Ontario Health

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Annual Report
2020/2021

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Ontario Health Annual Report 2020/2021
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A Message from Ontario Health's President & CEO and Board Chair

It is an understatement to say that 2020/21 was a unique and challenging year. The once-in-a-century COVID-19 pandemic affected virtually every aspect of our lives, from work and education to housing and personal relationships. As a province, we suffered terrible losses: more than 352,000 confirmed cases of COVID-19, including 17,000 hospitalizations and 7,000 lives lost (as of March 31, 2021).

The pandemic impacted few sectors to the same degree as health care. Health care providers went above and beyond to care for patients despite risks to their own health, while thousands of other team members worked behind the scenes to provide support and ensure services and resources were available when and where they were needed.

This year was also an unprecedented time for Ontario Health. Barely a year into our existence, we were called upon to support the government's response to the pandemic. The situation gave us an immediate focus and a determination to work with our colleagues across the system in new and innovative ways, to deliver impact when Ontarians needed it most.

Driven by the pandemic, we accelerated health system transformation on a provincial scale, establishing new systems, forging partnerships and developing operational networks in weeks and months, rather than years. The COVID-19 situation highlighted the impact we could have in connecting our health care system so Ontarians could continue receiving high-quality services where and when they need them.

This 2020/21 Annual Report details our activities in response to the pandemic and to meeting our other priorities as outlined in our mandate letter from the Minister of Health. At the same time, we continued to support our core functions to ensure the people of Ontario had access to vital health services, such as cancer and kidney care.

In addition to this important work for all Ontarians, Ontario Health continued to align and integrate our work to create one unified agency team, working toward our common strategic priorities. We developed a streamlined organizational structure and operating model and successfully recruited a highly experienced and skilled executive team to lead health system transformation.

Transfers of the Trillium Gift of Life Network and the health system planning and funding functions from the 14 Local Health Integration Networks (which had been deferred due to the pandemic) took effect as of April 1, 2021. These transfers mark another important milestone in our journey to support the delivery of connected care for patients and families, including our work to enhance home and community care as part of a fully integrated health care system.

We extend a special note of appreciation to our colleagues remaining in the LHIN organizations, now operating under the new business name Home and Community Care Support Services. Over the past year, we have seen more than ever how important it is for health service providers to work together as one integrated team to deliver high-quality care to people all across our province. This is especially true of home and community care providers, whose tireless efforts not only supported patients at home and in the community but also helped to reduce the burden on our hospitals. We are grateful for their perseverance and dedication.

As we begin our third year, many of our foundational pieces are now in place. We have become a more unified organization with the most recent transfers and have proven integration and transformation results that serve as early examples of what is possible. There is much to build upon as we look to the future.

In the year ahead, we will continue to support the province's pandemic response while moving forward to achieve our other goals and objectives at the provincial and regional levels. These include ensuring health system stabilization and recovery and advancing system transformation through our mandate to connect, coordinate and improve Ontario's health care system.

We are very grateful to our team members across the Ontario Health family, our Board of Directors and our partners across the province, including the Ministry of Health, for their hard work, commitment and resilience throughout this extraordinary year. Thanks to your tremendous efforts and collaboration, we are achieving our goals to improve the health and lives of Ontarians.

Matthew Anderson
President & CEO, Ontario Health

Bill Hatanaka
Board Chair, Ontario Health

Introduction

Ontario Health was created with a mandate to better coordinate and connect the health care system, to make it more efficient and support the delivery of the best possible patient-centred care. The COVID-19 pandemic highlighted the importance of this mandate and, in many instances, accelerated our work to deliver value to Ontarians.

The Quadruple Aim

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

- Improved population health
- Enhanced patient experience
- Enhanced provider experience
- Improved value

The Connecting Care Act

The *Connecting Care Act*, *2019* paints a picture of our role and our focus moving forward. According to the *Act*, Ontario Health was created to:

- Implement the health system strategies developed by the Ministry of Health.
- Manage health service needs across Ontario, consistent with the ministry's strategies to ensure the quality and sustainability of the health system. We do this through:
    - Health system operational management and coordination,
    - Health system performance measurement and reporting
    - Quality improvement
    - Clinical and quality standards
    - Knowledge dissemination
    - Patient engagement and patient relations
    - Digital health (and all that entails), and
    - Supporting health care provider recruitment and retention.
- Support, through the Mental Health and Addictions Centre of Excellence, the mental health and addictions strategy provided for under the *Mental Health and Addictions Centre of Excellence Act, 2019.*
- In time, support the planning, co-ordination and delivery of organ and tissue donation and transplantation patient services, in accordance with the *Gift of Life Act.*
- Support the office of the patient ombudsman.
- Support or provide supply chain management services to health service providers and related organizations.
- Provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of health care issues that the Minister may specify.
- Promote health service integration to enable appropriate, coordinated and effective health service delivery.

- Respect the diversity of communities and the requirements of the *French Language Services Act.*

Our role also includes assessing and planning for local health needs, in support of Ontario Health Teams.

Operating Model and Organizational Structure

In order to move forward with our mandate, we needed to align and integrate our people and our work into one unified team working toward our common strategic priorities. A key component of our successful consolidation has been the development of a streamlined organizational structure and operating model. We took a phased approach in developing our organizational design and leadership structure to ensure stability of care and paced change while continuing to transform into a unified, integrated organization.

Integration continues at multiple levels throughout the organization, ranging from financial systems and human resource programming to privacy and information technology and much more.

Implementation of the new organization structure affected more than 2,000 people from six transferred agencies, who were realigned to the following corporate or portfolio areas across Ontario Health.

Clinical Institutes and Quality Programs (CIQP) portfolio is focused on the delivery of high-quality care and positive health outcomes for Ontarians. We do this through advancing evidence-based care, engaging with clinicians, setting standards, and supporting integration and equity. CIQP also develops and supports implementation of quality programs and improvement initiatives, supports change management through various knowledge translation and exchange activities, and plays a key role in the performance measurement, monitoring and management process. Highlights of our work last year include:

- We prepared to launch the Ontario Lung Screening Program (OLSP) on April 1, 2021, which is Canada's first organized lung cancer screening program.
- Seven Quality Standards were released, along with supporting resources for patients and health care providers: Early Pregnancy Complications and Loss; Chronic Pain; Problematic Alcohol Use and Alcohol Use Disorder; Asthma in Adults; Asthma in Children and Adolescents; Delirium; and Medication Safety. Resources to support the pandemic response were also developed.
- The Ontario Renal Network supported Ontario's kidney care system through all aspects of the COVID-19 pandemic, including infection prevention and control measures, testing, capacity planning and vaccination, to minimize the impact of COVID-19 on renal patients, a highly vulnerable group. We also continued to advance the quality of renal care through the development of Key Elements of Conservative Renal Care and Insights Reports related to Multi-Care Kidney Clinics and Home Dialysis. As a result of efforts by the Ontario Renal Network and Regional Renal Programs, 2% more patients are dialyzing at home than the previous year.
- We developed a proposal for the Provincial Genetics Program, which was approved for funding by the Ministry of Health. A Provincial Genetics Advisory Committee (PGAC) was formed to provide strategic guidance and leadership as our new Provincial Genetics Program is formalized.
- Implementation planning for Provincial Hereditary Cancer Testing for Adults was completed and the new testing program was launched April 1, 2020. A proposal for comprehensive cancer testing at diagnosis was approved for funding by Ministry and will be implemented in 2021/22.

Digital Excellence in Health (DxH) portfolio supports a better, more connected health care system and enables Ontario Health to meet its integration, coordination and service excellence mandate through digital and virtual planning, standards, services and solutions. The DxH portfolio develops and operates provincial digital and virtual solutions and services aimed to meet customer and health system needs. DxH also operates key corporate systems and infrastructure. The portfolio works with stakeholders to ensure digital offerings are enabling clinical and business needs across the health care system. We enable and operationalize the provincial Digital First for Health Strategy to provide better access to care, patient choice and better connected systems, and to enable health system planning and management through data and analytics. Highlights of our work last year include:

- The creation of a patient lab results viewer enabled 3.4 million people across Ontario to access their lab results in a timely manner. The viewer was accessed over 25 million times during 2020/21 and was a foundational aspect of the province's COVID-19 response.
- We supported a 20% growth in clinician demand for the provincial clinical viewers, thereby ensuring that clinicians had access to the information needed to make well-informed clinical decisions. This also allowed patients to avoid unnecessary physical interactions with the health care system for repeat tests and unnecessary face-to-face visits.
- We also supported a 98% growth in virtual visits via the OTNHub and enhanced the platform to support more equitable access to care. We verified six vendor virtual visit (provider to patient) solutions as meeting provincial privacy, security, interoperability, and technical requirements. The expansion and uptake of virtual care across the system minimized the disruption to patient care and was essential during the pandemic to avoid unnecessary face-to-face and hospital visits.
- As part of the COVID-19 response, funding was allocated to health service providers to initiate over 100 new virtual and digital projects. People received COVID-19 screening and assessments, virtual urgent care, remote care, virtual care in home and community care settings, and virtual surgical transitions.
- We provided virtual services to enable home and community care to continue to provide their services to patients in the home virtually.
- We supported the transition and integration of corporate tools and infrastructure for the 21 former agencies/organizations that transferred into Ontario Health.

Health System Performance and Support portfolio focuses on ensuring that the right system-level supports are in place to enable a high performing health care system in Ontario. This is accomplished in close partnership with our team members in the regions by providing data for evidence-informed decision-making; conducting capacity and health human resource planning; facilitating structures and processes to measure and improve the performance of the health care system; and managing funding and accountability for specific aspects of the health care system. Highlights of our work last year include:

- Through the Mental Health and Addictions Centre of Excellence, we developed a tool to incorporate equity considerations into funding allocation.
- We predicted demand and estimated funding ($30 - $60M depending on scenario) to reduce average diagnostic imaging wait times to within target.
- We developed various modeling tools for system and regional surgical services planning.
- We provided advice to the Ministry of Health on the number and location of radiation treatment machines and PET/CT scanners needed in the province. We also developed and implemented capital investment strategies for radiation treatment equipment and PET/CT machines.
- We secured a $5 million planning grant for UHN to support the development of a comprehensive business case for proton beam therapy facility. As part of its $34.5M radiation equipment replacement grant, we funded three next-generation high-throughput linear accelerators in the province, increasing treatment capacity for patients.

- We concluded the majority of our procurement contract awards for radiation treatment technology through a new sourcing strategy. This strategy resulted in a conservative estimate of $53 million in direct cost savings; simplified hospital procurement processes for equipment; established service level agreements that measure vendor performance and extend warranties; and optimized hospital funding models in order to get better value for money.
- We provided accountability oversight for $2.5 billion health care funding (through OHIP) in 2020/21 through the issuance and operations of funding agreements, development and operations of funding models and ongoing support for the regional operations of Regional Cancer Programs.
- Our submission to the Ministry of Health received approval for 48 new alternate funding plan oncology specialists for allocation for three years (an investment of over $13 million), which will enable better access to care for patients and will support the sustainability of health human resources.

Population Health and Value-Based Systems portfolio advances a population health approach in Ontario by supporting the development and maturation of Ontario Health Teams; coordinating primary care engagement and leadership; driving the evolution of value-based models of care delivery and integration; and advancing virtual care excellence and delivering supports for better patient access and patient experience. Highlights of our work last year include:

- We responded to the unprecedented demand for virtual care as a result of the COVID-19 pandemic by moving Ontario Telemedicine Network (OTN) services to the Amazon Web Services Cloud to increase capacity, resiliency and performance of the network. We set up the Ontario Virtual Care Clinic to help unattached patients access care during the pandemic and expanded access to online mental health tools by increasing enrolment to Internet Cognitive Based Therapy as well as school-based mental health programs.
- We introduced Ontario's Vendor Verification program, allowing health service providers to select the virtual visit solution of their choice within a standards-based framework, with six approved solution providers as of March 31, 2021.
- To support the informational needs of cancer patients across 14 Regional Cancer Programs, we developed COVID-19 patient education resources (e.g., *Cancer and COVID-19*; *Cancer and COVID-19 Vaccines*; *COVID-19 and Cancer Care: Your Safety Matters*).
- To support changes in the model of care to support virtual appointments, we expanded patient-reported outcome and experience measurement collection to a home portal whereby patients can complete these measures via a URL link rather than in-centre only.
- We led a study on physician burnout in cancer care, showing high rates of burnout, and led the development of an Advisory Committee on Clinician Wellbeing focusing on the system-level drivers of burnout and wellbeing which can be addressed by Ontario Health.

Pandemic Response

Our pandemic response was not led by a single portfolio or team, but was driven by the commitment, collaboration, and leadership of everyone at Ontario Health. New teams were established and existing teams pivoted to address specific goals or work streams in the pandemic response. Members across all parts of Ontario Health supported this work, many of whom worked closely together for the first time. Team members who were not directly involved in the COVID-19 response were instrumental in fulfilling the other parts of Ontario Health's mandate during the pandemic. Key accomplishments from the past year were:

- Our ability to work as a single, unified organization, including establishing regional response structures who worked with all partners across their communities, and with each other to deliver responses. One example stemming of the regional work was the Incident Management System (IMS) structure put in place in Wave 2, through Wave 3, to support intra-provincial hospital transfers.
- Our collaborations with health system partners to ensure that no one population, organization, or community was overwhelmed due to COVID-19. Examples include:
    - The regional distribution networks established to meet the needs of 18 health system sectors for personal protective equipment (PPE) and for PPE testing, warehousing and delivery
    - The preparedness and outbreak supports established for long-term care homes and other congregate settings
- The connections we have built across the province, including the first province-wide laboratory network.

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

Becoming One Ontario Health

In December 2019, the first five provincial agencies transferred into Ontario Health: Cancer Care Ontario, eHealth Ontario, HealthForceOntario Marketing and Recruitment Agency, Ontario Health Quality Council (operating as Health Quality Ontario) and Health Shared Services Ontario. The Ontario Telemedicine Network transferred into Ontario Health on April 1, 2020.

The Ministry of Health had previously announced the intention to transfer the Trillium Gift of Life Network and Local Health Integration Networks (LHIN) non-patient care functions into Ontario Health for April 1, 2020. However, due to the COVID-19 pandemic, these transfers were postponed to April 1, 2021, in order to maintain health system stability and ensure our resources were focused on addressing the pandemic and protecting the health and well-being of Ontarians.

In many ways, these transfers formalized what has already been our way of working since day one, united in our efforts to move forward the Ontario Health mandate and coordinate our province's health system in new and innovative ways. The transfers are an important and meaningful step that truly makes us one team at Ontario Health.

Local Health Integration Networks

The LHINs have been our closest links to the communities we serve. It is thanks to them that we were able to support health care providers in meeting the local needs and priorities of Ontarians, particularly during the pandemic.

In 2020/21, the LHINs worked with health system partners across the province, including the Ministry of Health and Ministry of Long-Term Care, to support the provincial pandemic response and to continue to build an integrated health system centred on the patient. Examples of this work included:

- Supporting the acquisition and distribution of personal protective equipment (PPE) to health care providers and organizations

- Worked closely with Incident Management System structures to respond to ensure hospital capacity was maintained and that no community was overwhelmed
- Redeploying over 700 LHIN staff members to support pandemic response in long-term care homes, contact tracing teams, telehealth teams and hospitals
- Supporting robust COVID-19 testing initiatives targeting vulnerable and underserved communities
- Reducing hospital overcrowding by implementing Alternate Level of Care programs, establishing short-term transitional care beds, and investing in remote patient monitoring initiatives
- Improving mental health and additions services by establishing or enhancing mobile crisis response teams, withdrawal management programs, services for health care providers, and programs for priority populations
- Supporting health system transformation by continuing to develop and expand Ontario Health Teams and leading with virtual care and digital remote health care solutions
- Engaging with Francophone and Indigenous communities and Patient and Family Advisory committees to ensure the LHINs were meeting the needs of all populations across the province

The 2020/21 Consolidated Local Health Integration Networks Annual Report is available **here**.

Trillium Gift of Life Network

In 2020/21, Ontario Health and Trillium Gift of Life Network (TGLN) continued to work collaboratively to ensure the continuity of organ and tissue donation and transplantation during the pandemic. Donations and transplants were negatively impacted due to COVID-19, owing to a variety of factors including decreases in donor suitability and shifting protocols and policies within the health care system.

Through the united and connected work of TGLN and its partners and the generosity of donors and their families, 1,118 lives were saved through organ transplantations and many more lives enhanced through the gift of tissue.

Next year, as part of Ontario Health, TGLN looks to further enhance Ontario's position as a global leader in donation and transplant.

The Trillium Gift of Life Network 2020/21 Annual Report is available **here**.

Engagement and Relationship Building

We spent 2020/21 continuing to develop relationships and forge important partnerships with external stakeholders to address the challenges of the COVID-19 pandemic and to fulfill other areas of our mandate. The theme for this year has been building – building our knowledge, building relationships with our colleagues across the organization who want to engage with Ontarians, and building our capacity for future collaborations. As Ontario Heath is a new organization, this relationship- building is critical to develop trust, particularly with communities that have experienced marginalization, racism and poor health outcomes in our province.

One important approach we have taken is to establish Ontario Health's Patient and Family Advisory (PFA) Group. This group was formed in April 2020 to provide Ontario Health's CEO with patient, family and caregiver perspectives on the provincial pandemic response. The members are drawn from PFA groups from all the legacy agencies, organizations and LHINs, allowing for diversity in health experiences

and geographic representation. Recurring themes around pandemic communication, accessing care virtually, and changing restrictions surfaced from the PFA group and provided important insights and connections with other work underway in Ontario Health and throughout the province.

We also continued engaging health system users through our provincial patient advisors' network. This virtual network of patients and caregivers spans all regions of Ontario and a wide variety of health experiences. Portfolios across Ontario Health have accessed this network on multiple occasions, having sought patient and caregiver feedback for various projects. The Health Technology Assessment program, Ontario Breast Cancer Screening Program, and the Digital Health portfolio are some examples of programs leveraging the patient network for feedback, user insights and improvement initiatives.

We are committed to ensuring that legislated French Language Services (FLS) requirements are met, and to engaging and collaborating with the six French Language Health Planning Entities (Entities) in the province. Over the past year, Ontario Health has forged solid relationships with the Entities and developed structures for consistent collaboration. Input from them has been vital to ensure that our Annual Business Plan includes the Francophone lens and helped identify where a focus of French language health services can be strengthened. Ontario Health is also working to build our understanding of concerns linked to French language services by meeting regularly with the French Language Services Commissioner's Office under the Ombudsman of Ontario to help anticipate and mitigate potential future issues.

The creation of our Equity strategy and the Equity, Inclusion, Diversity and Anti-Racism framework has been an important and foundational milestone. The equity team undertook important external engagement on this strategy with a number of stakeholders, including: the French Language Health Planning Entities, home and community care providers, independent living service providers, mental health and addictions stakeholders, Ontario Health regional tables, pediatric care providers, and primary care providers and leaders.

Under the leadership of the Indigenous Cancer Care Unit (ICCU), we have been working together to draft an Indigenous Engagement Framework that will help align Indigenous engagement across Ontario Health business units. This will ensure a more coordinated approach to addressing Indigenous health within Ontario Health and health system partners and provide a menu of options for engagement opportunities for Indigenous partner organizations. We also worked to ensure that our CEO met with the Indigenous leadership for First Nation, Inuit, Métis and urban Indigenous organizations. We will continue to build relationships to improve health care with and for Indigenous people in Ontario through direct engagement with provincial, regional and community level Indigenous groups with a clear focus on respecting their governance structures and relevant protocols or political agreements.

In 2020/21 we supported new Ontario Health Teams in building their engagement approaches through one-on-one consultations and through a collaborative relationship with Rapid Improvement Support and Exchange (RISE) and supporting a community of practice for patient advisors and staff on Ontario Health Teams.

Equity, Inclusion, Diversity and Anti-Racism

Our commitment is to work in partnership with those with lived experience and on-the-ground knowledge, to ensure equitable and effective health care. We acknowledge that ongoing racism and discrimination exists in our society and in our health system.

Working towards this commitment to addressing racism and reduce inequities head-on, we launched an Equity, Inclusion, Diversity and Anti-Racism Framework in October 2020. Our framework is an essential tool to guide our work to build an organizational culture focused on equity, inclusion, diversity and anti-racism, and to contribute to better outcomes for patients, families and providers within the health system. To achieve better outcomes for all, our framework highlights the need to explicitly identify and address the impacts of racism in all its forms as part of its commitment, with an emphasis on anti-Indigenous and anti-Black racism given the disproportionate impacts of racism on these communities.

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

Working towards these goals, in 2020/21 Ontario Health:

- Embedded equity into COVID-19 response in Ontario Health regions through the High Priority Community Strategy, supporting testing and providing wrap-around supports for priority populations, including people experiencing homelessness, migrant agricultural workers, essential workers, low income families, racialized communities and more.
- Provided secretariat support for a provincial effort to support community-led vaccinations for Black and racialized communities.
- Committed to ensure equity, inclusion, diversity and anti-racism are embedded as a strategic priority.
- Launched a board-approved organizational policy for equity, inclusion, diversity and anti-racism.
- Embedded equity leadership within organizational structure, in addition to establishing an Executive Steering Committee to guide and champion framework implementation.
- Launched a number of initiatives to support our workforce, including providing learning opportunities for all-team members, and formalizing two staff-led Communities of Inclusion (Women in Motion, and A.R.I.S.E. for Black team members) to provide networking and peer support for team members across Ontario Health.

2020/21 Program Highlights

Priority 1: Pandemic Response

Continue to support the planning, development and implementation of activities to respond to the COVID-19 pandemic, including working with the ministry to establish a province-wide supply chain management model for the health care sector that will initially focus on securing sufficient supply and distribution of personal protective equipment and supplies.

Throughout 2020/21, our focus remained firmly on the pandemic, providing pivotal system-level leadership and on-the-ground support to coordinate and protect access and the overall integrity of Ontario's health care system. We worked closely with our partners across the health system and continuum of care – including with the regions, long-term care sector and the Ministry of Health – to actively contribute to the government's pandemic response, ensuring coordination and best use of resources as a province-wide system.

Since the beginning of the COVID-19 Response in March 2020, Ontario Health has:

- Supported long-term care homes and other congregate settings in preparedness and if in outbreak through leveraging local and regional partnerships.
    - Supported wave 1 crisis response in LTC homes and provided HHR support, including deployment of LHIN employees into LTC homes.
    - Finalized Infection Prevention and Control approach with Ministry of Long-Term Care
- Established regional distribution networks to meet the personal protective equipment (PPE) and testing warehousing and delivery needs of 18 sectors of the health system.
    - As of March 31, 2021, the Ontario Health regions shipped more 150 million units of PPE and swab kits to more than 6,500 health sector providers across Ontario.
    - Worked with the Shared Services Organization Task Force to procure ventilators, beds, PPE, ICU supplies, and testing and vaccine supplies/equipment.
    - With the Ministry of Health, established and is operating an ICU supplies stockpile that is designed to support the addition of 1,000 ICU beds.
    - Worked with the Ministry of Health and Ministry of Government and Consumer Services on N95 distribution planning and the transition to the new 3M plant in Brockville, which successfully went live in April 2021.
- Created the first province-wide laboratory network, with more than 50 labs (as of March 31, 2021), with a capacity for 110,000 COVID-19 PCR tests/day, a dramatic increase from 5,000 tests/day at the beginning of the fiscal year.
- Created a network of over 300 assessment centres at both hospitals and community locations across the province to ensure access to diagnostic testing as well as a mobile vendor program to support vulnerable populations and outbreak testing.
- Leveraged provincial data assets and analytics to develop reporting tools and dashboards to guide COVID-19 response at the provincial, regional and local level. This included COVID-19 testing data, such as volumes, results and test processing time. COVID-19 cases, clusters and outbreaks were monitored daily and communicated to the system. Data related to the impact to the access to care deficit resulting from the pandemic, including access to surgeries and procedures were routinely monitored and reported.

- Worked with CritiCall, Ornge, Emergency Medical Services and other health system partners to establish the Ontario Patient Transfer System, a transportation dashboard that provided visibility for all air and land patient transfers directed by the Incident Management Structures.
- Worked with health system partners to develop and update clinical guidance and capacity to support maintaining necessary surgeries and availability of critical and acute care capacity for COVID. This included**:**
    - "A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic"
    - "Optimizing Care Through COVID-19 Transmission Scenarios**"**
    - Recommendations on optimizing personal protective equipment
    - Developed standard service agreements to support alternative funding/service delivery models in retirement homes
    -
    - Established (and deployed as needed) Mobile Enhancement and Support Teams to support staffing in LTC homes
- Implemented workforce health human resources strategies to respond to urgent COVID-19 health professional staffing needs:
    - Launched the Health Workforce Matching Portal in partnership with the Ministry of Health; Over 500 healthcare employers received matches through the tool in Q1 alone
    - Developed locum physician staffing plans in vulnerable rural, remote and Northern communities to protect acute care services
    - Recruited more than 16,000 Personal Support Workers to priority employers since April 2020
    - Implemented PSW Return of Service Program to direct new PSW graduate capacity to highest need areas
    - Launched Community Commitment Program for Nurses in January 2021, offering financial incentives to nurses in exchange for a year-year commitment to a priority employer; 283 nurses signed up
    - Referred 200 volunteers to support public health unit needs for vaccine rollout
    - Via Externship program, referred more than 100 nursing students to eight priority hospitals

Priority 2: Operationalize Ontario Health

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

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

Throughout 2020/21, Ontario Health:

- Consolidated over 120 portfolios across 21 health organizations to 14 within one agency, representing considerable realignment that maximizes the Ontario Health offering.
- Integrated enterprise systems (e.g., financial systems, human resource programming and policies, privacy and information technology) for all transferred health organizations.
- Implemented an integrated organizational structure. Following an extensive recruitment effort, our Senior Leadership Team is now complete and in place.

- Received approval from the Ministry of Health to implement our final agency and contract transfer list for 2020/21. All Transfer Payment Agreements have been assigned.
- Prepared for the successful April 1, 2021, transfer of non-patient care functions (i.e., health system planning and funding functions) from the 14 LHINs into Ontario Health, with the LHINs now operating under the new business name Home and Community Care Support Services. This included working through business and workforce analysis to transfer over 600 LHIN and TGLN staff to Ontario Health as of April 1, 2021. (All TGLN staff transferred into Ontario Health.)
- Achieved considerable savings and efficiencies: $198 million saved in 2020/21, and on track to achieve more than $450.5 million in total savings from 2019 to 2021.
- Worked with CorHealth executive team and representatives from the Ministry of Health to discuss the initial planning stages of a potential transfer of CorHealth to Ontario Health. This transfer would centralize the oversight of cardiac, stroke and vascular care programs within Ontario Health so patients and providers can benefit from even more coordinated care and support.

Priority 3: Implement a Regional Structure

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

One of the early steps in the Ontario Health journey was the aligning of the 14 LHINs into five health regions. At the same time, Ontario Health cross-appointed five LHIN CEOs as Transitional Regional Leads to oversee programs and services in their respective regions. Their significant leadership was vital as we worked together to support the province's pandemic response efforts (e.g., team members in the regions played a significant role in supporting long term care and creating connections between long term care and other providers. They were also instrumental in capacity planning and orchestrating the patient transfers to increase ICU capacity both within and beyond their regions).

During this fiscal year, we worked with the Ministry of Health to develop a regional structure that allows us to identify regional and local health care needs, while also promoting the sharing of best practices and quality improvement within all regions and communities across Ontario.

This past year we:

- Created an Ontario Health operating model which describes the vision and functions of regional team members as they collaborate with and enable the work of their portfolio colleagues. Regional team members will act as the "front door" of Ontario Health and hold and manage the relationships with providers as they drive quality improvement, access and equity, integration, and manage outcomes and results.
- Delivered the regional model as we realigned staff to manage COVID-19 under regional health system response structures. A number of lessons learned from the pandemic informed our progress on this front. For example, a critical feature of the COVID-19 response was the development of regional response structures (21 in total), with the five Ontario Health regions successfully fulfilling their "front door" function for implementation and relationship management, for ensuring local responses met local needs (population health) and the coordination of partnerships and logistics.

- Established a performance and accountability capability for receiving LHIN-held Service Accountability Agreements (SAAs) to Ontario Health as soon as April 1, 2021.
    - The SAAs were transferred from LHINs to Ontario Health effective April 1, 2021, with the regions continuing to manage all accountability and performance management responsibilities associated with SAAs.
- Health System Performance and Support leadership is also in place and is beginning to solidify an approach for ongoing performance and accountability, in partnership with the regions.
- Leveraged regional support and expertise in planning and implementing numerous digital and virtual related projects aimed to bolster and enable the provinces COVID-19 response. Regions worked with providers and used their program and community knowledge to support them in connect with each other, leveraging best practices, and collaborating to plan and implement successful projects.
- Engaged with providers via the regions for lab automation and electronic lab ordering projects. Regional understanding of local infrastructure and service providers enabled the identification and mitigation of risks and the identification of champions who were able to accelerate the work and make a measurable impact to our testing rates and a reduction in test result turnaround times.

Priority 4: Ontario Health Teams

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

Ontario Health Teams (OHTs) are a new model of organizing and delivering health care whereby groups of health care providers work together to deliver a full and coordinated continuum of care for patients, even if the providers are not in the same organization or physical location. As OHTs are formed — and this will be an ongoing process over several years until provincial coverage is achieved — patients will be able to more easily access and navigate the system and be better supported as they transition from one health care provider or setting to another.

In 2020/21, Ontario Health:

- Engaged the Ministry of Health program area to delineate Ontario Health expectations for supporting the implementation of OHTs.
- Provided regional supports for OHTs in their planning efforts and facilitated numerous opportunities for OHTs to connect with each other, identify best practices, work through challenges, and truly co-design their desired future state.
- Worked, through our regional leadership, with established OHTs as part of the COVID-19 regional response structures.
- Established a program to support in development teams to advance within the OHT model and provided these supports to more than ten teams. Launched Virtual Engagement Series, co-designed and delivered in partnership with the ministry, to enhance frequency and clarity of communication and engagement with OHTs (two sessions held in February and March).
- Organized and facilitated 15 virtual community visits to provide recommendations and inform review of Cohort 2 applicants. We also participated in the ministry's Expert Panel on reviewing OHT applications to review Cohort 2 applicants and supported the report-back process for non-approved teams.
- Worked with the OHTs to support the adoption and implementation of digital and virtual care.
    - As March 31, 2021, over 22,000 COVID-19 patients had received clinical monitoring through 32 remote care monitoring programs across the province.

    - Ontario Health provided an investment program to hospitals which expanded 15 virtual urgent care programs and provided care to over 7,000 patients with lower acuity health issues to divert them from an in-person emergency department visit. Patients responded very positively to these new programs, with 92% reporting a high level of satisfaction with the experience.
    - 24 hospitals were participating in surgical transitions, and 1,732 patients had been enrolled as of March 31, 2021.
- Supported an online community of practice through Quorum, in partnership with Rapid Improvement Support and Exchange. This included supporting the launch of two new groups on the OHT Shared Space for communicators and evaluators.
- Worked with the Ministry of Health to begin implementing the OHT Performance Measurement Framework and developing an OHT accountability framework. This included the establishment of the joint Ministry of Health-Ontario Health Performance Measurement and Accountability Oversight Group and working groups underneath for five streams of work: Collaborative Quality Improvement Plans; Patient- and Provider-Reported Experience Measures and Patient-Reported Outcome Measures; System-Level Measurement; Data and Analytics; and OHT Accountability.
- Continued to connect local support coordinators with the 42 approved teams to achieve OHT aims.

Priority 5: Transition of Home Care

Work with the ministry to expedite the transition of home care responsibilities and resources to points of care, aligned with the ministry's implementation of Ontario Health Teams.

As we look ahead to the modernization of the health system, home and community care services will be foundational to the implementation of the Ontario Health Teams model. The pandemic highlighted the critical role of home and community care providers, whose tireless efforts not only supported patients at home or in the community but also helped to reduce the burden on our hospitals.

Priority 6: Mental Health and Addictions Centre of Excellence

Leverage experience and capabilities in cancer care to further operationalize the Mental Health and Addictions Centre of Excellence at Ontario Health in accordance with the Mental Health and Addictions Centre of Excellence Act, 2019 (Schedule 1) and implement the government's mental health and addictions strategy.

The Mental Health and Addictions Centre of Excellence will serve as the foundation for the government's *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*. Through the centre, we will oversee the delivery and quality of mental health and addictions services and supports, including system management, supporting quality improvement, disseminating evidence and setting service expectations.

To that end, our goal is to build partnerships with mental health and addictions experts and organizations across the province in all sectors. We will learn from the experiences of successful provincial programs such as those at Cancer Care Ontario on how to integrate and coordinate care so that high quality mental health and addictions services are available when and where they are needed.

In 2020/21, the Mental Health and Addictions Centre of Excellence:

- Worked with the Ministry of Health to support the assignment on April 1, 2021, of more than $50 million in mental health and addictions Transfer Payment Agreements, advancing the goal of creating a single point of accountability for mental health and addiction services. Established an integrated internal team and announced the appointment of Dr. Paul Kurdyak as Provincial Clinical Lead.
- Launched a needs assessment with Ontario Health regions related to opioid use disorder services.
- Participated on the National Needs-Based Planning Project to develop a national core services framework and needs based planning methodology, with an Ontario pilot started in Nipissing.
- Supported the scale up, expansion and standardization of a structured psychotherapy program in Ontario:
    - Six new Ontario Structured Psychotherapy hubs were identified and operational planning began.
    - Facilitated access to structured psychotherapy through the four existing Ontario Structured Psychotherapy Program networks.
- A provincial mental health and addictions data standard was defined and an implementation plan developed.
- In partnership with the Health System Performance and Support Team, the Centre developed a tool to incorporate equity considerations into fund allocation.
- Implemented a series of activities to support the mental health and addictions sector in responding to COVID-19, including establishing a regular mental health and addictions COVID-19 Advisory Table, developing guidance and education materials for the community sector, and developing a weekly report to monitor the impact of the pandemic.
- As of the end of March 2021, set up tailored access for over 2700 frontline workers to access peer and one-to-one psychotherapy supports.
- Facilitated almost 28,000 enrolments in internet-based cognitive behavioural therapy between May 2020 and the end of March 2021, a service offered in response to COVID-19.

Priority 7: Evidence-Informed Programs

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

We are already seeing the potential in leveraging the best practices that Ontario Health legacy agencies have been developing for years. We are building on their experience and capabilities to improve evidence-informed care for people with other chronic diseases and conditions.

In 2020/21, Ontario Health:

- Identified culturally sensitive approaches to clinical care as a priority within our business plan, beginning with racialized and Indigenous populations. Specific examples of this work included:
    - The Ontario Renal Network endorsed ending the practice of using of calculating race adjustments for estimated Glomerular Filtration Rate (eGFR), based on the evidence.
    - The Cancer System Quality Index introduced equity-based reporting (Indigenous communities and Complex Malignant Haematology outcomes).
    - The Black Health Plan working group was convened to focus on the COVID response for Black populations (including an equitable vaccine strategy) and address anti-Black racism in health care.

- Identified equity as a priority in the approach to pandemic recovery. Subject matter experts with experience leading community-based, equitable, health services and programs for marginalized populations were participating in the Optimizing Care: Recovery Care Committee.

Priority 8: Province-wide Laboratory Network

Ensure the successful planning, implementation and operation of a province-wide laboratory network, including genetic testing, by conducting a detailed assessment and developing recommendations to drive better outcomes for Ontarians and improved value.

Timely high-quality COVID-19 testing was critical to the province's pandemic response, and Ontario Health worked closely with the provincial government, Public Health Ontario and health system partners to ensure that anyone who needed a test could get a test. This required and accelerated the creation of a province-wide laboratory network where none had existed before.

In 2020/21, Ontario Health:

- Established a province-wide laboratory network established to respond to COVID-19, connecting over 50 labs across the province by March 31, 2021.
- Implemented lab automation at more than 60 Assessment Centres with hand held devices to capture specimen collection information and digitally complete the test requisition.
    - Connected to 12 primary laboratories within the network with the handheld automation solution.
- Completed recruitment for the Provincial Genetics Advisory Committee in February 2021; the first meeting of the committee was to be scheduled for early in the first quarter of 2021/22.
- To support new genetics work, submitted a Provincial Genetics Program Proposal, including resource requirements, to the Ministry of Health in January 2021.
- Transitioned Hereditary Cancer Testing to Ontario Health on April 1, 2021.
- Received, reviewed and made recommendations to the Ministry of Health of 19 genetics license applications
- Received, reviewed and made recommendations to the Ministry of Health of 52 out of country requests for genetic testing.

Priority 9: Public Reporting

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

Public reporting is, of course, a big part of quality improvement. As an evidence-informed health system planner and operator, we recognize the importance of expanding our analytic capacity to not only measure but also report on how well we are performing in four key areas: improving population health outcomes, improving how people experience the health care system, improving front-line and provider experience, and achieving better value. This includes socio demographic data, such as race-based data and population-focused outcome and experience measurement.

In addition to our routine public reporting of health system performance across all sectors of the health system, we also contributed to the public reporting of COVID-19 data to guide the response and inform the public. This included COVID-19 testing data, which was available on the Government of Ontario

website for COVID-19 as well as by Public Health Ontario; COVID-19 outbreaks were monitored daily and communicated to the system; and comprehensive data related to the pandemic including the impact of the pandemic on access to non-COVID care was publicly reported by the COVID-19 Scientific Table.

In the second quarter of 2020/21, we initiated the scoping of options for public reporting for Ontario Health, including the development of a health system scorecard.

Priority 10: Patient Safety

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

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

In 2020/21, Ontario Health:

- Contributed extensively to routine public and system reporting on the COVID-19 pandemic to guide a safe and effective response.
- Developed and posted a medication safety quality standard. This work was supported by a Quality Standard Advisory Committee and included targeted stakeholder consultation.
- Identified and began working on topics for patient safety quality standards for development and implementation in2021/22.

Priority 11: Digital First

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

Ontario's Digital First for Health strategy reimagines the way we think and work to create a better, more connected health care system for the people we work with and serve. For Ontarians, this means being able to choose how they access and receive care and services, and how they access and control the ownership of their personal health information. For health care providers, this will mean having better connected systems with the data needed for timely and high quality clinical decision making at their fingertips. Finally, it means a system that has the policy foundation and technical infrastructure to be evidence-informed and data driven in the aim of understanding the needs of patient, the health of the population, and where opportunities for improvement lie.

The COVID-19 pandemic accelerated advancements in this area, particularly with regard to enhanced virtual care. We will continue to build on these gains to deliver a more modern, integrated and digitally enabled health system experience.

In 2020/21, Ontario Health:

- Completed a proposed health sector cyber security operating model in partnership with health care delivery organizations across the province that defines a coordinated and integrated approach to managing secure sharing of health information across provincial systems. It recognizes the roles and responsibilities of each organization in setting sound cyber security policies and practices.
- Prepared for our role in supporting the ongoing management of the electronic health record through our role as the prescribed organization under PHIPA. This included updating Ontario Health

Digital Services privacy policies and procedures to ensure compliance with responsibilities of a prescribed organization.

- Prepared for our role in leading provincial standards and information exchange through the ministry's Digital Health Information Exchange (DHIEX) policy. This will provide our agency with greater authority in setting provincial interoperability standards, monitoring compliance by Health Information Custodians, and certifying vendors to ensure compliance, thereby enabling the safe flow of clinical information between point of care and provincial systems.
- Expanded virtual care services for French Language and Indigenous communities.
- Evolved the Ontario Virtual Care Clinic as a support for local primary care communities of practice inclusion, with 25,680 visits for the year, including 429 French language requests.
- Expanded access to lab information through multiple portal solutions, including:
    - COVID-19 patient results viewer, allowing people to view their COVID-19 test results via the Ontario.ca website.
    - PointClickCare EMR, now in development and testing, enabling physicians at long-term care facilities to access to view labs and medication data.
    - OLIS integration with MyChart application, which will grant patients access to their provincial lab results; technical conformance testing has been completed and legal agreements are being finalized.
- Updated and enhanced the Client Health and Related Information System (CHRIS) to improve access to data for both Ontario Health Teams and home care organizations and to allow increased efficiency in sharing data within the circle of care, including:
    - Initiated co-design with North Toronto Ontario Health Team (OHT) on the CHRIS OHT patient rostering model; technical implementation to conclude in September 2021.
    - On-boarded Trillium Health Partners as the first home and community care-approved hospital to use CHRIS.
    - Implemented multiple enhancements for significant data entry efficiency for bundled care patient registration and service ordering.
    - Enabled secure internet-facing access to CHRIS and added new security roles to better support health service provider workflows with appropriate permissions.
    - Introduced integration capabilities with MyChart to enable LHINs to share records with patients and their authorized providers.
    - Added integration capabilities with CareDove to support efficient referral to community services.

Operational Performance

Indicator Specifications			Results	
Goal	**Indicator**	**Target**	**Performance Outcome** **Reporting Period: Annual or Q4 (as of March 31, 2021)**	**Comments**
Objective 1: Rapidly respond to COVID-19 and contribute to stabilizing the health care system				
Increase the amount of care provided in the community	Number of home care referrals	> 90% of 2019 referrals	• 129,676 referrals • 99% of Q4 2019/20 referrals [Q4]	Despite the challenge presented by COVID-19, home care referrals were almost at pre-pandemic levels. This supported Ontarians receiving care in the community.
Develop testing capacity to support fall preparedness and school reopening	Daily testing capacity	Q4 target: up to 100,000/day	• 118,002 tests per day [Annual]	A new provincial lab network was established that consists of 52 connected labs with capacity for 119,000 COVID-19 PCR tests/day. Created a network of over 300 hospital and community based assessment centres for access to testing across the province. The network shipped >150 million units of PPE and swab kits to >6500 health sector providers across Ontario in response to the COVID-19 pandemic.
Reduce the number of Alternate Level of Care (ALC) patients with LTC discharge destination (long-term care stabilization)	Number of open ALC patients in acute care with a discharge destination of long-term care as of the last day of the month for the reporting quarter	< 2019 ALC cases	• 901 patients • 88% of March 31, 2020 patients [Q4]	Transitions in care is critical to capacity and Ontarians receiving care in the most appropriate settings. The ALC patient population was of particular focus when addressing hospital capacity pressures during the COVID-19 pandemic, leading to a decrease in the volume of patients designated ALC waiting for LTC.

Resume surgical / procedural volumes (sentinel)	Number of surgeries performed in last 4-week period of the quarter for: • Cancer • Orthopedic • Angiography including PCI	110% by November 1, 2020	• 3,728 Cancer Surgeries • 100% of 2019/2020 volumes for the same period • 7.7% of all of 2019 cancer surgeries (n=48,375 total number of cancer surgeries in 2019) [Q4]	Despite the dramatic impact the COVID-19 pandemic has had on overall surgical capacity, cancer surgeries have continued to be prioritized.
			• 8,664 Orthopedic Surgeries • 97% of 2019/2020 volumes for the same period • 8.1% of all of 2019 orthopedic surgeries (n=107,032 total number of orthopedic surgeries in 2019)	
			• 4,596 Angiography including PCI • 86% of 2019/2020 volumes for the same period • 6.8% of all of 2019 angiography surgeries (n=67,535 total number of angiography surgeries in 2019) [Q4]	
Objective 2: Promote excellence, access, and continuous innovation in our areas of clinical focus				
Goal	**Indicator**	**Target**	**Performance Outcome** • **Reporting Period: Annual or Q4 (as of March 31, 2021)**	**Comments**
Implement Year Two of the Ontario Cancer Plan 5 (OCP5)	Year Two OCP5 status	50% complete by end of 2020/21	• 48.8% complete towards 2023 completion [Annual]	For the Ontario Cancer Plan 5 a minor deviation from target was due to the impact of COVID-19 on Regional Cancer Programs and a reduction in internal resources. However, cancer system resources have

				successfully supported three pandemic goals: 1. Recovery and stabilization to access cancer services 2. Support areas of opportunity highlighted by the pandemic 3. Minimize the impact of the pandemic on patient outcomes
Implement Year Two of the Ontario Renal Plan 3 (ORP3)	Year Two ORP3 status	30% complete by end of 2020/21	• 33% complete towards 2023 completion [Annual]	Ontario Health has achieved 33% progress towards achieving the goals in the Ontario Renal Plan 3, exceeding its target of 30%. This was accomplished in the context of the significant impact of COVID-19 on Regional Renal Programs, significant renal system efforts focused on pandemic response, and reduced internal resources.
Implement upgraded waiting list, organ allocation, and transplant information system	Implementation of upgraded waiting list, organ allocation, and transplant information system	Phase 1: 95% complete by end of 2020/21	• Phase 1: 86% Complete [Annual]	Key project milestones were achieved in the pursuit to develop a new mission-critical Organ Allocation and Transplantation System (OATS). Detailed business requirements have been gathered and documented, facilitating the completed design and development of the new cloud-based system and database, as well as integration between OATS, the donor management system and the national Canadian Transplant Registry. Through the use of a business rules engine, testing of all organ algorithm formulas has also been completed, ensuring alignment with organ details for all allocation lists. The new OATS is targeted to go

				live in fiscal year 2021/22.
Reduce the wait time for home care (nursing and personal support)	Percentage of home care clients who waited <5 days between client available date and first service (PSW Complex)	> 2019 value	• 83% within 5 days • 97% of 2019/20 Q4 value [Q4]	Throughout the pandemic, the wait time for personal support services for adult complex patients and wait time for visit nursing has remained relatively stable compared to 2019/2020.
	Percentage of home care clients who waited <5 days between client available date and first service (Nursing)		• 94% within 5 days • 98% of 2019/20 Q4 value [Q4]*	
Objective 3: Drive key provincial transformations				
Goal	**Indicator**	**Target**	**Performance Outcome** **Reporting Period: Annual or Q4 (as of March 31, 2021)**	**Comments**
Increase the number of clients enrolled in the Ontario Structured Psychotherapy Program	Number of clients enrolled in OSP program	36,193 clients 5% increase over 2019	Data undergoing validation; not available at time of report's submission	Access to high-quality treatment for anxiety and depression has been increased through the Ontario Structured Psychotherapy program. An expansion of the program is underway to ensure that Ontarians in all regions of Ontario have access to this service in 2021/22.
Increase in primary care providers offering virtual visits	Number of unique primary care providers billing for virtual visits	13,000 by end of 2020/21	• 13,784 • 106% of 2020/21 target [Annual]	Access to virtual care has been significantly increased through adoption of virtual platforms by primary care physicians. Expansion of billable virtual care modalities supported more physicians in offering virtual care to their patients. The 2020/21 result reflects almost all primary care

				physicians in Ontario.
Establish patient reported measures	Number of hospitals collecting hip and knee replacement patient-reported outcome measures (PROMS) data	40 hospitals by end of 2020/21	• 39 Hospitals • 97.5% of 2020/21 target [Annual]	Seven new hospitals in 2020/21 began collection of PROMs for patients having an elective hip/knee replacement, resulting in a total of 39 hospitals live. Considering resource pressures and postponement of these elective procedures during the pandemic, this achievement highlights the value of systematic PROMs collection for this population and the agile partnership between Ontario Health and participating hospitals.
Increase the number of unique consumers accessing Ontario Health-supported online / virtual care	Number of unique consumers accessing Ontario Health supported online virtual care	650,000 by end of 2020/21	• 937,380 unique consumers • 144% of 2020/21 target [Annual]	Access to virtual care expanded significantly in 2020/21 due to the pandemic. Video visits on Ontario Health (OTN)'s network were the main driver of the 2020/21 result, with the majority using Direct-to-Patient video enabling video visits at home.
Objective 4: Enhance health system operations				
Goal	**Indicator**	**Target**	**Performance Outcome** • **Reporting Period: Annual or Q4 (as of March 31, 2021)**	**Comments**
Achieve zero unplanned emergency department or referral centre closures due to health human resources availability	Hours of urgent ED physician locum coverage provided	< 10% increase in historical hours of urgent ED physician locum coverage	• 6% decrease in hours of coverage compared to historical average [Annual]	The target was achieved. Locum-dependent rural hospitals experienced improved local physician capacity for their emergency departments due to cancelled physician vacations and a redirection of physician capacity from primary care to hospitals related to COVID-19.
Establish a network of PSWs for long-term care and home	Number of PSWs recruited to work in long-	2,000 PSWs (by end of Q2)	• 1857 PSWs recruited (93% of target) [Annual]	The target of 2,000 PSWs by end of Q2 reflected the urgent and immediate need

and community care	term care and home and community care			for health human resources in these sectors. The target was met by the end of the year. To help increase recruitment of PSWs, a PSW return of service program was established that supported recruitment of new PSW graduates and the integration of internationally educated nurses into the health workforce in PSW roles. Ontario Health also facilitated the screening of over 3,000 health professionals, including PSWs, to support long-term care during the pandemic. Ontario Health will support the government of Ontario in implementing its recently announced long-term care staffing plan.
Increase the number of health sectors that are leveraging Ontario Health's formal supply chain	Number of health sectors with full access to the Ontario Health regional supply chain network	18 sectors	• 18 sectors • 100% of 20/21 target [Annual]	The full target has been achieved. Over 6,500 health service providers are using the Ontario Health regional network. To date, >150M units of PPE and test kits have been distributed since the beginning of the pandemic (this does not include what MOH provides on an emergency basis). Ontario Health network also supported ICU ramp up and the management and distribution of the ICU stockpile.
Improve lab turnaround time for COVID-19 testing while maintaining provincial volumes	Percentage of tests completed within 2 days (30 day average)	80% turnaround within 2 days	• 94% tests completed [Q4]	With expanded lab testing capacity, the 80% target has been consistently achieved every month this quarter. Testing continued to shift into other testing modalities (e.g., rapid), while variants of concern testing quickly

				ramped up in Q4.
Objective 5: Continuously improve as a high performing organization				
Goal	**Indicator**	**Target**	**Performance Outcome** • **Reporting Period: Annual or Q4 (as of March 31, 2021)**	**Comments**
Create a health equity action plan for the entire organization	Completed health equity action plan and implementation of early initiatives	Plan approved October 2020 and initial recommendations implemented by end of 20/21	• Developed and launched an Equity, Inclusion, Diversity and Anti-Racism Framework [Annual]	Equity, Inclusion, Diversity and Anti-Racism Multi-Year work plan was finalized, and organizational policy around equity, inclusion, diversity and anti-racism was approved. A Black Health Plan (in partnership with Wellesley Institute and Black Health Alliance) was implemented, with a focus on addressing inequities in the pandemic response and beyond. Ontario Health now has 2 communities of inclusion to provide networking and peer support for team members across Ontario Health. These communities include the forum for Black colleagues and Women in Motion.
Reduce voluntary turnover	Voluntary turnover number and rate (at the end of the quarter)	<12% annually <3% per quarter	• 1.76% turnover rate. 203 voluntary exits [Q4]	Ontario Health has successfully been able to keep its turnover rate within its target for each quarter of 2020/2021.
Employee wellbeing	Absenteeism = Total paid sick hours / Total eligible headcount	<14 hours per employee	• 10.80 hours per person [Q4]	Ontario Health absenteeism rates have remained below the target set for 2020/2021.
Achieve a balanced budget	Forecasted net surplus/(deficit)	Balance achieved (100%)	• March 31, 2021 surplus of $424.7 million [Annual]	The surplus of $424.7 million is primarily the result of volumes ($339M) of which lab testing volumes is the bulk, as the Ministry funded Ontario Health based on the worst-case scenario.

Governance

Board Members for Ontario Health	Appointment Date	Current Term Expires
Bill Hatanaka (Chair)	March 7, 2019	March 6, 2022
Elyse Allan (Vice Chair)	March 7, 2019	March 6, 2022
Jay Aspin	March 7, 2019	March 6, 2023
Andrea Barrack	March 7, 2019	Resigned September 7, 2021 (effective September 23, 2021)
Alexander Barron	March 7, 2019	March 6, 2022
Jean-Robert Bernier	April 9, 2020	April 8, 2022
Adalsteinn Brown	March 7, 2019	March 6, 2022
Robert Devitt	March 7, 2019	Resigned January 9, 2021 (effective February 11, 2021)
Garry Foster	March 7, 2019	March 6, 2022
Shelly Jamieson	March 7, 2019	March 6, 2022
Jacqueline Moss	March 7, 2019	March 6, 2023
Paul Tsaparis	March 7, 2019	March 6, 2022
Anju Virmani	March 7, 2019	March 6, 2023
Kenneth Joseph Parker	March 5, 2021	June 30, 2021

Total remuneration paid to members of the Board of Directors for the period April 1, 2020, to March 31, 2021, amounted to $150,000.

Analysis of Financial Performance

Ontario Health has a balanced operating position for the 2020/21 fiscal year, meaning that expenses incurred to deliver on the agency's mandate totaling $3.7 billion, after recognizing grant funding and other revenues and recoveries, were within the funding allocation provided by the Ministry of Health.

Transfer payments to health service providers represented 87.4% or $3.2 billion of the total expenditure, primarily for cancer and screening services, chronic kidney disease services, cancer drug reimbursements and COVID-19 testing. Salaries and benefits represented 6.6% or $0.3 billion of the total expenditure. All other expenditures, including information technology support and maintenance, purchased services, amortization, building occupancy and other, amounted to 6.0% or $0.2 billion.

Actual funding and expenditure exceeded budget, as after the 2020/21 budget was approved by the Board of Directors, Ontario Health received Ministry funding letters to support various programs and initiatives within the 2021 fiscal year. Most significantly this included increased funding for the New Drug Funding Program and new funding for COVID-19 testing volumes and related initiatives.

On April 1, 2020, net assets with a value of $180 thousand were transferred to Ontario Health from Ontario Telemedicine Network, and is reported on the Statement of Operations as a surplus.

In comparison to prior period, there is growth in both funding and expenditure. As Ontario Health was established pursuant to the Connecting Care Act on June 6, 2019, and transfer of Cancer Care Ontario, Ontario Health Quality Council, eHealth Ontario, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment Agency was effective on December 2, 2019, the prior period has a shorter duration, of approximately one-third. In addition, the 2020/21 fiscal year includes Ontario Telemedicine Network, having transferred to Ontario Health effective April 1, 2020.

Ontario Health

Financial Statements

March 31, 2021

Ontario Health

June 23, 2021

Management's Responsibility for Financial Information

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

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

For the period ended March 31, 2021, Ontario Health's Board of Directors, through the Finance, Audit and Risk Committee was responsible for ensuring that management fulfilled its responsibilities for financial reporting and internal controls. The Committee meets regularly with management and the Auditor General to satisfy itself that each group had properly discharged its respective responsibility, and to review the financial statements before recommending approval by the Board of Directors. The Auditor General had direct and full access to the Finance, Audit and Risk Committee, with and without the presence of management, to discuss their audit and their findings as to the integrity of Ontario Health's financial reporting and the effectiveness of the system of internal controls.

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

On behalf of Ontario Health Management,

Matthew Anderson,
Chief Executive Officer

Elham Roushani, BSc, CPA, CA
Chief Financial Officer

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

INDEPENDENT AUDITOR'S REPORT

To the Ontario Health

Opinion

I have audited the financial statements of the Ontario Health, which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net debt and cash flows for the year then ended March 31, 2021, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Ontario Health as at March 31, 2021, and the results of its operations, changes in its net debt and its cash flows for the year then ended March 31, 2021 in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

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Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Toronto, Ontario
June 23, 2021

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

Statement of Financial Position

As at March 31, 2021
(in thousands of dollars)

	2021 $	2020 $
Financial assets		
Cash (note 4)	154,524	31,924
Investments (note 5)	-	54,016
Accounts receivable (note 6)	423,258	162,564
	577,782	248,504
Liabilities		
Accounts payable and accrued liabilities (note 7)	559,823	231,912
Deferred revenue (note 8)	3,710	4,764
Obligations under capital leases (note 9)	513	830
Post-employment benefits other than pension plan (note 10)	2,014	2,175
Deferred revenue related to capital assets (note 11)	45,324	63,148
	611,384	302,829
Net debt	**(33,602)**	**(54,325)**
Non-financial assets		
Tangible capital assets (note 12)	48,758	67,648
Prepaid expenses and other assets (note 13)	21,880	23,533
	70,638	**91,181**
Accumulated surplus	**37,036**	**36,856**

Commitments and contingencies (notes 18 and 19)

Guarantees (note 20)

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

Approved by the Board of Directors

Bill Hatanaka **Director**

Jacqueline Foster **Director**

Statement of Operations

For the period
(in thousands of dollars)

	April 1 to March 31 2021 Budget $	April 1 to March 31 2021 Actual $	June 6 to March 31 2020 Actual $
Revenues			
Ministry of Health (note 8a)	2,875,202	3,650,053	999,080
Amortization of deferred revenue related to capital assets (note 11)	27,512	28,150	8,945
Other revenue and recoveries (note 14)	12,420	20,449	1,393
Grant funding (note 8a)	-	2,300	680
	2,915,134	**3,700,952**	**1,010,098**
Expenses			
Health system performance and support	1,185,513	1,789,339	415,070
Clinical institutes and quality programs	1,258,585	1,464,785	468,364
Digital excellence in health	353,526	326,429	98,268
Corporate services	59,741	55,983	24,241
Population health and value-based health systems	54,434	61,400	3,200
Patient Ombudsman	3,335	3,016	955
	2,915,134	**3,700,952**	**1,010,098**
Operating surplus	**-**	**-**	**-**
Net Assets transferred to Ontario Health (note 3)	-	180	36,856
Surplus	**-**	**180**	**36,856**
Accumulated surplus, beginning of period	**36,856**	**36,856**	-
Accumulated surplus, end of period	**36,856**	**37,036**	**36,856**

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

Statement of Changes in Net Debt

For the period
(in thousands of dollars)

	April 1 to March 31 2021 Budget $	April 1 to March 31 2021 Actual $	June 6 to March 31 2020 Actual $
Net debt, beginning of period	(54,325)	(54,325)	-
Surplus	-	180	36,856
Non-financial assets transferred to Ontario Health (note 3)	-	(2,826)	(98,585)
Change in non-financial assets:			
Acquisition of tangible capital assets	(26,715)	(9,369)	(7,112)
Disposal of tangible capital assets (note 12)	-	213	205
Amortization of tangible capital asset	28,705	29,973	9,243
Change in prepaid expenses and other non-financial assets	-	2,552	5,068
Change in net debt	**1,990**	**20,723**	**(54,325)**
Net debt, end of period	**(52,335)**	**(33,602)**	**(54,325)**

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

Statement of Cash Flows

For the period
(in thousands of dollars)

	April 1 to March 31 2021 $	June 6 to March 31 2020 $
Operating transactions:		
Surplus	180	36,856
Changes in non-cash items:		
Amortization of tangible capital assets (note 15)	29,973	9,243
Recognition of deferred capital revenue (note 11)	(28,150)	(8,945)
Loss on disposal of tangible capital assets (note 12)	213	205
Decrease (increase) in:		
Accounts receivable	(258,691)	(14,253)
Prepaid expenses and other non-financial assets	2,552	5,068
Accounts payable and accrued liabilities	323,050	(34,498)
Non-pension post-retirement benefits (note 10)	(161)	(43)
Deferred revenue (note 8)	(8,759)	(65,075)
Non-cash balances transferred to Ontario Health (note 3)	9,029	73,089
	69,236	1,647
Capital transactions:		
Acquisition of tangible capital assets (note 12)	(9,369)	(7,112)
Investing transactions:		
Proceeds on maturity of investments (note 5)	54,016	30,489
Financing transactions:		
Restricted capital contributions received (note 11)	9,034	7,003
Payments on obligations under capital leases (note 9)	(317)	(103)
	8,717	6,900
Increase in cash	**122,600**	**31,924**
Cash, beginning of period	**31,924**	**-**
Cash, end of period	**154,524**	**31,924**

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

Notes to Financial Statements

For the year ended March 31, 2021
(in thousands of dollars)

1. Nature of operations

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

Under the CCA, the Lieutenant Governor in Council appoints the members to form the board of directors of the Agency. The members of the board of directors of the Agency, also form the majority of the board of directors for Trillium Gift of Life Network (TGLN), and of each of the 14 Local Health Integration Networks (LHINs) in the province. The financial transactions of these entities are not included within the statements of the Agency.

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

On November 13, 2019, the Minister issued transfer orders to the following five provincial agencies: Cancer Care Ontario, Ontario Health Quality Council, eHealth Ontario, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment Agency. Effective December 2, 2019, the employees, assets, liabilities, rights and obligations of each of the five agencies were fully transferred to Ontario Health.

Effective December 2, 2019, pursuant to 14 concurrent transfer orders from the Minister made under the CCA, the LHINs collectively transferred 183 non-home and community care employee positions to Ontario Health (see note 17). LHINs are the health authorities responsible for regional administration of public healthcare services in Ontario, including planning, integrating, and distributing provincial healthcare services funding.

On March 13, 2019, the Minister issued a transfer order to Ontario Telemedicine Network (OTN). Effective April 1, 2020, the employees, assets, liabilities, rights and obligations of OTN were fully transferred to Ontario Health.

To execute the Agency's mandate the work has been aligned to the following portfolios:

Health System Performance and Support is responsible for funding and accountability agreements, performance management, and data and analytics to assess, inform and improve overall health system performance.

Clinical Institutes and Quality Programs is responsible for advancing evidence-based clinical excellence, setting standards that drive consistency within the health system, and enabling the delivery of quality care and positive health outcomes.

Digital Excellence in Health is responsible for developing and implementing Ontario Health's digital strategy, aligned to the province's Digital First for Health strategy. It is also responsible for delivering high-impact digital solutions to improve the patient and provider experience and outcomes.

Population Health and Value-Based Health Systems is responsible for advancing population health with a focus on the equitable distribution of health care across the system. The portfolio is also accountable for Ontario Health Teams.

Corporate Services provides strategic advice, support, and corporate services, in areas of Legal, Privacy and Risk, Finance, Human Resources, Communications and Engagement and Strategy and Planning.

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

2. Significant accounting policies

Basis of presentation

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

Revenue Recognition

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

(i) Government transfers

Transfers from the Ministry and other government entities are referred to as government transfers.

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

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

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

(ii) Non-government contributions

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

Externally restricted, non-government contributions, are recorded as deferred revenue if the terms for their use, or the terms along with the Agency's actions and communications as to their use create a liability.

These resources are recognized as revenue as the terms are met and, when applicable, the Agency complies with its communicated use.

(iii) Interest income

Interest income earned is recorded as a liability payable to Ministry.

Expenses

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

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

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

Cash and cash equivalents

The Agency considers deposits in banks as cash.

Financial instruments

Financial instruments are measured at fair value when acquired or issued. In subsequent periods, financial instruments (including investments) are reported at cost or amortized cost less impairment, if applicable. Financial assets are tested for impairment when there is objective evidence of impairment. When there has been a loss in value of investments that is other than a temporary decline, the investment is written down and the loss is recorded in the statement of operations. For receivables, when a loss is considered probable, the receivable is reflected at its estimated net recoverable amount, with the loss reported on the statement of operations. Transaction costs on the acquisition or sale of financial instruments are charged to the financial instrument. All Financial instruments of the Agency are categorized Level 2 in the fair value hierarchy.

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities;

Level 2: inputs other than the Level 1 quoted prices that are observable for the asset or liability either directly (i.e. prices) or indirectly (i.e. derived from prices); and

Level 3: inputs for the asset or liability that are not based on observable market inputs (unobservable inputs).

Tangible capital assets

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

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

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

Land and buildings includes four lodges transferred to the Agency from Cancer Care Ontario, which were originally donated by the Canadian Cancer Society - Ontario Division. They are recorded at nominal value, as the fair value was not reasonably determinable at the time of the donation.

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

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

Pension costs

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

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

The Agency also administers a defined contribution pension plan for employees transferred from eHealth Ontario. The investments are managed by Sun Life Financial Services of Canada Inc. Under the plan, the Agency matches employees' contributions up to a maximum of 6% of their annual earnings. The Agency's contributions to the plan are expensed on an accrual basis.

Post-employment benefits other than pension plan

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

Use of estimates

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

3. Transfers to Ontario Health

On April 1, 2020, the employees, assets, liabilities, rights and obligations of Ontario Telemedicine Network were fully transferred to Ontario Health for no compensation. The net effect of this restructuring transaction on the Agency was $180. Below are the details of the net assets transferred to the Agency based on their carrying values at March 31, 2020:

	Ontario Telemedicine Network $
Financial assets	
Cash	9,209
Accounts receivable	2,003
	11,212
Liabilities	
Accounts payable and accrued liabilities	4,861
Deferred revenue (note 8)	7,705
Deferred contributions related to capital assets (note 11)	1,292
	13,858
Net assets (debt)	**(2,646)**
Non-financial assets	
Tangible capital assets (note 12)	1,927
Prepaid expenses and other assets	899
	2,826
Net assets (debt) and non-financial assets transferred to Ontario Health	**180**

During the prior year, net assets transferred to Ontario Health was $36,856 from Cancer Care Ontario, eHealth Ontario, Health Shared Services Ontario, Health Quality Ontario and HealthForceOntario Marketing and Recruitment Agency.

4. Cash

Cash includes $330 (2020 - $348) held in escrow for a pension plan that has been dissolved in the event that former members put forth a claim, and $88 (2020 - $88) held as restricted cash for an endowment. These funds are subject to externally imposed restrictions and are not available for general use.

5. Investments

Guaranteed investments certificates were redeemed during the year upon maturity. Proceeds are held as cash.

6. Accounts receivable

	2021 $	2020 $
Due from Ministry	401,745	155,180
Recoverable HST	8,304	6,828
Drug rebate receivable	7,700	-
Other accounts receivable	5,509	556
	423,258	162,564

7. Accounts payable and accrued liabilities

	2021 $	2020 $
Trade payables	206,443	79,907
Accrued liabilities	258,664	114,461
Payable to Ministry	90,628	34,714
Payable to Ministry – interest earned	3,758	2,482
Pension escrow (note 4)	330	348
	559,823	231,912

8. Deferred revenue

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

	Ministry of Health $	Other Funders $	2021 Total $	2020 Total $
Deferred revenue – beginning of period	3,286	1,478	4,764	-
Transferred to Ontario Health (note 3)	5,853	1,852	7,705	69,839
Funding received	3,651,523	21,554	3,673,077	941,688
Amounts recognized as revenue	(3,650,053)	(22,749)	(3,672,802)	(999,760)
Amounts utilized for capital purchases (note 11)	(9,034)	-	(9,034)	(7,003)
	(7,564)	(1,195)	(8,759)	(65,075)
Deferred revenue – end of period	1,575	2,135	3,710	4,764

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

	Ministry of Health $	Other Funders $	2021 Total $	2020 Total $
Cancer and screening services	-	109	109	1,405
Virtual care network	-	641	641	318
Research and Education	-	46	46	1,390
Endowment & Restricted Funds	-	1,234	1,234	88
Other	1,575	105	1,680	1,563
	1,575	2,135	3,710	4,764

9. Obligations under capital leases

The Agency has capital leases, with interest rates ranging from 5.7% to 6.1% and bargain purchase options for $1 at the end of the lease, for computer hardware. The computer hardware is amortized on a straight-line basis over its economic life of 4 years. The following is a schedule of future minimum lease payments, which expire in January 2023 together with the balance of the obligations.

	2021 $	2020 $
2021	-	359
2022	359	359
2023	185	185
Total minimum lease payments	544	903

	2021 $	2020 $
Interest	(31)	(73)
Balance of the obligations	513	830
Less: current portion	(336)	(359)
Non-current obligations under capital leases	177	471

Total interest expense on capital leases for the period was $42 (2020 - $17).

10. Pension costs and post-employment benefits

Multi-employer contributory defined benefit pension plans

The Agency has 1074 employees who are members of the Healthcare of Ontario Pension Plan (HOOPP) and 278 employees who are members of the Public Service Pension Plan (PSPP). Both are multi-employer contributory defined benefit pension plans, and the members will receive benefits based on length of service and the average annualized earnings.

Contribution expense made to multi-employer plans during the period by the Agency on behalf of its employees amounted to $11,923 (2020 - $3,568) and are included in salaries and benefits expense, as detailed in note 15.

eHealth Ontario Employees' Retirement Plan

The Agency has 650 employees who are members of the eHealth Ontario Employees' Retirement Plan. The Agency's contributions to this defined contribution plan for the period of April 1, 2021 to March 31, 2021 amounted to $5,122 (2020 - $2,751) and are included in salaries and benefits expense, as detailed in note 15.

Post-employment benefits plan other than pension plan

A closed post-employment non-pension benefit plan which provides health and dental benefits to employees who retired prior to January 1, 2006 was transferred to the Agency on December 2, 2019. Benefits paid during the period from April 1, 2020 to March 31, 2021 were $180 (2020 - $60). The actuarial valuation report for the post-employment benefits other than pension plan is dated November 30, 2019 and was extrapolated to March 31, 2021.

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

	2021 $	2020 $
Accrued benefit obligation	1,461	1,591
Unamortized actuarial gains/(losses)	553	584
Post-employment benefits other than pension plan	2,014	2,175

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

	2021 $	2020 $
Post-employment benefits other than pension plan – opening balance	2,175	-
Transferred to Ontario Health	-	2,218
Interest cost	49	17
Funding contributions	(180)	(60)
Amortization of actuarial gains	(30)	-
Post-employment benefits other than pension plan – ending balance	2,014	2,175

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

Discount rate	3.25%
Extended health care trend rate	6.75% in 2020 to 3.75% in 2029 and after
Dental cost trend rates	3.75%
Employee average remaining service life	9.0 years

11. Deferred contributions related to capital assets

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

	2021 $	2020 $
Balance – beginning of period	63,148	-
Transferred to Ontario Health (note 3)	1,292	65,090
Amounts received related to capital assets (note 8a)	9,034	7,003
Less: amounts recognized as revenue	(28,150)	(8,945)
Balance – end of period	45,324	63,148

12. Tangible capital assets

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

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

Cost	Beginning of Period	Transferred to Ontario Health (note 3)	Additions	Disposals	2020 End of Period
	$	$	$	$	$
Computer hardware	-	114,007	5,217	(2,094)	117,130
Computer software	-	181,357	1,069	-	182,426
Furniture and equipment	-	15,430	4	(25)	15,409
Leasehold improvements	-	19,493	102	-	19,595
Land and building	-	1	-	-	1
Work in progress	-	1,750	720	-	2,470
	-	332,038	7,112	(2,119)	337,031

Accumulated Amortization	Beginning of Period	Transferred to Ontario Health (note 3)	Amortization	Disposals	2020 End of Period
	$	$	$	$	$
Computer hardware	-	85,544	4,070	(1,889)	87,725
Computer software	-	147,140	4,012	-	151,152
Furniture and equipment	-	13,679	581	(25)	14,235
Leasehold improvements	-	15,691	580	-	16,271
	-	262,054	9,243	(1,914)	269,383

Net Book Value	2021 $	2020 $
Computer hardware	17,471	29,405
Computer software	26,886	31,274
Furniture and equipment	1,023	1,174
Leasehold improvements	3,156	3,324
Land and building	1	1
Work in progress	221	2,470
	48,758	67,648

13. Prepaid expenses and other assets

	2021 $	2020 $
Prepaid hardware and software maintenance	21,691	22,128
Other prepaid expenses and other assets	189	1,405
	21,880	23,533

14. Other revenues and recoveries

The Lieutenant Governor of Ontario has authorized Ontario Health to receive funding from sources other than the Ministry and to generate revenue in connection with the following activities as specified in the Order in Council dated February 26, 2020: Receive funds from charities or government agencies for the purpose of conducting or funding research or undertaking projects that are consistent with the objects of Ontario Health; collect service fees revenue on a cost-recovery basis for providing virtual care technology-related services to health care providers and other organizations that support the provision of health care; and hold educational conferences.

15. Operating expenses by object

	2021 $	2020 $
Transfer Payment - Cancer and screening services	1,268,955	430,168
Transfer Payment - Chronic kidney disease services	685,075	223,567
Transfer Payment - Cancer drug reimbursement program	648,448	195,777
Transfer Payment - Laboratory services	543,850	-
Transfer Payment - Digital health services	81,488	12,954
Transfer Payment - Other	7,724	317
Salaries and benefits	242,590	78,149
Information technology support and maintenance	94,581	24,602
Purchased services	64,314	21,473
Amortization	29,973	9,243
Occupancy costs	18,863	6,295
Screening services	6,545	3,585
Other operating expenses	8,333	3,763
Loss on disposal	213	205
Total	3,700,952	1,010,098

16. Board remuneration

During the period 13 members served on the Board of Directors. Total remuneration paid to members of the Board of Directors during the period amounted to $150 (2020 - $125).

17. Related party transactions

Under the CCA, the Lieutenant Governor in Council appoints the members to form the board of directors of the Agency. The members of the board of directors of the Agency, also form the majority of the board of directors for Trillium Gift of Life Network (TGLN), and of each of the 14 Local Health Integration Networks (LHINs) in the province.

To carry out the Agency's objectives, the Agency provided the 14 LHINs with funding for Business Technology Infrastructure expenditures totaling $3,617 (2020 - $2,206) and funding to support the delivery of chronic kidney disease services on a volume-based methodology totaling $9,121 (2020 - $2,266). Other

transactions in which the entities supported each other, were completed on a cost-recovery basis, and are recorded on a gross basis.

Pursuant to 14 concurrent transfer orders from the Minister made under the CCA, effective December 2, 2019, the LHINs collectively transferred 183 non-home and community care employee positions to Ontario Health. Effective December 2, 2019 the Agency entered into a Memorandum of Understanding with each of the five regions representing the 14 LHINs to set out the expectations for the financial, administrative and staffing procedures and requirements for the provision of services between the LHINs and OH. As part of this MOU, the LHINs continue to provide compensation and applicable benefits to the transferred employees. Transferred employees remain on the payroll of the LHINs and the associated salary and benefit expenses, and corresponding funding, is reported on the financial statements of the LHINs. As a result, these expenditures are not included in the Agency's financial statements. The total expenditure related to these employees for the period amounted to $29,187 (2020 - $11,540).

The Agency provides funding, in accordance with Transfer Payment Agreements to hospitals. As at March 31, within trade payables is $163,060 (2020 - $65,269) due to Hospitals, and $195,149 (2020 - $80,813) recorded as an accrued liability for Hospitals. The Agency reconciles funding with the transfer payment recipients. For fiscal year 2021, the Agency does not expect any funding to be returned. As at March 31, the Agency has a receivable for $1,034 (2020 - $7) due from Hospitals related to prior year settlements.

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

a) The Agency incurred expenses of $21,193 (2020 - $6,451) to Hydro One for network and telecommunication services. As at March 31, accounts payable and accrued liabilities include $3,409 (2020 - $3,418) payable to Hydro One.

b) The Agency incurred expenses of $6,671 (2020 - $2,570) and $2,840 (2020 - $673) for the rental of office space and other facility related expenses from Infrastructure Ontario and the Ministry of Government and Consumer Services, respectively. As at March 31, accounts payable and accrued liabilities include $0 (2020 - $1,283) and $811 (2020 - $406) payable to Infrastructure Ontario and the Ministry of Government and Consumer Services, respectively.

c) The Agency recorded expenses of $698 (2020 - $309) for the provision of administrative and other support services from the Ministry of Government and Consumer Services. As at March 31, accounts payable and accrued liabilities include $73 (2020 - $698) in respect of these services.

18. Commitments

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

	$
2022	18,558
2023	8,943
2024	-
2025	-
2026 and thereafter	-
	27,501

Commitments above include $18,797 payable to Hydro One under a network services contract.

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

	$
2022	7,115
2023	4.390
2024	1,900
2025	1,307
2026 and thereafter	2,696
	17,408

The Agency is committed to pay associated realty taxes and operating expenses for the office space for the period ended March 31, 2021, which amounted to $9,017 (2020 - $2,644).

19. Contingencies

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

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

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

20. Guarantees

Director/officer indemnification

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

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

Other indemnification agreements

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

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

21. Financial instruments

The Agency's financial instruments are exposed to certain financial risks, including credit risk, interest rate risk, and liquidity risk.

Credit risk

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

The Agency's maximum exposure to credit risk related to accounts receivable at March 31, 2020 was as follows:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	Total $
Due from Ministry	401,745	-	-	-	401,745
Recoverable HST	8,304	-	-	-	8,304
Other accounts receivable	13,075	17	5	112	13,209
Amount receivable	423,124	17	5	112	423,258

No impairment allowance has been recognized in the above amounts (2020 - $10).

Interest rate risk

Interest rate risk is the risk the fair value or future cash flows of financial instruments will fluctuate due to changes in market interest rates.

Liquidity risk

Liquidity risk is the risk the Agency will not be able to meet its cash flow obligations as they fall due. The Agency mitigates this risk by monitoring cash activities and expected outflows that may be converted to

cash in the near term if unexpected cash outflows arise. The following table sets out the contractual maturities (representing undiscounted contractual cash flows) of financial liabilities:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	Total $
Trade payable	204,725	1,084	1	633	206,443
Accrued liabilities	258,664	-	-	-	258,664
Payable to Ministry	90,628	-	-	-	90,628
Payable to Ministry – interest income	3,758	-	-	-	3,758
Pension escrow	-	-	-	330	330
Amount payable	557,775	1,084	1	963	559,823

22. Budget

Subsequent to budget approval, the Agency received Ministry funding letters to support various programs and initiatives within the 2021 fiscal year. Most significantly this included increased funding for the New Drug Funding Program and COVID-19 testing volumes and related initiatives.

23. Subsequent Event

On March 17, 2021, the Minister issued transfer orders to the 14 LHINs to transfer the LHIN's health system funding, planning and community engagement functions to Ontario Health. Effective April 1, 2021, certain employees, assets, liabilities, rights and obligations, as specified within the Transfer Orders, were transferred to Ontario Health. A total of 332 positions were transferred to Ontario Health effective April 1, 2021. This transfer is in addition to the December 2, 2019 transfer of 183 positions from the LHINs (Note 17).

On March 17, 2021, the Minister issued a transfer order to Trillium Gift of Life Network (TGLN). Effective April 1, 2021, employees, assets, liabilities, rights and obligations of TGLN were fully transferred to Ontario Health.

24. Comparative figures

Certain comparative figures have been reclassified from statements previously presented to conform to the presentation of the March 31, 2021 financial statements.

Schedule 1 Ministry of Health Funding Reconciliation

As at March 31, 2021
(in thousands of dollars)

Ministry funding envelope	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred revenue beginning of period	Transferred to Ontario Health *	Funding received net of recoveries	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
Prior years										
Cancer Care Ontario	136,955	28,790	1,393	-	124,839	(8,137)	-	-	11,470	37,674
eHealth Ontario Capital & Operating	2,210	290	-	-	1,896	(24)	-	-	-	-
eHealth Ontario Recoverable Project	7,894	-	-	-	7,894	-	-	-	-	-
HealthForceOntario Marketing and Recruitment Agency	-	667	-	-	-	-	-	-	-	667
Health Quality Ontario	-	4,833	1,575	-	(3,390)	-	-	1,575	-	1,443
Health Shared Services Ontario	-	-	318	-	-	318	-	-	-	-
Ontario Health	8,121	134	-	-	7,987	-	-	-	-	-
Ontario Telemedicine Network (OTN)	-	-	-	2,544	225	1,614	-	-	-	1,155
2020-21										
Cancer, Screening, Renal and Other Programs	-	-	-	-	2,102,834	2,061,879	-	-	-	40,955
New Drug Funding Program	-	-	-	-	580,842	648,448	-	-	67,606	-
Oversight of Provincial Genetics Advisory Program	-	-	-	-	-	-	-	-	-	-
Expansion of Genetic Testing Services	-	-	-	-	-	641	-	-	641	-
Additional Support for the Ministry's Out of Country Genetic Testing Program	-	-	-	-	-	-	-	-	-	-
eHealth Capital	-	-	-	-	9,548	204	8,837	-	-	507
eHealth Operating	-	-	-	-	196,992	196,508	-	-	-	484
eHealth Recoverable Project	-	-	-	-	-	8,787	-	-	8,787	-
Electronic Child Health Network	-	-	-	-	4,925	4,925	-	-	-	-
Ontario MD	-	-	-	-	21,239	21,239	-	-	-	-
eHealth Lab Automation	-	-	-	-	7,600	7,423	-	-	-	177
Ontario Health Data Platform	-	-	-	-	1,130	933	197	-	-	-
Health Force Ontario	-	-	-	-	7,982	5,685	-	-	-	2,297
Health Quality Ontario Operating	-	-	-	-	26,397	25,971	-	-	-	426
Health Quality Ontario Patient Ombudsman Office	-	-	-	-	3,296	2,977	-	-	-	319
Health Shared Services Ontario	-	-	-	-	38,710	38,392	-	-	-	318
Ontario Health Corporate	-	-	-	-	2,321	7,643	-	-	5,322	-
Costs associated with the storage, distribution, and clinical review of personal protective equipment (PPE) to support the provincial response to COVID-19	-	-	-	-	-	1,943	-	-	1,943	-
PPE Program Operations Staffing Costs	-	-	-	-	-	124	-	-	124	-
Provincial Lab Network	-	-	-	-	3,000	2,743	-	-	-	257
Hamilton Research Team & Swab Distribution	-	-	-	-	3,000	2,908	-	-	-	92

Ministry funding envelope	Due from Ministry beginning of period	Payable to Ministry beginning of period	Deferred revenue beginning of period	Transferred to Ontario Health *	Funding received net of recoveries	Amounts recognized as revenue	Amounts utilized for capital purchases	Deferred revenue end of period	Due from Ministry end of period	Payable to Ministry end of period
Community Lab Volumes	-	-	-	-	55,442	113,784	-	-	58,342	-
Transportation Coordination/Enhancement for Lab Tests	-	-	-	-	562	2,213	-	-	1,651	-
Quest US Lab Volumes & Ontario-Based In-Common Laboratories	-	-	-	-	12,126	16,831	-	-	4,705	-
Nova Scotia Lab Volumes (Additional Capacity for Tests)	-	-	-	-	-	-	-	-	-	-
Hospital Lab Volumes	-	-	-	-	95,635	236,806	-	-	141,171	-
Rapid Testing - Community Labs and Coordination	-	-	-	-	-	402	-	-	402	-
Swabs and Media	-	-	-	-	-	-	-	-	-	-
Assessment Centers	-	-	-	-	83,088	165,699	-	-	82,611	-
Specimen Collection Centers	-	-	-	-	192	1,365	-	-	1,173	-
Thermo Fisher Lab Equipment	-	-	-	-	-	6,750	-	-	6,750	-
Mobile Testing Services	-	-	-	-	-	6,283	-	-	6,283	-
Project Management Support	-	-	-	-	-	1,123	-	-	1,123	-
Ontario Health Lab Volumes	-	-	-	-	-	-	-	-	-	-
Ontario Health Lab Volumes Out of Country	-	-	-	-	-	-	-	-	-	-
OTN Operating	-	-	-	-	21,981	21,945	-	-	-	36
OTN Programs	-	-	-	-	3,723	5,364	-	-	1,641	-
OTN Enhanced Access to Primary Care Expansion	-	-	-	-	169	132	-	-	-	37
OTN Network Upgrades	-	-	-	-	2,331	1,779	-	-	-	552
OTN Mental Health & Addictions Expansion	-	-	-	4,239	12,776	16,144	-	-	-	871
OTN Remote Monitoring	-	-	-	-	9,483	8,017	-	-	-	1,466
OTN Virtual Home and Community Care	-	-	-	-	2,146	1,927	-	-	-	219
OTN Virtual Surgery Appointment	-	-	-	-	6,446	5,825	-	-	-	621
OTN Virtual Emergency Department	-	-	-	-	4,200	4,146	-	-	-	54
OTN Virtual Addiction	-	-	-	-	375	374	-	-	-	1
Total	**155,180**	**34,714**	**3,286**	**6,783**	**3,459,942**	**3,650,053**	**9,034**	**1,575**	**401,745**	**90,628**

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