

The performance measures for the Ontario Health 2022/23 corporate scorecard reflect the major priorities within this Annual Business Plan.

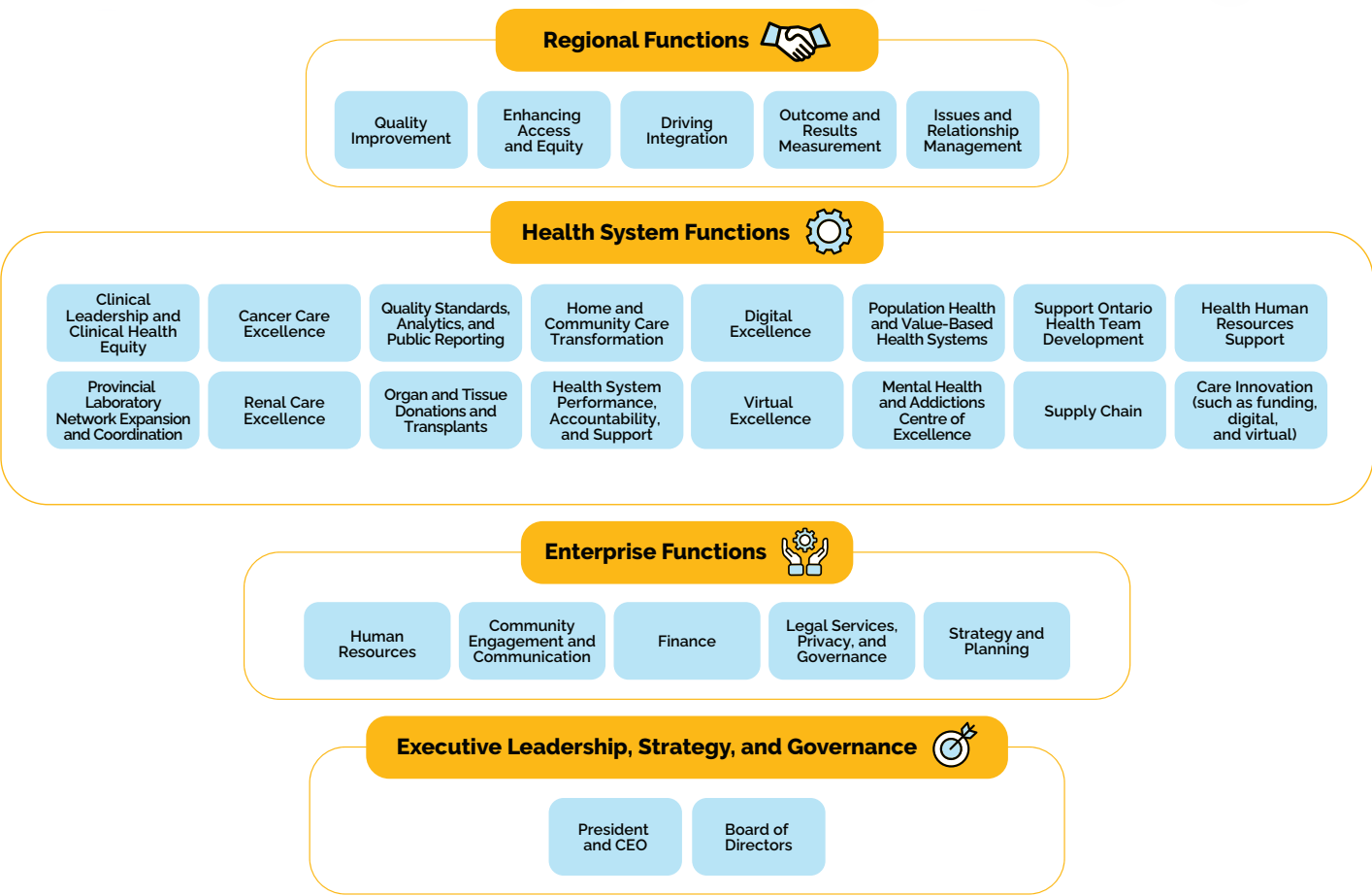
Ontario Health is focused and aligned to the health system’s recovery agenda. This includes measures that cover the full continuum of care. Ontario Health is in a position to focus our leadership and efforts, along with the health system, on equitable resumption, recovery, and scale.

Area of Focus		Measure
Increasing timely access to high quality Mental Health and Addictions care	The number of clients enrolled in OSP program	 Reduce health inequities For all measures, we will perform an equity analysis through stratifications
Stabilizing Health Human Resources	Percentage of hospitals that experience an emergency department closure due to physician availability	
Increasing Primary Care visits	Percent of in-person to virtual care	
Increasing Screening	Screening volumes	
Reducing diagnostic imaging wait times	Wait time to diagnostic imaging	
Increasing timely access to Surgery	Long waiters and overall wait times for priority procedures (cancer and non-cancer)	
Reducing Alternate level of Care (ALC)	Number of ALC patients waiting for placement by setting	
Reducing the number of clients waiting in the community in crisis for placement to long-term care	Number of clients waiting in the community in crisis for long term care	

Overview of Programs and Activities

Ontario Health

Engaging with patients, families, caregivers, community and provider partners.



We are focused on ensuring all Ontarians receive the best quality health care. Including patients, families, long-term care residents, community clients, caregivers, volunteers, and diverse communities including the Indigenous, Francophone, and Black communities, and people with disabilities.



Working with our Partners

Health Providers and Ontario Health Teams

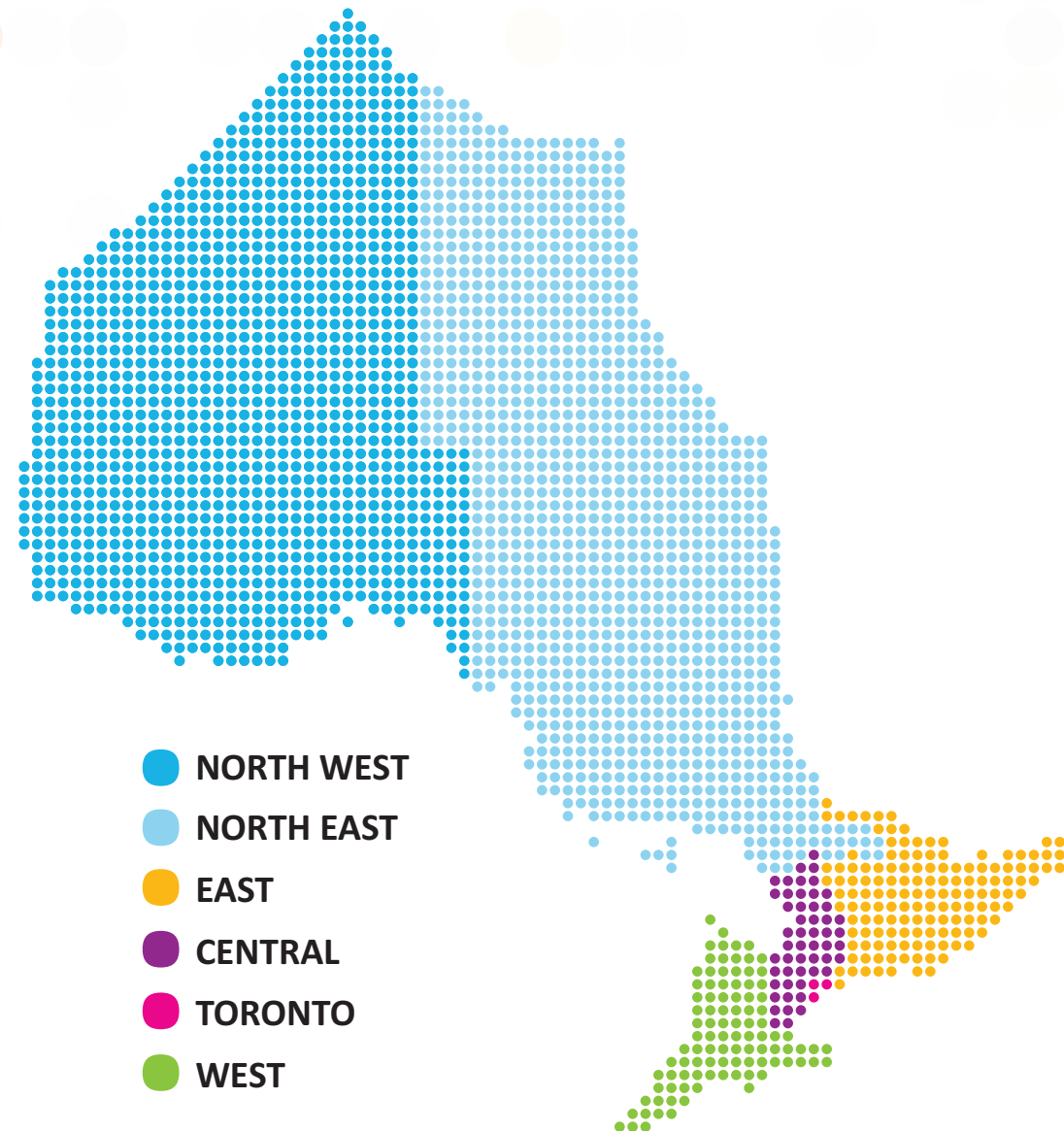


Ontario Health Regional Approach

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

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

- Coordinate the Covid-19 Pandemic Response
- Collaborate to support health system recovery
- Facilitate local planning efforts through change management and quality improvement
- Enhance equity and access within and across the regions
- Integrate regional programming and infrastructure into Ontario Health Team's (OHT's)
- Inform and implement provincial enablers and supports that build OHT maturity and ensure flow and coordination of services



Environmental Scan

We are mindful of environmental factors that are necessary in consideration to planning, execution and delivery. Below is an overview of key external and internal factors.

EXTERNAL FACTORS



Fiscal environment and economic outlook

- Ontario has faced a once-in-a-lifetime crisis. The COVID-19 pandemic placed an incredible burden on our health care system, our economy, our families and our communities. The Ontario Government has made significant investment to respond to the pandemic and promote economic recovery.
- The ongoing COVID-19 response and efforts to simultaneously recover will continue to place economic pressure on the government for the years to come. Our business planning will continue to consider new ways to create value on public health investments.



Legislative, regulatory and policy changes

- In order to respond to the ongoing COVID-19 pandemic, a number of Directives have been issued to support health system capacity to respond to the pandemic and to also support periods of safe recovery. Ontario Health will continue to work with public health and ministry officials, as well as provider partners, to effectively align to these important Directives.
- In the 2021 Throne Speech, the government outlined long-term care priorities to add 16,200 more personal support workers (PSWs) to the health care system by April 2022, hire more than 27,000 long-term care home staff over the next four years, including nurses and PSWs. This is in addition to the previous commitment to invest \$2.68 billion to build 30,000 new long-term care beds in a decade and upgrade many more to a modern design. The addition of net new health care workers will be factored into ongoing HHR and capacity planning.
- Bill 37 received Royal Assent on December 9, 2021, will repeal the current Long-Term Care Homes Act, 2007, amend the Retirement Homes Act, 2010, and enact the Fixing Long-Term Care Act, 2021. Significant additions would include a heightened profile for palliative care, continuous quality improvement and infection prevention and control, the establishment of direct hours of care targets, and increased compliance and enforcement tools. Ontario Health will integrate applicable new areas of focus into our planning.

- Ontario Health will continue to work with our FLS partners to plan against the Modernized French Language Services Act that received Royal Assent on December 9, 2021 and will:
 - Require government ministries, agencies, and institutions of the Legislature to ensure that services are readily available according to the principle of active offer;
 - Support expanding access to more points of service throughout the province by facilitating FLS designation;
 - Strengthen the quality of French language services through enhanced accountability measures.



COVID-19 Pandemic, Recovery and HHR constraints

- Our COVID-19 response, backed by data, has brought focus to systemic issues that have been exacerbated by the pandemic. We have seen reductions in access to services due to the pandemic, including preventive and primary care (particularly in-person care in earlier waves), mental health and addictions services, surgeries and procedures, and access to care in the most appropriate setting. We have also witnessed a disproportionate impact on health and access to care in certain populations and communities.
- Rapid vaccination uptake through the summer of 2021 brought about hope for a quick recovery in many industries, including health care. However, as we work towards health system recovery, we are

increasingly challenged by staffing shortages and sustained pressure on our health human resources, limiting the capacity of our health system to drive towards change. The recovery work is also challenged with the emergence of the new wave of COVID-19 (Omicron).

- We will continue to plan and implement equitable response and recovery in the context of ongoing HHR constraints.



Population Growth and Trends

- Ontario’s population reached 14,789,778 in 2021.
- Births: 34,608 births during the first quarter of 2021, an increase of 0.9% from the same quarter of 2020.
- Deaths: 33,196 (during the first quarter of 2021).
- Over the past 12 months, Ontario welcomed 85,674 immigrants, down sharply from 154,543 during the previous year.
- Over the past 12 months, Ontario’s population grew by 66,281, which is 0.5%, lower than growth of 256,335 (1.8%) during the previous year. Among the provinces, Ontario had the fifth fastest population growth rate.*



Socio-cultural and social determinants of health factors

Mental Health and Addictions

- In any given year, one in five people in Canada experiences a mental health problem or illness.

- At any particular time, between 600,000 and 990,000 Canadians fit diagnostic criteria for eating disorders. Adolescents and young adults are at a higher risk of developing eating disorders. At least 50% of patients have a dual diagnosis with substance abuse or other addictions.
- Anxiety disorders are the most common mental health conditions. The prevalence of anxiety disorders in Canada was 4.9% in 2015 and the lifetime prevalence (people who have the disorder at some point in their life) is 32%.
- COVID-19 pandemic has negatively and disproportionately affected people with a history of mental health or substance use conditions. In surveys conducted in 2020 and 2021, half of those with a history of substance use reported severe symptoms of depression since the start of the pandemic. Additionally, only one in five people with current mental health and substance use concerns, had accessed treatment.

Seniors and Aging

- Seniors are the fastest growing age group in Ontario. By 2041, it is projected that 25% of Ontario’s population will be 65 years or older, increasing from 3 million seniors in 2016 to 4.6 million seniors.
- In Ontario, more than 38,000 people are waiting for long-term care placement and the waitlist is growing. The median number of days wait is 188 from the community and 114 from hospital.
- While waiting for long-term care, many families continue to provide crucial support to address the needs of their loved ones at home, retirement home, hospital or other places.
- Since 2019 we have seen a consistent rise of patients waiting for long term care in the community in crisis. The pandemic has exacerbated this, with a policy focused on discharge from acute care settings. Over the course of 2021 we saw the waitlist for those waiting in the community in crisis continue to rise.
- A continuum of care response is required and will be prioritized throughout our 2022/23 engagements, planning, and actions.

Virtual Care

- The pandemic saw unprecedented use of virtual care in 2020. In 2021, we continue to see virtual care on the rise from pre-pandemic volumes, however this must also be met with a return to in-person visits within primary care.

Cancer Screening

- During the various waves of the pandemic, cancer screening was delayed or not available as primary care visits were virtual, and patients were engaging less with the health care system for routine visits. We have seen an increase in cancer screening over the course of 2021 but continued focus will be required. There are downstream effects on diagnosis, treatment and care.

INTERNAL FACTORS



Ontario Health integration

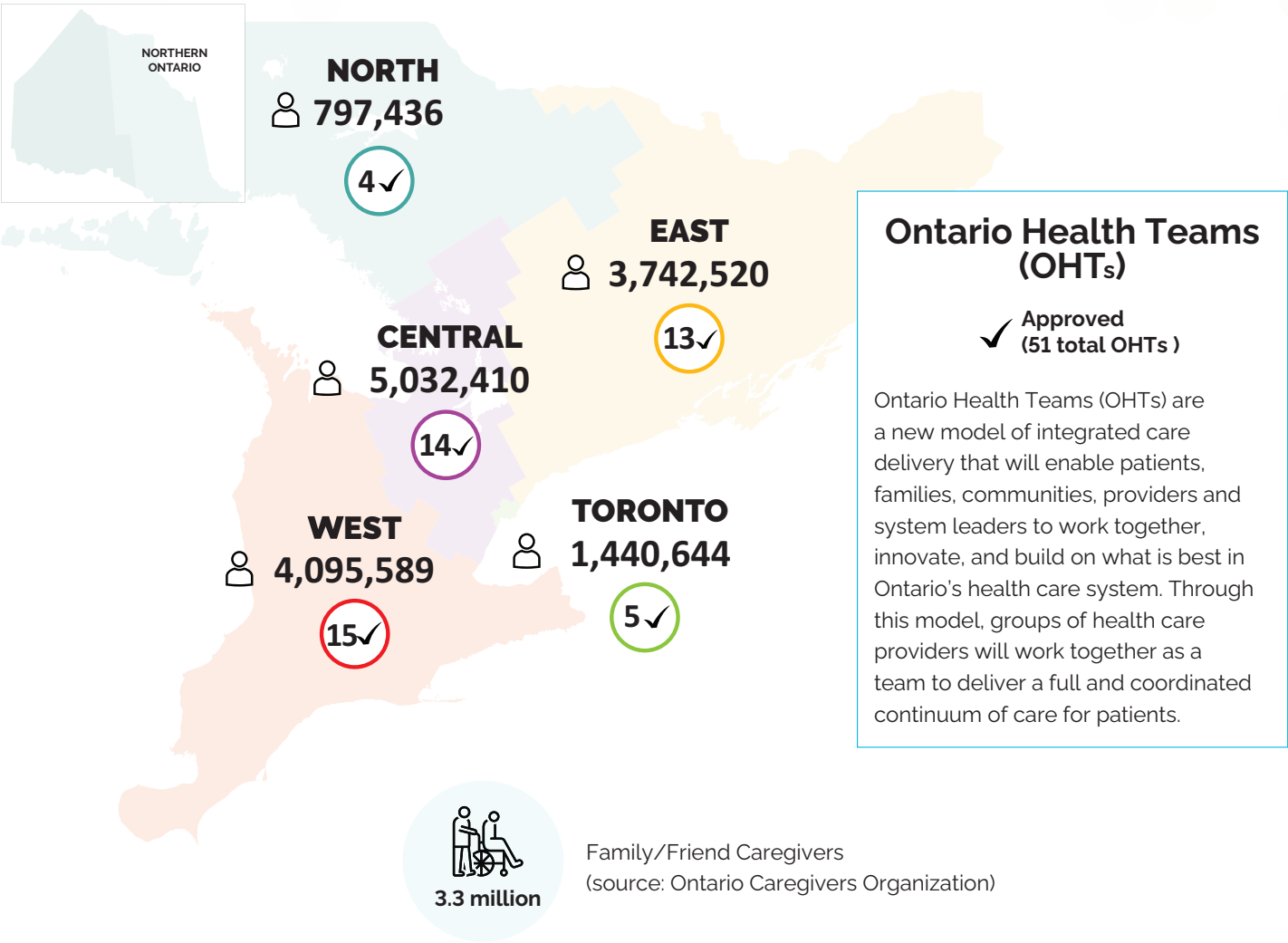
- Ontario Health has now integrated 22 organizations into a unified agency, producing savings of over \$219M. With a streamlined agency, OH continues to advance major health system transformations with existing staff and resources. Where further integrations and opportunities for efficiencies are identified, we will ensure that we continue to deliver at the standard that we expect of ourselves.

*Source: [Ontario Demographic Quarterly: Highlights of first quarter.](#)

Our Current Environment

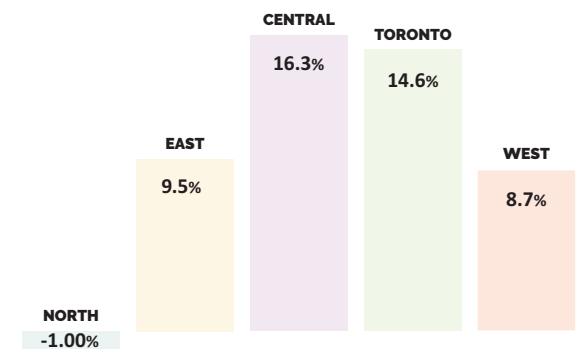
We consider several factors in our business planning. That includes, ensuring:

- 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 MOH and the MLTC'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.

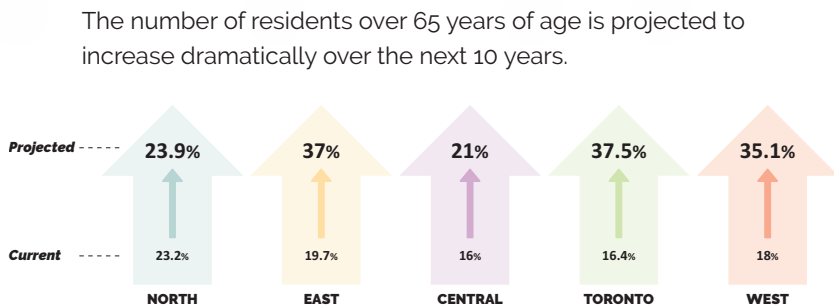


Demographics

Projected population growth over next 10 years



Increasing aging population



HEALTH SERVICE PROVIDERS

Community Mental Health & Addictions Providers



395

Community Support Service Providers



532

Community Health Centres



101

Public Hospitals



140

Aboriginal Health Access Centres



10

Long-Term Care Homes



627

Family Health Teams



185

Home Care Service Providers



243

Nurse Practitioner-Led Clinics



25

Regional Renal Programs



27

Regional Cancer Centres



14

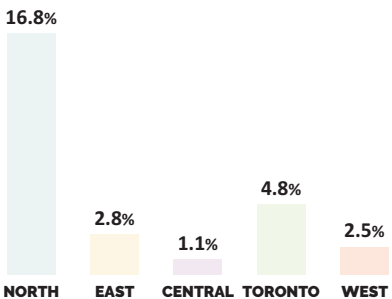
Transplant Centres



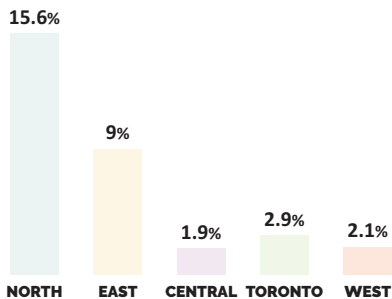
8

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

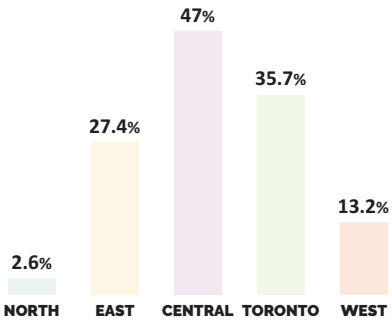
Population that identifies as Indigenous



Population that identifies as Francophone



Population that identifies as visible minority



North – Regional Profile

NORTH
797,436
(population)



16.8%

Identify as
Indigenous



15.6%

Identify as
Francophone



2.6%

Identify as
visible minority



5.8%

Immigrant
population



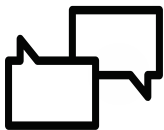
289

Service
Accountability
Agreements



547

Home Care
Service Provider
Organization
Contracts



9

Designated
French-
Language
Service Areas

Projected
population
growth over next
10 years

-1%

Projected
population over
age of 65 in
10 years

23.9%

(23.2% currently)

Number of
approved
Ontario Health
Teams

4

HEALTH SERVICE PROVIDERS



Community
Mental Health
& Addictions
Providers

83



Community
Support
Service
Providers

135



Community
Health
Centres

9



Public
Hospitals

35



Aboriginal
Health
Access
Centres

6



Long-Term
Care
Homes

67



Family
Health
Teams

47



Home Care
Service
Providers

64



Nurse
Practitioner-
Led Clinics

13



Ontario Health
Managed
Homecare

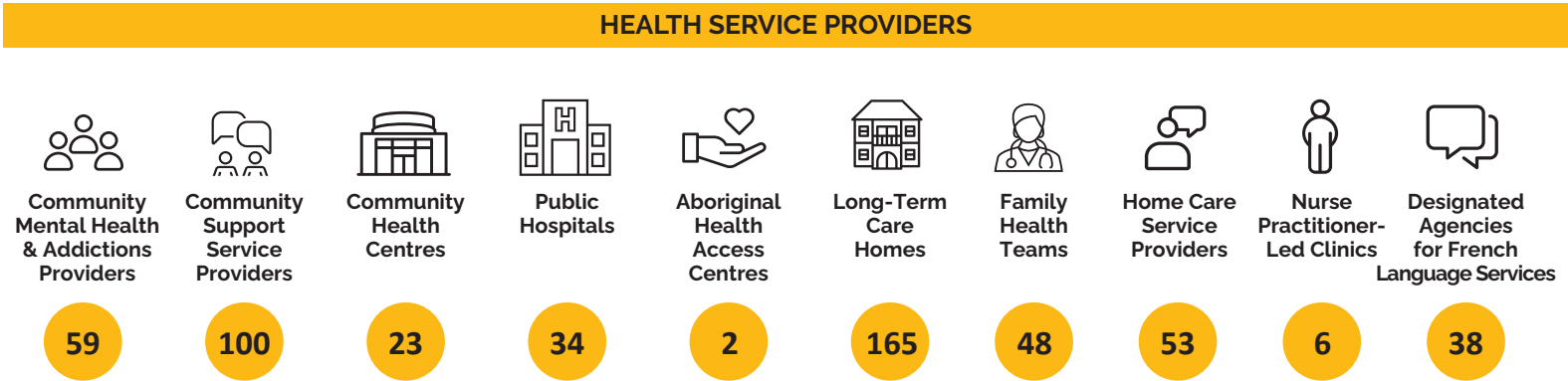
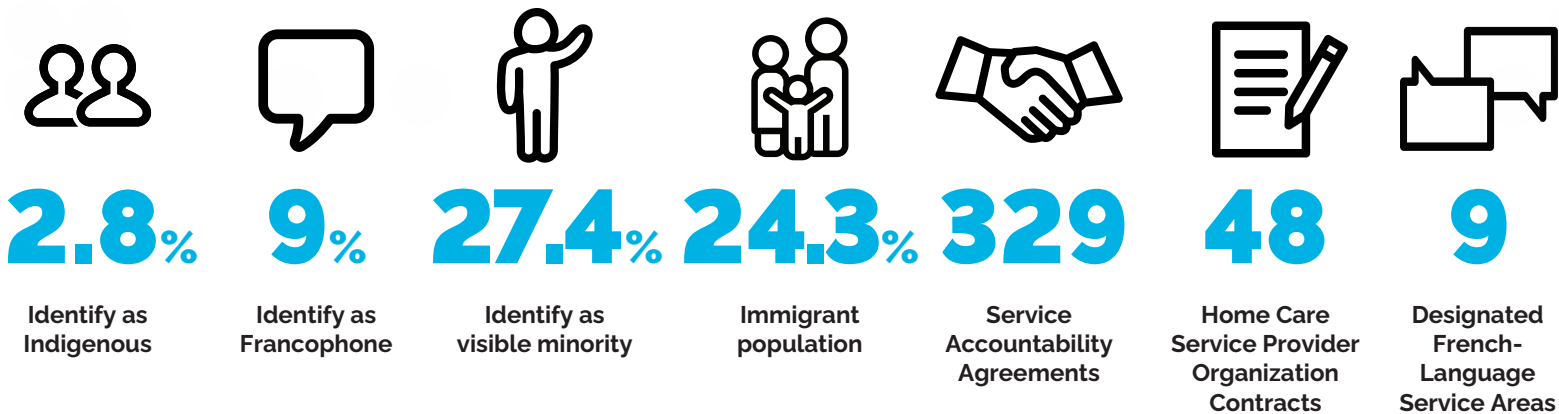
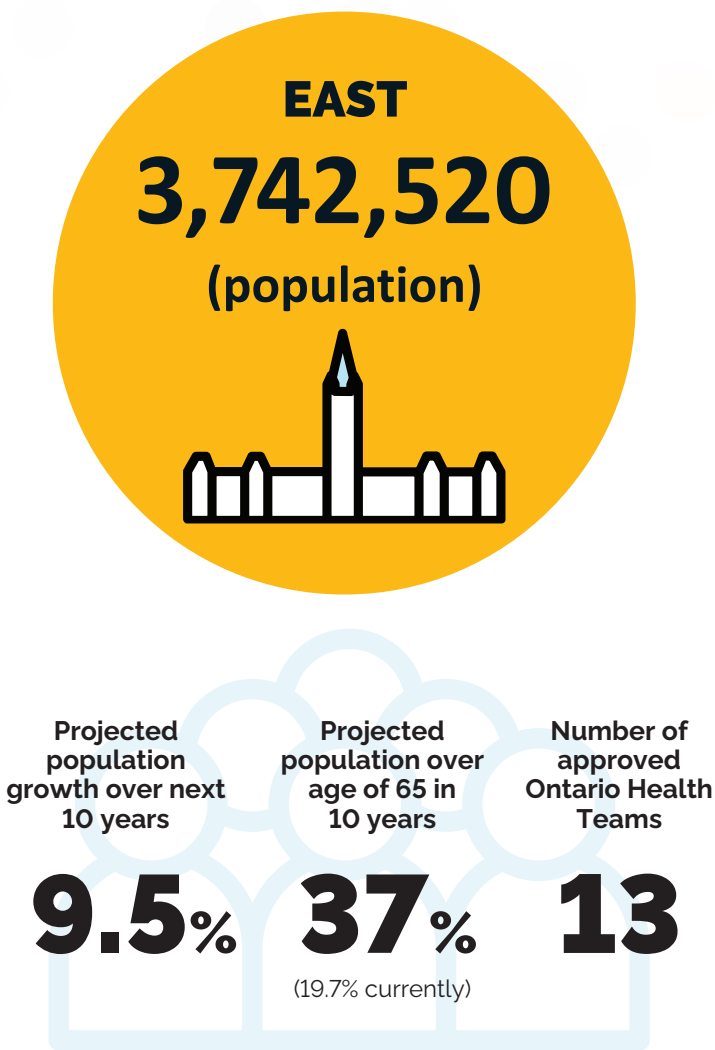
8



Designated
Agencies for
French Language
Services

42

East – Regional Profile



Central – Regional Profile

CENTRAL
5,032,410
(population)



Projected
population
growth over next
10 years

16.3%

Projected
population over
age of 65 in
10 years

21%

(16% currently)

Number of
approved
Ontario Health
Teams

14



1.1%

Identify as
Indigenous



1.9%

Identify as
Francophone



47%

Identify as
visible minority



48.3%

Immigrant
population



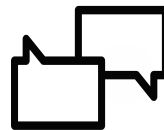
277

Service
Accountability
Agreements



86

Home Care
Service Provider
Organization
Contracts



5

Designated
French-
Language
Service Areas

HEALTH SERVICE PROVIDERS



Community
Mental Health
& Addictions
Providers

51



Community
Support
Service
Providers

105



Community
Health
Centres

9



Public
Hospitals

16



Aboriginal
Health
Access
Centres

1



Long-Term
Care
Homes

124



Family
Health
Teams

33



Home Care
Service
Providers

30



Nurse
Practitioner-
Led Clinics

7



Designated
Agencies
for French
Language Services

2

Toronto – Regional Profile

TORONTO
1,440,644
(population)



Projected population growth over next 10 years

14.6%

Projected population over age of 65 in 10 years

37.5%

(16.4% currently)

Number of approved Ontario Health Teams

5



4.8%

Identify as Indigenous



2.9%

Identify as Francophone



35.7%

Identify as visible minority



36.4%

Immigrant population



171

Service Accountability Agreements



15

Home Care Service Provider Organization Contracts



1

Designated French-Language Service Areas

HEALTH SERVICE PROVIDERS



Community Mental Health & Addictions Providers

74



Community Support Service Providers

62



Community Health Centres

16



Public Hospitals

14



Aboriginal Health Access Centres

1



Long-Term Care Homes

35



Family Health Teams

15



Home Care Service Providers

21



Nurse Practitioner-Led Clinics

0



Designated Agencies for French Language Services

2

West – Regional Profile

WEST
4,095,589
(population)



Projected
population
growth over next
10 years

8.7%

Projected
population over
age of 65 in
10 years

35.1%

(18% currently)

Number of
approved
Ontario Health
Teams

15



2.5%

Identify as
Indigenous



2.1%

Identify as
Francophone



13.2%

Identify as
visible minority



18.1%

Immigrant
population



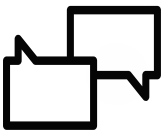
529

Service
Accountability
Agreements



100

Home Care
Service Provider
Organization
Contracts



5

Designated
French-
Language
Service Areas

HEALTH SERVICE PROVIDERS



Community
Mental Health
& Addictions
Providers

128



Community
Support
Service
Providers

130



Community
Health
Centres

21



Public
Hospitals

40



Aboriginal
Health
Access
Centres

2



Long-Term
Care
Homes

236



Family
Health
Teams

53



Home Care
Service
Providers

75



Nurse
Practitioner-
Led Clinics

7



Designated
Agencies
for French
Language Services

5

Risk Identification, Assessment and Mitigation

Ontario Health has established foundational aspects of the enterprise risk management program. Focus over the coming year will be to enhance and harmonize key enterprise risk management capabilities and capacity within our health system and within Ontario Health. Doing so will ensure that the organization continues to build a risk-aware culture that maintains mature processes to proactively identify, assess, manage, monitor and report enterprise risks. Enterprise risk management governance has been established, and robust reporting to senior management, the Board and the ministry will continue in 2022/23.

RISK: CLARITY ON ACCOUNTABILITIES

Ontario Health operates in a complex health system environment with many stakeholders involved in the delivery of care to patients across Ontario. This includes federal and municipal jurisdictional partners, health services providers, primary care, ministries and other board-governed Crown agencies such as the 14 HCCSSs. As Ontario Health advances key business transformation programs such as the implementation of OHTs, modernization of home care, advancing health equity, delivery of mental health and addictions programs etc., aligning on accountabilities across partners will be crucial to maximize health system resources, optimize patient experience and more broadly achieve goals of the Quadruple Aim.

Likelihood and impact

Residual likelihood **Medium**, given Ontario Health’s ability to work with health system partners to achieve common goals (as demonstrated through the pandemic response).

Impact **High**, due to effect on patient experience and utilization of scarce health system resources.

Mitigation

Senior management and the Board have worked with the Ministry of Health and Ministry of Long-Term Care to establish modern accountability agreements.

Senior management and the Board will also work with the ministry to establish clear governance and accountability frameworks to align with new health service delivery approaches associated with business transformation programs.

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

RISK: CYBERSECURITY

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

Likelihood and impact

Likelihood **Medium**, given the controls and cybersecurity program in place.

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

Mitigation

Ontario Health has formally reviewed and validated privacy and security programs. A robust cybersecurity program is in place, incorporating people, process and technology controls to prevent, detect and respond to cyber threats.

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

RISK: MULTIPLE COMPETING PRIORITIES DUE TO COVID-19:

Responding to COVID-19 remains a top priority for the entire health system, including Ontario Health. Due to the far-reaching impacts of COVID-19, priorities continue to be re-evaluated. Additionally, much of our work is contingent on the capacity and capabilities of our health system partners who are experiencing HHR constraints and provider burnout.

Likelihood and impact

Likelihood **Medium**, given the current resources allocated to pandemic response and health system recovery efforts.

Impact **High**, given the synergies in pandemic response and system recovery efforts with other business priorities.

Mitigation

The 2022/23 Annual Business Plan has considered capacity needed for ongoing pandemic response activities, as well as health system recovery efforts. Ontario Health will work with the Ministry of Health and Ministry of Long-Term Care to ensure health recovery efforts are appropriately resourced and prioritized.

Senior management will also reassess progress against the Annual Business Plan on a quarterly basis.

RISK: HEALTH SYSTEM TRANSFORMATION

Health service providers and partners are progressing towards integrated service delivery models through the implementation of OHTs, however, structural barriers to full OHT maturity still exist. Ontario Health wishes to take on an expanded leadership role to support and drive implementation. As part of this role, Ontario Health would manage the complexity of evolving current Ontario Health system service provider accountability frameworks to reflect new OHT governance structures that are being established across the province.

Likelihood and impact

Likelihood **High**, given the variation in OHT partnerships and governance models being established across the province.

Impact **Low**, given that accountability agreements will reflect agreed upon integrated service delivery models across OHT members.

Mitigation

The Board and senior management will continue to work with the Ministry of Health and Home and Community Care Support Services to put forward home care modernization plans and OHT governance options that will (a) incorporate governance principles that will promote self-governed integrated service delivery and (b) ensure that OHTs/ HSPs/SPOs are appropriately accountable to Ontario Health.

Ontario Health will also work with HSPs and SPOs to adjust existing accountability agreements and contracts to align with shifting accountabilities.

MOH and OH are advancing discussions to formalize OH’s leadership role to support and drive implementation of health system transformation programs.

Human Resources and Staffing

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, several 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.

HUMAN RESOURCES PRIORITIES AND DELIVERABLES

To achieve our strategic goals and enable change across the organization, we need the expertise, commitment and enablement of our team members. Ontario Health is creating an environment where people can thrive and are enabled to deliver targeted and sustainable organizational performance. In line with this vision, the following are the key human resources deliverables.

Key areas of focus are:

- 1. Organizational design:** As organizational design and integration work progresses at Ontario Health, we will continue to identify and manage retention risks. We will focus first on leadership who will in turn be accountable for managing the continued integration and talent retention in their portfolios.
- 2. Stabilizing talent and employee engagement:** We will continue to improve talent retention and organizational stability, particularly among high performers and employees in critical roles. This will include enabling career progression internally.
- 3. Equity, inclusion, diversity, and anti-racism:** We will collect, analyze and use equity data to inform improvement initiatives at Ontario Health. We are launching the Diversity Equity Inclusion Index to ensure we can continue to benchmark the diversity of our employee population to community and industry benchmarks and to continue to build diversity within our own organization.

- 4. Health and safety:** We will ensure compliance with Ontario health and safety regulations and promote employee well-being including reducing workplace incident frequency and severity.
- 5. Wellness:** We will establish a Wellness Advisory Committee as a crucial element in the promotion and expansion of employee engagement and culture building.

COMPENSATION STRATEGY

Ontario Health's Compensation Strategy will ensure our ability to attract, retain and motivate the workforce necessary for the success of the organization, while ensuring compliance with Ontario legislation.

Scope

Our compensation framework applies to all non-union and management employees. This may include employees who were considered designated executives under the Broader Public Sector Executive Compensation Act (BPSECA) prior to transfer.

Compensation entitlements for Ontario Health designated executives will be determined in accordance with the BPSECA, which requires Ontario Health as a designated employer to develop a compensation framework for designated executives. The framework is approved by the Treasury Board Secretariat and governs all compensation entitlements for designated executives.

Compensation for all bargaining unit employees is covered under the terms of the applicable collective agreement.



PRINCIPLES

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

- Fiscal responsibility, governance, compliance with all applicable legislation and accountability
- Alignment with organizational mandate, strategic direction and values
- Value of the total compensation package within a single harmonized compensation structure
- External competitiveness and internal equity with positions of equal value being compensated within the same salary band
- Balance consistency and flexibility in compensation program design and application
- Transparency and open communication, with due respect for privacy
- Recognition and reward for performance of employees through fair and equitable compensation
- Alignment with compensation best practices and Ontario Health’s talent management strategy
- Consideration of legacy business unit compensation structures and pay practices

BASE SALARY STRUCTURE

Ontario Health will establish a pay structure that is based on both internal job values and market competitiveness. Individual employee base salaries are based on:

- Internal value of work (job evaluation)
- External market value of work (market benchmarking)
- Individual skills, experience and performance

When conducting external market comparisons, Ontario Health targets the median of a defined talent market that is representative of relevant health care organizations. Ontario Health will periodically review the competitiveness of the base salary structure through market research and may adjust the framework as required to maintain market competitiveness and positioning, while respecting legislative requirements.

EMPLOYEE VALUE PROPOSITION

Our compensation strategy supports our larger employee value proposition toward engaging and retaining the talent needed to deliver on our mandate. The following are other components of that value proposition:

- **Our benefits:** Competitive time off plan for vacation, sick time (including short term disability and long-term disability plans), 100 percent employer-paid health and dental plans, health defined benefit contribution pension plans, retirement benefit plans, support for personal development and growth and employee and family assistance programs
- **Our work environment:** Work-life balance through flexible work arrangements, collaborative teams, strong leadership and encouragement of innovation
- **Our career growth:** Career advancement opportunities, career development plans and engagement opportunities, education and training, performance reviews and feedback to promote growth
- **Our diversity:** Commitment to equity, diversity, inclusion and anti-racism
- **Our culture:** A public reputation as a great place to work; socially and fiscally responsible
- **Our mission:** The clear choice for talent inspired by large-scale systemic improvement in health in Ontario

Financial Budget

In 000's	2021/22 Budget	2022/23 Budget	2023/24 Budget	2024/25 Budget
Revenue	\$33,537,181	\$30,571,224	\$30,571,224	\$30,571,224
Government of Ontario (MOH and MLTC)	\$33,530,812	\$30,564,650	\$30,564,650	\$30,564,650
Other Recoveries and Revenues	\$6,368	\$6,574	\$6,574	\$6,574
Expense	\$33,537,181	\$30,571,224	\$30,571,224	\$30,571,224
Health Service Provider transfer payments	\$29,260,500	\$27,160,428	\$27,160,428	\$27,160,428
Transfer payments	\$3,571,405	\$2,779,783	\$2,779,783	\$2,779,783
Salary and Benefits	\$335,940	\$334,973	\$334,973	\$334,973
Information technology	\$169,803	\$198,813	\$198,813	\$198,813
Purchased services	\$137,816	\$55,773	\$55,773	\$55,773
Amortization	\$21,807	\$3,385	\$3,385	\$3,385
Office space	\$24,745	\$22,939	\$22,939	\$22,939
Administration, supplies and meeting expenses	\$13,521	\$13,505	\$13,505	\$13,505
Travel and accommodation	\$1,645	\$1,625	\$1,625	\$1,625
Staffing	2,717	2,717	2,717	2,717

IT and Electronic Service Delivery Plan

Ontario Health is committed to maintaining its Information Technology (IT) infrastructure, tools, and programs as key enterprise enablers. The following table highlights the key areas of IT focus:

ONTARIO HEALTH INFRASTRUCTURE OPERATIONS, DATA CENTRE, CLOUD OPERATIONS, NETWORK AND CYBERSECURITY DEFENSE

- While maintaining operations and protecting business continuity and IT assets, continue efforts to modernize, strengthen and optimize the security and consolidated IT operations of Ontario Health while also seeking efficiencies, savings, and the further reduction of technical debt.
- Leverage industry best practices in establishing cloud operations and the adoption of a software-defined wide area network to provide service elasticity to meet both Ontario Health and OHT demands. Improve the overall Ontario Health cybersecurity posture through the delivery of security information and event management across all Ontario Health environments.
- Continue data centre consolidation; the results of the secondary data centre RFP may initiate a multi-year migration project.

HUMAN RESOURCES, WORKDAY

- Deploy Workday human resources software to remaining Ontario Health staff members and continue to refine it to meet organizational needs.

COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT

- Partner with Communications and Human Resources to implement Microsoft Viva and a customer relationship management tool to enable communications and cross-stakeholder collaboration.

ONTARIO HEALTH OPERATIONS, INFORMATION TECHNOLOGY SERVICE MANAGEMENT AND REMEDY

- Harmonize information technology service management systems and processes to support the operation and delivery of services to expected service levels for availability, reliability, and performance. Complete the roll-out of the enterprise ticketing and self-serve tools to all Ontario Health staff and users.

HOME AND COMMUNITY CARE SUPPORT SERVICES OPERATIONS, MS OFFICE 365

- Support Home and Community Care Support Services information technology operations by continuing to migrate to the Azure tenant, migrate email and begin roll-out and migration of critical enterprise tools such as Office 365, MS SharePoint, Intune, PowerBI, etc.

SUPPLY ONTARIO

- Transition personal protective equipment online ordering and request fulfillment to Supply Ontario.

Information Management, Data and Analytics

PRIORITIES TO ADVANCE ONTARIO HEALTH'S INFORMATION MANAGEMENT DATA AND ANALYTICS STRATEGY AND CAPABILITIES

YEAR ONE: 2022/23 • Implement the Ontario Health data and analytics year 1 objectives to support the immediate priority goals of Ontario Health related to clinical care and service delivery, while at the same time setting a foundation for vision of future data and analytics capabilities and functions in alignment with key ministry priorities, strategies and initiatives such as Digital First for Health. • Continue work in supporting MOH and MLTC to advance provincial data and analytics strategy, by supporting new and existing initiatives including supporting evidence-based decision making. • Enable access to health data via the Ontario Health Data Platform. • Enhance Ontario Health’s current capabilities of data aggregator for the Ontario Health Data Platform to support the provincial platform for data analytics and planning and enhanced access to care. • Leverage changes in legislation and regulation to continue to transition, consolidate, use, 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. • In conjunction with the broader health system, including the ministries, continue to strategically source new and optimize existing data related to the unique and diverse needs of the people of Ontario, particularly related to Ontario Health’s equity priority. • Develop and mature Ontario Health analytic capabilities to enable the development and execution of proof-of-concept projects with system partners 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 specific health system and health care challenges pertinent to Ontario Health’s mandate.	YEAR TWO: 2023/24 • Implement the Ontario Health data and analytics year 2 objectives to address the short-term priority goals of Ontario Health, while at the same time setting a vision and foundation for future data analytics capabilities and functions. • Continue to support the MOH and MLTC in new and existing strategies and initiatives related to information management, data and analytics. • Continue to strategically source, acquire, use and share data to support population health and integrated clinical care. YEAR THREE: 2024/25 • Implement the Ontario Health data and analytics year 3 objectives to address the short-term priority goals of Ontario Health, while at the same time setting a vision and foundation for future data analytics capabilities and functions.
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Initiatives Involving Third Parties

CANADA HEALTH INFOWAY

Canada Health 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

Operational funding received for the Occupational Cancer Research Centre. The Occupational Cancer Research Centre is an applied research program for the study and prevention of cancers caused by work. It builds scientific knowledge of occupational cancer through three broad categories of research: surveillance, causation, and prevention.

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, 2024. This research study is funded federally by Genome Canada/Canadian Institutes for Health Research.

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, 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 at varying amounts over the past decade to support further resources. The ARCC is currently fully funded through January 31, 2023.

CANADIAN PARTNERSHIP AGAINST CANCER

Fund cancer agencies to support cancer patients during the COVID-19 pandemic.

HOME AND COMMUNITY CARE SUPPORT SERVICES

Ontario Health will be working closely with HCCSS to implement changes to improve and modernize the province's home and community care sector.

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 to better connect our health system, strengthen our ability to serve and deliver high quality, efficient care.

OBJECTIVE

Timely, simple, effective and integrated communications to support our mandate.

TARGET AUDIENCES

- Patients, residents of long-term care homes and caregivers
- Clinicians across all disciplines and sectors
- Indigenous communities
- Francophone communities
- Black communities
- People with disabilities
- Ontario Health employees
- Health service providers
- Associations and colleges
- Government (Ministry of Health, Ministry of Long-Term Care, ministers’ offices, cabinet office, Premier’s office, other ministries)

APPROACH

- Embed an equity lens in all communications
- Create a compelling and standardized Ontario Health narrative based on impact and priorities
- Pursue strategic stakeholder engagement consistent with our framework
- Implement integrated communications to inform and engage with our audiences
- Coordinate communications with key partners, including the Ministry of Health and the Ministry of Long-Term Care

OVERARCHING TACTICS

- Build Ontario Health’s reputation among stakeholders, aligning corporate communications to continuously deliver on our mandate, and demonstrate our impact
- Deliver an internal communications plan to support organizational transformation and employee engagement
- Implement a stakeholder outreach strategy for Ontario Health leadership that supports our partnering and engagement efforts

PERFORMANCE MEASURES

- Evaluation of communications strategies against each major initiative and organizational objectives outlined in this plan
- To be created through the development of a net promoter score
- Employee engagement survey

Abbreviations

Abbreviation	Definition
ALC	Alternate Level of Care
DHIEX	Digital Health Information Exchange
eCTAS	Electronic Canadian Triage and Acuity Scale
EIDA-R	Equity Inclusion Diversity and Anti-Racism
EHR	Electronic Health Record
EMR	Electronic Medical Record
FIPPA	Freedom of Information and Protection of Privacy Act
FLS	French Language Services
HCCSS	Home and Community Care Support Service
HCNS	Health Care and Navigation System
HHR	Health Human Resource
HSP	Health Service Provider
ICU	Intensive Care Unit
MOH	Ministry of Health

Abbreviation	Definition
MLTC	Ministry of Long-Term Care
OCPP	The Ontario Cancer Plan
OH	Ontario Health
OHIP	Ontario Health Insurance 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
QIP	Quality Improvement Plan
SAA	Service Accountability Agreement