

MINISTRY-ONTARIO HEALTH ACCOUNTABILITY AGREEMENT
OCTOBER 1, 2021 – MARCH 31, 2024

BETWEEN:

**Her Majesty the Queen in right of Ontario as represented by the
Minister of Health (“Ministry”)**

- and -

Ontario Health (“Agency”)

MINISTRY- ONTARIO HEALTH ACCOUNTABILITY AGREEMENT

OCTOBER 1, 2021 - MARCH 31, 2024

Introduction

The *Connecting Care Act, 2019* and its regulations (the Act), the Memorandum of Understanding (MOU), the Minister's Mandate Letter, and this Accountability Agreement (Agreement) make up the key elements of the accountability framework between the Ministry of Health (Ministry) and Ontario Health (Agency).

The Agreement establishes the respective obligations of the Ministry and the Agency relating to key strategic, operational, performance, and funding expectations that are not already addressed under the Act or the MOU. The Agreement is an accountability agreement for the purposes of section 19 of the Act. In turn, the Agency holds a range of organizations (Delivery Organizations) accountable for key operational, performance, and funding expectations through service accountability agreements (SAAs) and other funding and performance agreements.

The Agreement recognizes that the Ministry and the Agency have a joint responsibility to achieve better health outcomes and health experiences for Ontarians and for front-line providers, and to effectively oversee the use of public funds in a fiscally sustainable manner. The Ministry and Agency will work together to support a health care system that is focused on this quadruple aim, that is accountable for delivering results, and that is enabled to innovate and continuously improve.

Principles

Both Parties agree to a core set of principles that underlie all roles and obligations under this Agreement. These principles describe how the Ministry and the Agency will work together:

- i. The experiences of patients, their families, their caregivers, and front-line providers in the health care system will be the primary focus;
- ii. The diverse needs of individuals and communities will be recognized and respected. This includes:
 - Recognizing and respecting the role of Indigenous peoples in the planning, design, delivery, and evaluation of health services for their communities.
 - Recognizing and respecting the requirements of the French Language Service Act (FLSA) in the planning, design, delivery, and evaluation of health services for Ontario's French-speaking communities.
 - Improving health equity, inclusion, diversity, and striving to end racism as top priorities for both parties and subsequently for all Delivery Organizations;
- iii. Quality data, best available evidence, and the voice of those that we serve will be applied to decision making;
- iv. Integration opportunities will be pursued in order to advance more efficient, connected, and coordinated care;
- v. Collaborate to evolve current performance, accountability, and funding frameworks, subject to Government approvals, for the health system in order to further support a connected, innovative, and outcome-focused health system; and
- vi. Explore opportunities to evolve the funding framework between the Ministry and the Agency to further support a connected, innovative, and outcome-focused health system.

The Ministry will lead provincial policy work, engage the health system with the Agency, and enable the Agency to achieve the objects and expectations that have been set out by the Ministry. The Ministry will work with the Agency to make decisions that are directed towards achieving outcome expectations and to innovate and act in ways that will continuously integrate the health system.

The Agency will advance the Government's vision of a connected, coordinated and integrated health care system by managing performance expectations, applying evidence and providing quality standards, and enabling the system to adopt new integrated approaches and tools, including technology.

Term of the Agreement

The Agreement is effective October 1, 2021 to March 31, 2024 covering the 2021-2022, 2022-2023, and 2023-2024, Fiscal Years.

Accountability Framework

1. The Ministry will:

- a) Establish and communicate provincial priorities, strategies and supporting initiatives for the health system and consult the Agency as appropriate;
- b) Develop and issue policies, program requirements, provincial standards, directives, and guidelines that apply to the Agency and Delivery Organizations and consult with the Agency as appropriate;
- c) Assist the Agency to address issues that the Agency identifies in a timely manner that require Ministry or Government resolution, decision, or actions; and
- d) Lead the timely coordination across government Ministries where multiple Ministries are accountable for achieving a desired outcome.

2. The Agency will:

- a) Oversee the performance of the health system in accordance with the Act, guided by provincial priorities, and in alignment with the principles set out in this Agreement;
- b) Work with Delivery Organizations, consulting the Ministry as appropriate, to implement and achieve provincial priorities;
- c) Lead strategic implementation of provincial priorities;
- d) Lead operational strategy as it relates to the achievement of a high-performing health system;
- e) Engage and work with patients, clients, residents, families and caregivers, providers, ministries, communities, and stakeholders to implement provincial priorities and to inform operational strategies;
- f) Exercise any legislative authorities that may be delegated to the Agency by the Minister in accordance with the conditions, restrictions or requirements that may be set out within the delegation or within this Agreement;
- g) Provide advice to the Ministry as requested;
- h) Support the Ministry and Delivery Organizations in addressing and/or implementing recommendations identified within provincial reports, including recommendations from the Office of the Auditor General of Ontario;

- i) Ensure that the Agency and Delivery Organizations (through funding agreements) follow any policies, directives, guidelines and other requirements established by the Government; and
- j) Report to the Ministry as set-out in the Schedules.

Ministry-Agency Performance Management

3. Both Parties:

- a) Recognize that issues will arise that will require timely joint Ministry-Agency problem-solving, decision making and action;
- b) Will follow a proactive and responsive approach to performance improvement that is proportionate to the risk of non-performance;
- c) Are committed to continuous quality and service improvement;
- d) Will provide written notice to the other Party about any matter that could significantly affect either Party's ability to perform their obligations under the Agreement (a "Performance Factor") as soon as reasonably possible. Notice will include a description of the Performance Factor and any remedial action the Party has taken or plans to take to remedy the Performance Factor. The receiving Party shall acknowledge receipt of the notice within ten (10) business days of the date of the notice. Both Parties will meet within 30 days of the date of the notice of the Performance Factor to discuss:
 - i. The root causes of the Performance Factor;
 - ii. The potential impact including any risk to achieving the obligations of the Agreement;
 - iii. The mitigation plan; and
 - iv. Whether revisions or amendments to a party's performance obligations are required;
- e) Will work together to resolve an identified Performance Factor which may include, in addition to any other remedies:
 - i. Situational performance reporting and review meetings;
 - ii. Performance improvement plan; and
 - iii. Recommendations on policy issues that impact on the Agency's mandate.

Issue Resolution Principles and Process

4. Both Parties will:

- a) Use their best efforts to avoid issues and disputes by clearly articulating expectations and establishing clear lines of communication;
- b) Designate an individual who shall be the Agreement lead for that Party and the primary point of contact in connection with the Agreement and shall be the first point of contact for the resolution of any issues or disputes (the Agreement lead must be an Assistant Deputy Minister or Vice President equivalent);
- c) Use their best efforts, working through their respective Agreement leads to resolve any issues or disputes in a collaborative manner through informal discussion and resolution. To facilitate and encourage this informal process, the Agreements leads, working with other individuals involved in the issue or dispute shall use their best efforts to jointly develop a written statement describing the relevant facts and events and listing options for resolution. If these efforts do not lead to a resolution, the matter may be referred to the Joint Leadership Council established under the MOU.

Schedules

5. As of the date of execution, the Agreement is comprised of the following Schedules:
 - a) Schedule 1: Reduce Health Inequities;
 - b) Schedule 2: Enhance Clinical, Care, and Service Excellence;
 - c) Schedule 3: Transform Care with the Person at the Centre;
 - d) Schedule 4: Maximize System Value by Applying Evidence;
 - e) Schedule 5: Strengthen Ontario Health's Ability to Lead;
 - f) Schedule 6: Performance;
 - g) Schedule 7: Funding and Allocations;
 - h) Schedule 8: Reporting; and
 - i) Schedule 9: Definitions.
6. The **Ministry** may, at any time, in consultation with the Agency, provide a revised or additional Schedule. Unless the Agency objects to the revised or additional Schedule in accordance with section 7, any revised or additional Schedule shall be deemed to be part of this Agreement for the period of time to which it relates.
7. **The Agency** must provide any objection to a revised or new Schedule to the Ministry in writing within 30 days of the Agency receiving the Schedule. If the Agency objects, then,
 - a) In the case of a revised Schedule, the original Schedule continues to govern;
 - b) In the case of a new Schedule, it will not apply; and
 - c) In both cases the Parties shall refer the dispute to the process set out in section 4. If after following the process set out in section 4 the Parties have not agreed on the new or revised Schedule as the case may be, the provisions of subsection 19 (3) of the Act shall apply.

New Ministry-Agency Accountability Agreement

8. **Both Parties** will:
 - a) Enter into a new agreement under section 19 of the Act to be effective upon expiry of the Agreement. If the new agreement is not signed by the Parties by April 1, 2024, the Agreement, except for any funding or Schedule that is time limited, will continue in force until the new agreement is signed or the Minister sets the terms of the agreement in accordance with subsection 19(3) of the Act; and
 - b) Review the Agreement, including the Schedules, annually and update them as necessary.

General

9. Capitalized terms in this Agreement and not otherwise defined have the meanings set out in Schedule 9.
10. Subject to sections 6 and 7, any amendment to the Agreement will only be effective if it is in writing and signed by the authorized representative(s) of each Party.
11. The Agency will not assign any duty, right or interest under the Agreement, without the prior written consent of the Ministry.
12. If a due date for materials falls on a weekend or on a holiday recognized by the Ministry, the materials are due on the next business day.

13. Each Party will inform the other as soon as reasonably possible when a due date for materials will not be met.
14. Each Schedule applies to the 2021-24 Fiscal Years, unless stated otherwise in a Schedule. Some of the performance obligations in a Schedule may apply only to one Fiscal Year, as stated in that Schedule.
15. In the event of a conflict or inconsistency between the terms and conditions of the Agreement and those contained in the MOU, the terms and conditions of the MOU shall prevail to the extent of the conflict or inconsistency. In the event of a conflict or inconsistency between the terms and conditions of this Agreement and the provisions of an applicable statute or regulation, the provisions of the statute or regulation shall prevail to the extent of the conflict or inconsistency.
16. In the event of any conflict or inconsistency between the terms and conditions in the main body of the Agreement and the terms and conditions in any one or more of the Schedules, the Ministry shall determine which terms and conditions shall apply.
17. In the Agreement, words in the singular include the plural and vice versa.
18. The Agreement and the rights, obligations and relations of the Parties shall be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws in Canada. Any actions or proceedings arising in connection with this agreement shall be conducted in Ontario.
19. Each Party will communicate with the other about formal notices pertaining to the Agreement through the following persons:

To the Ministry:

Ministry of Health
Health Transformation Division
438 University Avenue, 10th Floor
Toronto, ON
M5G 2K8

Attention:

A/Assistant Deputy Minister
Health Transformation Division

Telephone: (647) 339-8830
E-mail: Kyle.MacIntyre@ontario.ca

With a copy to:

Director, Ontario Health Oversight Branch
Health Transformation Division
438 University Avenue, 10th Floor
Toronto, ON
M5G 2K8

Telephone: (437) 994-4667
E-mail: Renee.Mahalanobis@ontario.ca

To the Agency:

Ontario Health
525 University Avenue, 5th Floor
Toronto, ON
M5G 2L3

Attention: Ontario Health Board Chair

Telephone: (416) 409-9745
E-mail: Bill.Hatanaka@ontariohealth.ca

With a copy to:

Ontario Health President and Chief
Executive Officer

Telephone: (437) 346-6144
E-mail: Matthew.Anderson@ontariohealth.ca

**Her Majesty the Queen in right of Ontario as
represented by the Minister of Health**



Minister of Health

Ontario Health



Board Chair, Ontario Health

SCHEDULE 1: REDUCE HEALTH INEQUITIES

Responsibilities:

Patient, Family, Caregiver, and Community Engagement

1. The **Ministry** will:
 - a) Maintain a Minister's Patient and Family Advisory Council; and
 - b) Receive advice and respond to recommendations from the Agency as it relates to providing support for diverse priorities identified through the Agency's engagement processes.
2. The **Agency** will:
 - a) Fulfil its community engagement requirements consistent with the Act and as outlined in the Agency's Annual Business Plan;
 - b) Actively engage with the Minister's Patient and Family Advisory Council to provide updates, receive advice, and collaborate, as well as inform the Agency's programs, services, and identified priorities; and
 - c) Maintain and actively engage with members of the Agency's Patient and Family Advisory Network in the development and implementation of key strategic priorities, programs, services, and initiatives.

Priority, Underserved, and Vulnerable Populations

3. **Both Parties** will work together to identify priority, underserved and vulnerable populations across the province, share data, tools and resources, and, where possible, align provincial and local community engagement activities and efforts.
4. The **Ministry** will:
 - a) Collaborate with the Agency to advance health equity, inclusion, diversity, and ending racism as provincial priorities with identifiable actions, informed by feedback from equity-deserving communities;
 - b) Share available health equity data with the Agency as appropriate, to identify areas of inequities and inform ongoing improvements;
 - c) Collaborate with the Agency on recommendations and initiatives to reduce or eliminate health inequities;
 - d) Receive input from the Agency on performance expectations for Delivery Organizations and enable the Agency to publicly report on health inequities; and
 - e) Support cross-government and -sector collaboration on health equity, the social determinants of health and improving health outcomes.
5. The **Agency** will:
 - a) Build an organizational culture that incorporates feedback from priority, underserved, and vulnerable communities to inform ways in which to create a more integrated health system that supports the reduction or elimination of health disparities, considers the social determinants of health, and delivers excellent and equitable access, experience, and outcomes for all Ontarians;

- b) Advance data collection, utilization, and public reporting aimed at improving health equity;
- c) Collaboratively promote and create system expectations for health equity and anti-racism, including a focus on improving equitable health outcomes;
- d) Work to expand regional and local collaboration between health and social care, recognizing the impact of social determinants of health; and
- e) Work to strengthen and maintain meaningful working relationships and collaboration with diverse, priority, underserved, and vulnerable communities and Delivery Organizations within the Agency's mandated areas of responsibility that serve these communities.

Indigenous Engagement

- 6. The **Ministry** will:
 - a) Work to strengthen and maintain meaningful relationships and collaboration with Indigenous communities and organizations;
 - b) Work with Indigenous peoples and the Agency to develop Indigenous Health Planning Entities;
 - c) Establish ongoing and regular dialogue with the Agency to identify opportunities and issues raised by Indigenous communities, while also sharing promising practices and, where possible, align engagement activities; and
 - d) Work with the Agency to identify annual Indigenous Cultural Safety training targets.
- 7. The **Agency** will:
 - a) Respect the diversity of First Nations, Inuit, Métis and Urban Indigenous leadership, communities, people and their organizations, the advancement of Indigenous self-determination, and Indigenous data governance;
 - b) Engage Indigenous Health Planning Entities, once specified, in a manner that recognizes the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities, in accordance with the regulations while respecting the advancement of Indigenous self-determination and Indigenous data governance, if any, made by the Minister;
 - c) Work to strengthen and maintain meaningful relationships and collaboration with Indigenous leadership, communities, and their organizations in Agency planning and program or services delivery that recognizes the role of Indigenous peoples in the planning, design, delivery and evaluation of health services for their communities;
 - d) Establish expectations of Delivery Organizations for providing access to culturally safe and appropriate care for Indigenous people, families, and communities;
 - e) Maintain equitable clinical programs including cancer, renal, and other health diseases in addition to including health promotion programs aimed at reducing chronic diseases with a focus on quality improvement initiatives in partnership with First Nations, Inuit and Métis, and Urban Indigenous leadership, communities, and their organizations; and
 - f) Work to increase uptake of Indigenous Cultural Safety training among health care workers and health system administrators, including the Board and employees of the Agency.

French Language Health Services (FLHS)

- 8. The **Ministry** will:
 - a) Comply with the requirements of the FLSA and obligations outlined in the Guide to Requirements and Obligations Relating to French Language Health Services, as may be amended from time to time (the Guide to FLHS);

- b) Ensure that provincial priorities and strategic directions for the health system foster the provision of health services in a way that meets the requirements of the FLHS, and promotes access to quality FLHS, informed by the diversity of the Francophone community; and
 - c) Actively engage in and support the development of a relationship agreement in cooperation with the Agency, and the French Language Health Planning Entities.
9. The **Agency** will:
- a) Comply with the requirements of the FLSA and obligations outlined in the Guide to FLHS;
 - b) Respect and acknowledge the diversity of Francophone community;
 - c) Engage and collaborate with each French Language Health Planning Entity and consider any advice given by each entity, in carrying out the Agency's objects;
 - d) Work with the Ministry and the French Language Health Planning Entities to support FLHS data collection and its effective use in service planning, delivery and evaluation;
 - e) Ensure that Delivery Organizations comply with obligations outlined in the FLHS policies and guidelines issued by the Ministry; and
 - f) Actively engage in and support the development of a relationship agreement in cooperation with the Ministry and the French Language Health Planning Entities.

SCHEDULE 2: ENHANCE CLINICAL, CARE AND SERVICE EXCELLENCE

Responsibilities:

Clinical Leadership

1. **Both Parties** will:
 - a) Work together to ensure clinical leadership is a key element of health system transformation; and
 - b) Work together to identify a clinical leadership engagement model that reflects the diversity of our professionals in order to build a health care system that reflects best practice, is evidence-based, and incorporates new evidence and developments as they emerge.

2. The **Ministry** will:
 - a) Work with the Agency to engage clinical leaders in the development of provincial priorities and strategic directions for the health care system;
 - b) Facilitate the Agency's engagement, where appropriate, with clinical leadership that is outside of the Agency's accountability oversight (such as public health and primary care).
 - c) Work with the Agency to review the Ministry's existing clinical leadership arrangements with the objective of consolidating clinical leadership within the Agency;
 - d) Review and, subject to Government approval, approve the funding necessary to support the clinical leadership function of the Agency; and
 - e) Outline specific direction for the Agency regarding new initiatives for improving prevention, screening and delivery of treatment and service for palliative care and chronic disease, with an initial focus on diabetes and work with the Agency to develop implementation plans.

3. The **Agency** will:
 - a) Engage with clinical leaders within and outside of the Agency's accountability oversight in order to support the selection, design, implementation, and evaluation of the Agency's priorities and programs;
 - b) Work with expert clinicians and clinical leaders within and outside the Agency to: develop and lead provincial programs that reflect best practice, design evidence- and equity-based service delivery models or clinical pathways, and lead implementation, adoption and sustainment, evaluation and reporting; and
 - c) Drive continuous improvement in disease prevention, screening and the delivery of treatment and service for palliative care and chronic disease, with an initial focus on diabetes, using existing resources and work with the Ministry to develop an implementation plan for any new initiatives, including recommendations for reform and funding, as appropriate.

Access to Care

4. The **Ministry** will:
 - a) Collaborate with the Agency to promote quality care and timely access to health care services; and

- b) Advise on any expanded direction for the Access to Care Program, including any new Electronic Canadian Triage and Acuity Scale (eCTAS) data reporting requirements.

5. The **Agency** will:

- a) Provide evidence-based recommendations to the Ministry and advice and direction to the health care sector on improving access to quality health care services in Ontario;
- b) Design, develop, and disseminate analytics and measurement products to support planning, funding, quality improvement, performance monitoring, and evaluation, to enable and advance system improvement;
- c) Provide high-quality data and ad hoc analyses to the Ministry and system partners (including provincial ED leadership) in near-real time to inform decision making and support performance evaluation;
- d) Identify priority wait times for public reporting and publicly report on the Agency's website;
- e) Advance the development and adoption of central intake, Electronic Canadian Triage and Acuity Scale (eCTAS) and digital wait time management solutions;
- f) Lead the definition, standardization, and collection requirements for Access to Care provincial data assets including the provision of support services and operational support to health facilities; and
- g) Drive high data quality to enable evidence-based decision-making and public reporting through comprehensive monitoring, historical trend analysis, clinical validation, direct facility engagement and formal escalation procedures.

Cancer Programs and Cancer Screening

6. The **Ministry** will:

- a) Approve the provincial direction for the delivery of cancer programs and cancer screening services in Ontario;
- b) Review and consider approval for the Agency's annual cancer programs and cancer screening services which are to include service delivery volumes and the budget, subject to Government approval, for the implementation of these programs, as per the requirements in the Reporting Schedule;
- c) Determine and allocate funding and the associated terms and conditions for drugs funded through the New Drug Funding Program (NDFP), the Evidence Building Program (EBP), and the Case-by-Case Review Program (CBCRP) administered by the Agency on behalf of the Ministry as represented by the Executive Officer of the Ontario Public Drug Programs;
- d) Develop reporting requirements relating to Government priorities for diagnostic and medical equipment and notify the Agency of the requirements, as required;
- e) Determine, and communicate to the Agency, the eligibility criteria to provide and receive funding under the Diagnostic and Medical Equipment (DME) Replacement Program;
- f) Subject to Government approval, provide once-per-year capital funding to the Agency for radiation equipment replacement/upgrading for the treatment of cancer patients not including equipment to establish new cancer treatment services; and
- g) Approve the list of eligible equipment that may include radiation therapy delivery systems, treatment planning systems and radiation oncology information systems at Integrated Cancer Programs (ICPs) receiving funds through the Agency.

7. The **Agency** will:

- a) Continuously work to improve Ontario's cancer programs and cancer screening services, by establishing guidelines and standards for patient care and safety, and tracking

- performance targets to ensure system-wide improvements as set out in the annual plan;
- b) Allocate and oversee cancer treatment volumes and programs and oversee the delivery of cancer screening services for organized cancer screening programs as set out in the annual plan;
- c) Promote and maintain an equitable cancer care system which includes health promotion programs aimed at reducing chronic diseases with a focus on quality improvement initiatives in partnership with First Nations, Inuit and Metis, and Urban Indigenous leadership, communities, and their organizations.
 - i. Through the Indigenous Tobacco Program (ITP), the Agency will provide front line support to Indigenous community members and health staff to develop and deliver customized initiatives and programs which address the high rates of commercial tobacco use and other chronic disease risk factors through three dedicated front-line workers (Tobacco-Wise Leads);
- b) Assist with reviews and negotiations regarding the funding of cancer drugs or indications under Ontario public drug programs, including:
 - i. Providing secretariat support for meetings of provincial experts and advisors
 - ii. Adjudicating funding requests for specific patients or classes of patients
 - iii. Working with stakeholders to assess cancer care system needs
 - iv. Any other services relating to the funding of cancer drugs or indications identified by the Ministry
- c) Administer the NDFP, the EBP, and the CBCRP in accordance with any instructions provided by the Ministry;
- d) In connection with this administration, and at the request of the Ministry, provide the following services:
 - i. Updating policies and forms related to the NDFP, EBP and CBCRP
 - ii. Adjudicating patient-specific funding requests under the CBCRP
 - iii. Collecting data related to cancer drug utilization, forecasted expenditures and other data related to health system planning
 - iv. Working with stakeholders to respond to cancer drug shortages
 - v. Any other services requested by the Ministry relating to the NDFP, EBP and CBCRP.
- e) Administer the DME program to support the replacement and upgrade of radiation therapy equipment and related system replacement/upgrades to eligible sites across Ontario's ICPs;
- f) Provide once-per-year capital funding for radiation equipment replacement/upgrading for the treatment of cancer patients and will not include equipment to establish new cancer treatment services;
- g) Undertake a prioritization exercise to identify the list of eligible equipment to be replaced or upgraded as part of the DME; and
- h) Submit to the Ministry all reports and integrated reports as outlined in the Reporting Schedule of the Agreement.

Renal Programs

8. The **Ministry** will:
 - a) Approve the provincial direction for the delivery of renal services in Ontario;
 - b) Review and consider approval for the Agency's annual renal services, which are to include service delivery volumes and budget for the implementation of these programs, as per the requirements in the Reporting Schedule; and
 - c) Subject to Government approval, provide operating funding associated with renal

program related capital projects.

9. The **Agency** will:

- a) Continuously work with Ontario's Regional Renal Programs and Delivery Organizations to improve renal services by establishing guidelines and standards for patient care and safety, and tracking performance targets to ensure system-wide improvements as set out in the annual plan, as per the reporting schedule;
- b) Allocate and oversee the delivery of renal services as set out in the annual plan; and
- c) Promote and maintain an equitable renal care system with a focus on quality improvement initiatives in partnership with First Nations Inuit and Metis and Urban Indigenous communities.

Organ and Tissue Donation and Transplantation

9. The **Ministry** will:

- a) Approve the provincial direction for the delivery of Ontario's Organ and Tissue Donation and Transplantation (OTDT) services; and
- b) Review and consider approval of the Agency's annual expenditure plan and, subject to Government approval, provide funding for its OTDT related programs and projects.

10. The **Agency** will:

- a) Plan, promote, coordinate and support activities relating to the donation of Tissue for transplant and activities relating to education or research in connection with the donation of Tissue;
- b) Coordinate and support the work of Designated Facilities in connection with the donation and transplant of Tissue;
- c) Manage the procurement, distribution and delivery of Tissue;
- d) Establish and manage waiting lists for the transplant of Tissue and establish and manage a system to fairly allocate Tissue that is available;
- e) Make reasonable efforts to ensure that patients and their substitute decision-makers have appropriate information and opportunities to consider whether to consent to the donation of Tissue and to facilitate the provision of that information;
- f) Provide education to the public and to the health care community about matters relating to the donation and use of Tissue and to facilitate the provision of such education by others;
- g) Collect, analyse and publish information relating to the donation and use of Tissue; and
- h) Advise the Minister on OTDT related matters.

Palliative Care

11. The **Ministry** will:

- a) Seek and review advice from the Agency in order to inform provincial strategic priorities and investments related to palliative care in Ontario.

12. The **Agency** will:

- a) Act as a principal advisor to the Ministry for quality, coordinated palliative care in Ontario;
- b) Be accountable for quality improvement initiatives, data and performance measurement, and system level co-ordination of palliative care in Ontario;
- c) Lead regional and local integration of palliative care services and care delivery; and

- d) Engage sector stakeholders – including but not limited to the Ontario Palliative Care Network, Francophones, and First Nations, Inuit, Métis, and Urban Indigenous communities – to inform recommendations and work on palliative care.

Management of Drug Supply Shortages

13. The **Ministry** will:

- a) Approve the Agency’s provincial framework for management of drug shortages;
- b) Work with the health care system and other partners, including federal, provincial, and territorial governments, to coordinate timely responses, and to support management of drug shortages;
- c) Support contingency measures, including funding alternative treatment options when appropriate; and
- d) Participate in provincial, national and federal multi-stakeholder meetings.

14. The **Agency** will:

- a) Develop and implement, upon Ministry approval, a provincial framework to prevent, mitigate, and manage drug shortages in community and hospital settings;
- b) Engage clinical experts, subject matter experts and professional organizations, to create provincial clinical guidance documents to support the management of drug shortages;
- c) Identify and support regional drug shortages leads, who will implement an integrated approach within and between regions, developing and maintaining local relationships that support local strategies and communication; and
- d) Represent Ontario at provincial, national, and federal multi-stakeholder meetings.

SCHEDULE 3: TRANSFORM CARE WITH THE PERSON AT THE CENTRE

Responsibilities:

Ontario Health Teams (OHTs)

1. **Both parties** will work collaboratively to outline respective roles and responsibilities to advance the implementation, evolution and advancement of Approved and Designated OHTs across the province aligned with ongoing policy development and phased implementation.
2. The **Ministry** will:
 - a) Set provincial direction on implementation of the OHT model;
 - b) Lead the development and implementation of policies that will support and enable the formation and operations of Approved and Designated OHTs across the province; and
 - c) Work collaboratively with the Agency on a joint work plan and timeline to transition responsibility for the oversight of Approved and Designated OHTs to the Agency over time, subject to Ministry and Government approvals.
3. The **Agency** will:
 - a) Support implementation efforts of Approved and Designated OHTs locally and regionally, specifically facilitating access to supports and expertise available within the Agency;
 - b) Support the development and implementation of Approved OHTs' Harmonized Information Management Plans;
 - c) Support the achievement of provincial coverage by Approved OHTs, working in collaboration with the Ministry and other OHT support partners, and while also maintaining patient choice within the system;
 - d) Support the Ministry in establishing integrated funding models and performance management of Approved and Designated OHTs. This will include developing a process and timelines for how roles and responsibilities will transition over time from the Ministry to the Agency;
 - e) Support the implementation of a collaborative Quality Improvement Plan (cQIP) for Approved and Designated OHTs;
 - f) Focus the Agency's accountability tools and resources in quality improvement, digital and analytics, and other resources to advance the development of Approved and Designated OHTs; and
 - g) Support the development and management of integrated service accountability agreements with Approved and Designated OHTs over time.

Home and Community Care

4. The **Ministry** will:
 - a) Develop and communicate a provincial Home and Community Care (HCC) modernization strategy in alignment with the *Connecting People to Home and Community Care Act, 2020* and the *Connecting Care Act, 2019*;
 - b) Engage the Agency in the development of the HCC modernization strategy;
 - c) Establish and amend provincial policies, directives, guidelines, and other provincial requirements for the funding and delivery of Home and Community Care Services;

- d) Engage with the Agency to establish or update provincial policies and performance expectations for the provision of Home and Community Care Services, as appropriate;
- e) Work together with the Agency and HCCSS, to establish a Memorandum of Understanding (“multi-party MOU”) among the Ministry, the Agency, and HCCSS that will:
 - i. Support the Ministry’s priorities and deliverables for HCCSS outlined in the annual Mandate Letters and accountability agreements for the Agency and HCCSS;
 - ii. Clarify the roles and responsibilities of the parties in achieving the priorities and deliverables;
 - iii. Support the Agency and HCCSS to create implementation activities that align to the respective roles and responsibilities; and
 - iv. Support clear mechanisms to manage a constructive ongoing relationship, including conflict resolution.
- f) Provide direction to the Agency regarding implementation of Government priorities within the Home and Community Care Services sector; and
- g) Define parameters for transition of Home and Community Care Services and resources from HCCSS to HSPs and Designated OHTs, including regarding FLS resources, labour relations, and arrangements with contracted service providers.

5. The **Agency** will:

- a) Within Ministry-defined parameters and at Ministry direction, work with HCCSS, HSPs and Approved and Designated OHTs, and their SPOs (where applicable), and with regional planning entities, including French Language Health Planning Entities, to implement transitions of Home and Community Care Services and resources from HCCSS to HSPs and Designated OHTs to ensure continuity of care and opportunity for innovation during transformation;
- b) Require HSPs providing Home and Community Care Services to comply with all laws, policies, directives, guidelines, and other requirements that apply to the provision of Home and Community Care Services;
- c) Require HSPs to:
 - i. include the obligation to comply under b) in their contracts with SPOs; and
 - ii. require SPOs to include the same obligation in their contracts with SPO subcontractors;
- d) Within available resources, support provincial policies and programs initiated by the Ministry and the HCCSS, including advising on and supporting the development and implementation of programs related to Home Care delivery and broader transformational strategies;
- e) Establish and engage in a process to coordinate the planning and delivery of Home and Community Care Services between the Agency and HCCSS;
- f) Provide support to HCCSS and HSPs and Designated OHTs funded to provide home and community care services to streamline and integrate home, community, acute and primary care delivery;
- g) Provide centralized education and training support to HCCSS and HSPs and Designated OHTs funded to provide home and community care services on the use of assessment tools and CHRIS, and provide HCCSS staff access to online training on provincial legislation and policies (e.g. Accessibility for Ontarians with Disabilities Act, 2005,

- Workplace Discrimination and Harassment);
- h) Coordinate, maintain, and support planning and quality improvement initiatives relevant to Home and Community Care Services provided by HCCSSs, HSPs, and Designated OHTs, including by supporting the collection of data on client and caregiver experiences;
 - i) Support provincial reporting by HCCSS, HSPs, and Designated OHTs on their provision of Home and Community Care Services, including reporting on integrated models of care;
 - j) Support the implementation of appropriate waitlist management frameworks and associated business processes for Home and Community Care Services provided by HCCSS, HSPs, and Designated OHTs, in alignment with provincial policy decisions;
 - k) Provide funding and contract management of independent complaints facilitation services;
 - l) Make recommendations to the Ministry to support the future state of Long-Term Care Home placement functions in Ontario;
 - m) Work with the Ministry, Delivery Organizations and HCCSS on tools, processes and/or reporting to support strategic priorities in respect of the provision of Home and Community Care Services;
 - n) In collaboration with the Ministry, implement strategic priorities and performance expectations for the provision of Home and Community Care Services in the context of Designated OHTs;
 - o) Support the transition of the provision of Home and Community Care Services by HCCSS, HSPs, and Designated OHTs from HCCSA to any successor legislative and regulatory framework, including
 - i. working with the Ministry on developing and then at the Ministry's request, implementing new policies, guidelines and other requirements to support the provision of Home and Community Care Services under the new framework; and
 - ii. developing processes to support implementation of the new framework and supporting policies, directives, guidelines and other requirements;
 - p) Support the transfer of responsibilities and resources for providing Home and Community Care Services from HCCSS to HSPs and Designated OHTs, in accordance with Ministry direction; and
 - q) Enter into a Service Level Agreement with HCCSS in respect of the provincial shared services to continue to be provided by the Agency to HCCSS.

Mental Health and Addictions

- 6. **Both Parties** will establish a Mental Health and Addictions governance framework to support processes and touchpoints for the Agency to report to the Ministry on its planning, activities and outcomes related to mental health, addictions and problem gambling services.
- 7. The **Ministry** will:
 - a) Develop and communicate a provincial Mental Health and Addictions (MHA) strategy as required under the *Mental Health and Addictions Centre of Excellence Act, 2019*;
 - b) Set priorities and objectives for the Ministry-funded MHA system and provide policy and implementation direction to the Agency;
 - c) Develop legislation, regulations, and provincial policy and program requirements relating

- to MHA services, as appropriate;
- d) Work with partner ministries on shared policy priorities and accountabilities to identify and advance common priorities related to MHA issues, and provide direction to the Agency, as required;
- e) Maintain accountability and funding for child and youth mental health services and provincially-managed MHA programs and initiatives, and develop a plan to assign such accountabilities and funding, as appropriate, to the Agency;
- f) With respect to Forensic Mental Health, schedule, determine and advise the **Agency** of:
 - i. the hospitals designated under the *Criminal Code of Canada* that provide forensic mental health services;
 - ii. the number, service levels and type of forensic mental health inpatient beds, alternative care pathway services, outpatient services, forensic Transitional Case Management services, the Transitional Rehabilitation Housing Program and Forensic Supportive Housing; and
- g) Work with the Agency to establish a plan for MHA services that are wholly or partially managed by the Ministry (e.g. forensic mental health, supportive housing), including a plan to begin to receive data and evidence-informed advice from the Agency on the required type, quantity and service levels.

8. The **Agency** will:

- a) Establish and maintain within the Agency the MHA Centre of Excellence as required under the *Mental Health and Addictions Centre of Excellence Act, 2019*;
- b) Work with the Ministry to carry out the following functions required by the *Mental Health and Addictions Centre of Excellence Act, 2019*:
 - i. Putting into operation the mental health and addictions strategy,
 - ii. Developing clinical, quality and service standards for mental health and addictions,
 - iii. Monitoring metrics related to the performance of the mental health and addictions system,
 - iv. Providing resources and support to HSPs, Approved and Designated OHTs and others related to mental health and addictions, and
 - v. Any other functions that the Ministry requires;
- c) As directed by the Ministry, fund the provision of MHA services in programs that are wholly or partially managed by the Ministry (e.g. forensic mental health and supportive housing, eating disorder, problem gambling) including HSPs designated as psychiatric facilities under the *Mental Health Act*, to ensure provision of the essential mental health services in accordance with the specific designation for that site and discuss any material changes to the service delivery models or service levels with the Ministry; and
- d) Collaborate, where possible, with Consolidated Municipal Service Managers (“CMSM”s) and / or District Social Services Administration Boards (“DSSAB”s) (as applicable in the area of the Ontario Health Region) and other partners as appropriate in planning and delivery of local supportive housing programs.

Digital Health and Virtual Care

10. **Both Parties** will work together to maintain a joint governance structure to discuss emerging issues and innovations in Digital Health, ensure delivery aligned to provincial strategy, monitor performance and return on investments and to evolve annual priority setting practices.

11. The **Ministry** will:

- a) Develop legislative, regulatory, policy and program requirements for digital health, as appropriate;
- b) Engage the Agency in development of digital health strategies and policies as well as statutes and regulations, as appropriate;
- c) Set and communicate the strategy, priorities and objectives for the system on an annual basis through the Annual Assistant Deputy Minister Priorities Letter and provide policy and implementation direction to the Agency with the understanding that these priorities will form the basis for the Agency's Annual Digital Health Service and Expenditure Plan. This approach will be reviewed at the end of the first year of this agreement to assess its efficacy in advancing the shared interests of the Ministry and the Agency in implementing digital health strategy objectives and supporting the integration of health services in Ontario;
- d) Work with partner ministries with shared policy priorities and accountabilities to identify and advance common priorities and provide direction to the Agency, as required; and
- e) Share knowledge and information as it relates to any programs, responsibilities or functions that are transitioned to the Agency.

12. The **Agency** will:

- a) Support the Ministry in the development of digital health strategies and policies as well as statutes, regulations and funding enablers, as appropriate;
- b) Implement the provincial strategy for digital health;
- c) Establish a provincial interoperability and standards program to enable digital sharing of health information across multiple vendors in all healthcare sectors;
- d) Establish and share with the Ministry complementary operational strategies that implement provincial direction and respond to the needs and contexts of the health system;
- e) Consult with the Information and Privacy Commissioner (IPC) in conjunction with the Ministry to plan and implement enhanced consent management capabilities in compliance with policy expectation;
- f) Protect the privacy of individuals whose personal information or personal health information is collected, transmitted, stored or exchanged by and through the Agency in compliance with PHIPA and FIPPA, provincial cybersecurity standards and protocols and interoperability policy (e.g. Digital Health Information Exchange policy);
- g) Establish best practice standards with respect to delivery and clinical use of provincial solutions;
- h) Provide planning and implementation support to enable Approved and Designated Ontario Health Teams to deliver the Digital First for Health strategy;
- i) Track and report on Digital Health performance and expenditures to support the successful delivery of Digital Health in accordance with provincial strategy;
- j) Maintain and expand the delivery and adoption of virtual care across the health care system and among priority populations through the delivery of core virtual care services, targeting Indigenous and northern/rural communities (Trilateral First Nations Health Senior Officials Committee (TFNHSOC)), enhance French language, and Child and Youth tele-mental health virtual care services, support Approved and Designated OHTs with virtual care adoption, enhancing effectiveness of remote patient monitoring program management, and the provincial network of host sites and member services to better meet the needs of clinicians and patients;
- k) Maintain and enhance digital health assets to ensure service continuity, data security, stability, back-up, and improve standardization, support healthcare providers with access to key clinical data repositories, expand deployment of Digital Health technologies (i.e. provincial clinical viewers), and provide oversight for the province's electronic medical

- record program for community-based clinicians; and
- l) Improve digital access for patients to review and control access to their personal health information (PHI) and empower patients with digital choices in how they access care and engage in their health locally and cross regionally.

Integrated Assessment Record (IAR) and Common Assessments (CA)

13. **Both Parties** will work collaboratively to complete the transfer of the IAR/CA program to OH within 2021.

SCHEDULE 4: MAXIMIZE SYSTEM QUALITY AND VALUE BY APPLYING EVIDENCE

Responsibilities:

Health Service Provider Oversight

1. The **Ministry** will:
 - a) Support the Agency to be the primary contact point with Delivery Organizations and Designated OHTs in time; and
 - b) Receive advice and recommendations from the Agency and support issues resolution.
2. The **Agency** will:
 - a) Work with HSPs to improve system access, capacity, flow, and service delivery;
 - b) Hold HSPs accountable through Service Accountability Agreements for the delivery of services funded by the Agency and in accordance with provincial standards, directives and guidelines;
 - c) Work with the Ministry and HSPs to modernize Service Accountability Agreements, performance management, and funding processes to reflect desired outcomes;
 - d) Work with HSPs to achieve identified outcomes and identify and implement measures in support of improved performance;
 - e) Inform the Ministry of non-compliance by a Delivery Organization with an agreement or legislation that has not been resolved to the Agency's satisfaction, as soon as reasonably possible or as required by law; and
 - f) Fund HSPs, in alignment with Ministry direction, to achieve best access, outcomes, and value for money.

Health Service Provider Oversight: Acute Care Sector

Reporting of Beds and Occupancy

3. The **Agency** will:
 - a) Require hospitals to report data through their daily bed census submissions to the Ministry in an accurate and timely manner;
 - b) Report to the Ministry any significant changes in the number of beds reported, types of services provided, or occupancy rates;
 - c) Require alignment with Ministry direction related to Daily Bed Census Survey (dBCS) standards and submission timeline requirements; and
 - d) Require acute care hospitals to accurately report bed and resource availability data to CritiCall Ontario's Provincial Hospital Resource System (PHRS) and to submit such reports at such frequency as may be determined by CritiCall Ontario.

Hospital Deficit Identification through Balanced Budget Waivers

4. The **Agency** will:
 - a) Require that hospitals achieve and maintain a Balanced Budget as required by the Hospital Service Accountability Agreement (H-SAA);
 - b) Where the Hospital is unable to meet the basic requirement of a Balanced Budget, the Agency will notify and obtain the required approval from the Ministry before waiving the

- obligation to achieve a Balanced Budget and work with the Hospital as indicated in the H-SAA; and
- c) Utilize the balanced budget waiver process outlined in the *Annual Balance Budget Requirements for Public Hospitals* memo.

Escalation Protocol

5. The **Agency**:
 - a) Will use the Ministry's Accountability and Escalation Protocol as a framework to assess and review any issues or concerns identified at a hospital and determine appropriate next steps for resolution;
 - b) Will take proposed courses of action as indicated through the Ministry's Accountability and Escalation Protocol; and
 - c) May escalate the issue for Ministry consideration of a financial remedy through submission of applicable supporting documents and corresponding analysis, all of which is to accompany requests for in-year funding to the Ministry.

Health Quality

6. The **Ministry** will:
 - a) Set priorities for the Agency with respect to health quality; and
 - b) Monitor the Agency's progress towards improving the quality in health care.
7. The **Agency** will:
 - a) Advance and promote the quality of health care that is supported by the best available scientific evidence; and
 - b) Work with local clinical leaders, Delivery Organizations and other providers to advance the quality agenda and align provincial quality improvement efforts.

Quality Improvement

8. The **Agency** will:
 - a) Apply best available evidence in advancing and promoting quality improvement in health care;
 - b) Establish, execute and monitor deliverables to support the following priority health quality programs:
 - i. Supporting Integrated Care;
 - ii. Clinical Program Delivery and Improvement;
 - c) Support and monitor the execution of Quality Improvement Plans (QIPs):
 - i. Develop guidance materials for Delivery Organizations that are part of the provincial organizational QIP program, including Home and Community Care Support Services, and support them as they develop their annual QIPs, ensuring that the plan for the organizational QIP is aligned with the provincial quality strategy;
 - ii. Require each long-term care home as well as every other inter-professional primary care organization with which the Agency has a Service Accountability Agreement to develop an annual QIP that is aligned with their SAA and supports local health system priorities;
 - iii. Review and analyze annual QIPs submitted by health care organizations to help build capacity and improve performance on priority indicators;
 - d) Establish online communities of practice and/or implementation strategy to support knowledge exchange and support priority quality improvement programs; and

- e) Identify and execute any other deliverables to support the health quality agenda in Ontario, as needed.
- f) Continue to provide support and guidance to the Ontario General Medicine Quality Improvement Network;
- g) Publish the annual summary of the Emergency Department Return Visit Quality Program findings; and
- h) Continue to provide support and guidance to the Ontario Surgical Quality Improvement Network.

Health Quality Evidence Development and Standards

9. The **Agency** will:
- a) Work with health system partners to develop evidence-based guidance documents where variations or gaps in the provision of care exist, as required;
 - b) Through the work of the Ontario Quality Standards Committee (OQSC) provide the Ministry and Delivery Organizations with quality standards (QS) for specific conditions and processes and areas of care, such as clinical and quality standards for patient safety;
 - c) Work with Delivery Organizations and other providers to identify and support the adoption of evidence-based best practices in line with health quality priorities;
 - d) Assess the potential benefits of facilitating the use of clinical quality standards through the Service Accountability Agreements with Delivery Organizations;
 - e) Monitor and report on the status and uptake of clinical evidence including the quality standards program;
 - f) Produce innovation and technology funding recommendations approved by Ontario Health Technology Advisory Committee (OHTAC) focused on health system transformation.
 - i. A subset of health technology assessments (HTAs) will focus on a genetics topic approved by the Ontario Genetics Advisory Committee ;
 - g) HTAs undertaken should align to broader Government priorities, including identification of potential disinvestment opportunities, and Agency multi-year directions.
 - h) Work with the Ministry to identify the number of QS and HTAs to be developed/undertaken each year; and
 - i) Provide the Ministry with an annual report summarizing the recommendations and the clinical and health system standards including QS and HTAs.

Health System Performance Measurement and Public Reporting

10. The **Agency** will:
- a) Develop in consultation with the Ministry, and implement provincial indicators that will best measure the performance of Ontario's health care system including the Agency's impact and outcomes;
 - b) Provide practitioners across Ontario with MyPractice reports through regular data refreshes and pursue opportunities to expand the program to new clinical areas;
 - c) Maintain the primary care MyPractice report reach to 50% of the Ontario family physician population providing comprehensive primary care;
 - d) Build and distribute MyPractice: General Medicine audit and feedback reports at existing seven hospitals with each site initiating quality improvement efforts on at least one measure and initiate onboarding of up to two new sites;

- e) In addition to regular public reporting on health system performance, on a date to be agreed upon by both parties, release an annual report on the state of Ontario's health care system;
- f) Refresh data and/or performance indicators online regularly (e.g., long-term care, patient safety and opioid use disorder, wait times) and continue to add enhancements to improve user experience; and
- g) Provide leadership on patient safety, through the public reporting of data.

Workforce and Capacity Planning

11. The **Ministry** will:

- a) Lead provincial and support regional and local health workforce planning activities and programs to support Ontario having the right number, mix and distribution of health providers to meet the needs of patients and the Government's priorities for the health system;
- b) Share data with the Agency on a regular basis to support regional and local health workforce planning and related activities; and
- c) Set provincial health system capacity planning priorities, review advice provided by the Agency, and support provincial and regional health system capacity planning.

12. The **Agency** will:

- a) Perform provincial, regional and local health system capacity planning to determine current demand and estimate future needs for health services, in alignment with provincial/Government priorities for the health system;
- b) Work with health sector partners to determine system needs for health human resources and support the development of approaches to enhance health human resource capacity;
- c) Lead regional and support local and provincial health workforce planning activities and programs to support Ontario having the right number, mix and distribution of health providers to meet the needs of patients and the Government's priorities for the health system; and
- d) Where it exists, share data with the Ministry on a regular basis to support provincial health workforce planning and related activities.

Information Management, Data, and Analytics (IMDA)

13. **Both Parties** will:

- a) Partner in the development of a framework for the strategic management of Ontario's health data as it pertains to their respective mandates in order to:
 - i. Support strategies and policies to support alignment of the OH information management strategy and privacy framework with the Ministry's health system information mandate;
 - ii. Support access to authoritative data, data integration provisions and requirements, data quality, data lifecycle management for data holdings and streamlining the acquisition, collection, and access of authoritative data across OH and existing data partners;
 - iii. Ensure alignment of quantitative analysis and methodological advice to support development of key metrics, KPIs, outcome indicators, and analytics to measure/inform OH plans and Ministry priorities.

NOTE: The corresponding objectives and deliverables for clauses (i) to (iii) above will be described in more detail in the Agency's Annual Business Plan.

14. The **Ministry** will:

- a) Determine priorities, including but not limited to, data and related topics of inventory, management, standards (e.g., Pan-Canadian standards and/or those standards set by the Ministry and/or Ontario information and Data governance bodies), integration, quality, governance, analytics, privacy, and security;
- b) Communicate applicable policies, processes, standards, requirements, mechanisms, timelines, and issues as they relate to priorities and current and applicable strategies to the Agency;
- c) Lead the development of analytic methodology and collaborate with the Agency and other stakeholders; and
- d) Lead the consolidation of the Agency's authority model to provide a regulatory framework to improve internal data sharing and integrated information management for all data under the Agency's mandate to manage.

15. The **Agency** will:

- a) Support the Ministry in the implementation of the Ontario Health Data Platform;
- b) Provide the Ministry with an annual inventory of the Agency's data assets (including data fields and descriptions), data reports, data information systems and data repositories;
- c) Provide Ministry with supporting operational documents for Information Management and data management for data assets, data information systems and data repositories;
- d) Require Delivery Organizations to submit Data information as communicated by the Ministry, to the Ministry or a third party;
- e) Adhere with, and require Delivery Organizations to meet, requirements outlined in the Annual Submission Timeline Service Announcement;
- f) Inform and collaborate with the Ministry and health system partners to address any related issues, as required;
- g) Require Delivery Organizations to make best efforts to meet the integrated information management, data management and analytic targets, data quality and submission timelines; and,
- h) Require Delivery Organizations to include the requirements under 15 d), e) and g) in their contracts with SPOs.

Home and Community Care related Data Management, Information and Patient Care Technology

16. The **Agency** will:

- a) Support home and community care delivery by ensuring consistent information management, reporting, privacy protection and security services across organizations funded to provide home and community care; and by managing, providing access and submitting to CHRIS and the suite of functions therein, in alignment with the Digital Health Playbook for OHTs and Ministry direction and submission timelines, to entities that provide and arrange Home and Community Care Services. The suite of CHRIS functions includes:
 - i. Health Partner Gateway (HPG)
 - ii. Inbound eReferral
 - iii. Assessment Tools (i.e. interRAI suite of assessment tools)
 - iv. Home Care Service Planning, Referrals, Contract Management and Billing
 - v. Ontario Drug Benefit (ODB) Authorization

- vi. Equipment and Supplies (E&S) Ordering
 - vii. Community Care Referral Management
 - viii. eNotification to Home Care
 - ix. Integration with Provincial Data Repositories
 - x. Health Care Validation
 - xi. Provincial Client Registry (PCR) Integration
 - xii. Centralized Information Management, & Decision Support Reporting
 - xiii. LTC Placement – Bed Board Management (BBM)
 - xiv. Coordinated Care Plan (CCP).
- b) Provide business intelligence and decision support for home and community care data, provide third-party back-office support systems supporting HCCSS operations and Tier 1 and Tier 2 desk support for the HCCSS organizations.

SCHEDULE 5: STRENGTHEN ONTARIO HEALTH'S ABILITY TO LEAD

Responsibilities:

Evolving Funding Practices and Quality-Based Procedures (QBPs)

1. The **Ministry** will
 - a. Engage the Agency in the development of new Quality Based Procedures (QBPs) and volume management guidelines; and
 - b. Engage the Agency in setting any prescribed volumes of care at the provincial, regional, and Delivery Organization level and provide timely sign-off of regional and Delivery Organization volumes.

2. The **Agency** will:
 - a) Engage the Ministry in the development of new QBPs and updates to existing QBPs;
 - b) Align performance monitoring, management, and funding practices to focus on achieving best outcomes for investment;
 - c) Monitor Delivery Organizations' performance against provincial performance targets and/or Wait Time Access Targets (WTATs) for elective / scheduled services;
 - d) Manage QBP volumes and funding at the Delivery Organization and/or regional level. This includes reviewing volume performance with Delivery Organizations and, if necessary, redistributing volumes and funding within and between Delivery Organizations to balance the supply and demand for services, increase access to services that are not meeting WTATs, and other performance targets, such as PROMs; and
 - e) Allocate and manage volumes in accordance with the volume management policies regarding in-year reallocations and year-end reconciliations; and
 - f) Work with Delivery Organizations to develop, implement, and continuously improve patient-based funding models to ensure the efficient delivery of high-quality, integrated, and evidence-based care.

OH Managed QBPs and Bundled QBPs

3. The **Ministry** will:
 - a) Work with the Agency to develop, implement, and update funding models that support the adoption of evidence-based best practices consistent with clinical guidance such as those in QBP Clinical Handbooks;
 - b) Perform modelling to determine QBP volumes, rates and funding, including QBP growth funding allocations;
 - c) Establish volume management policies for the Agency and Delivery Organizations regarding in-year reallocations and year-end settlements (i.e. QBP Volume Management Instructions) as well as performance management policies regarding performance requirements, in consultation with the Agency; and
 - d) Oversee the in-year reallocation and year-end reconciliation processes.

OH -Managed QBPs for Gastrointestinal (GI) Endoscopy, Systemic Treatment, Cancer Surgery and Chronic Kidney Disease

4. The **Agency** will:
 - a) Develop, implement, and update funding models that support the adoption of evidence-based best practices consistent with clinical guidance such as those in QBP Clinical Handbooks;
 - b) Perform modelling to determine QBP volumes, rates and funding, including QBP growth funding allocations;
 - c) Establish volume management policies for Delivery Organizations regarding in-year reallocations and year-end settlements as well as performance management policies regarding performance requirements; and
 - d) Oversee the in-year reallocation and year-end reconciliation processes.

Patient Ombudsman

5. The **Ministry** will maintain a direct reporting relationship with the Patient Ombudsman.
6. The **Agency** will:
 - a) Develop a business relationship Charter with the Patient Ombudsman setting out the respective roles and responsibilities of the Agency and the Patient Ombudsman with respect to the operation of the Office of the Patient Ombudsman.
 - b) Support the office of the Patient Ombudsman in carrying out their functions, including:
 - i. Employing as Patient Ombudsman the person who is appointed by the LGIC and terminating the employment of that person when the term of the appointment expires or if the appointment is revoked;
 - ii. Providing salary and benefits to the Patient Ombudsman in accordance with the remuneration and employment entitlements that are established by the LGIC;
 - iii. Employing persons to provide the necessary operational and administrative support to the Patient Ombudsman in accordance with the human resources policies and practices that the Agency is required to establish under the MOU;
 - iv. Providing the information technology systems and resources that are required for the Patient Ombudsman to carry out their functions;
 - c) Include a separate line-item within Ontario Health's overall budget for the budget of the Office of the Patient Ombudsman noting that, as an independent office, the Patient Ombudsman will direct and approve spending of these funds; and
 - d) Put in place reasonable measures to protect the security and privacy of any personal health information that the Agency may collect for purposes related to the functions of the Patient Ombudsman.

Procurement and Supply Chain Management

7. The **Ministry** will:
 - a) Work with the Agency, stakeholders, the Ministry of Long-Term Care (MLTC), the Ministry of Government and Consumer Services (MGCS) and Supply Ontario to design and implement a modern, centralized, provincial public sector health supply chain, which will include:
 - i. Further defining the Agency's role in a province-wide supply chain management model (for example, clarifying the Agency's mandate for leading provincial Home Care procurements and health care related digital procurements); and
 - ii. Ensuring continuity of supply chain resources, services and functions;

- b) Work with the Agency, stakeholders, MLTC, MGCS and Supply Ontario to identify and implement evidence-based best practices in the health sector supply chain to improve patient health and enhance system performance;
 - c) Work with the Agency, stakeholders, MLTC, MGCS and Supply Ontario on the development of policy supports related to the health sector supply chain; and
 - d) Support the Agency and Supply Ontario in supply chain-related activities, including approaches to data-sharing and digital platforms, stakeholder engagement, category management and strategic sourcing initiatives.
8. The **Agency** will:
- a) Work with the Government, health sector entities and Supply Ontario to design and implement a modern, centralized, provincial public sector health supply chain; and
 - b) Work with the Government, health sector entities and Supply Ontario to establish and execute on best practices in supply chain management, including:
 - i. Collecting and reporting on available contract data and related supply chain data and assets;
 - ii. Identifying, supporting, coordinating or leading the execution of strategic sourcing initiatives (including value- and innovation-based procurement) in collaboration with stakeholders and partners;
 - iii. Implementing effective category management approaches in collaboration with partners and stakeholders; and
 - iv. Implementing supply chain operations best practices in consultation with stakeholders and partners.

Home Care Related Procurement and Contract Management

9. The **Ministry** will:
- a) For medical supplies and equipment procurement:
 - i. Provide policies and guidelines to the Agency relating to medical supplies and equipment;
 - b) For Home Care services procurements:
 - i. Establish the procurement and partnership model for Home Care delivery, and related policies and guidelines; and
 - ii. Provide direction to the Agency regarding its role in Home Care procurement and the partnership model;
 - c) For Home Care services contract management:
 - i. Provide direction to the Agency regarding the Agency's role in contract management, including, but not limited to the possible functions identified under paragraph (b) of the Agency's obligations (below) under this Procurement and Contract Management Section.
10. The **Agency** will:
- a) For medical equipment and supplies procurement:
 - i) Collaborate with the Ministry, the MGCS and Supply Ontario to ensure that procurement activities in the sector comply with ministry guidance and policies where applicable and that there is alignment among HCCSS and Approved Agency procurement and the Government's Supply Chain Centralization

initiative, and the Ministry's Health Sector Supply Chain Transformation initiative;
and

- ii) Manage the procurement of medical supplies and equipment in accordance with the Ministry's policies and guidelines;
- b) For home care services contract management:
 - i) The Agency will provide contract management supports including: CHRIS; maintaining a provincial contract template; managing and continuing to lead the provincial prequalification selection process for SPOs including regularly publishing the list of prequalified SPOs on a public website;
 - ii) Providing a similar role as b) i. in any new procurement model.

Capital

11. **Both parties** will work together during the term of the Agreement to review and revise capital planning and delivery model(s) as appropriate.

Oversight of Hospital and Community Labs for COVID-19 Testing

12. The **Ministry** will:

- a) Set direction and identify strategic priorities for the Provincial Lab Network including the COVID-19 Provincial Diagnostic Network Operations Centre and the COVID-19 genomic sequencing subnetwork;
- b) Work with the Agency to support the implementation and coordination of the community lab volumes managed by the Provincial Lab Network and Diagnostic Network Operations Centre;
- c) Communicate operational testing requirements and performance targets to the Agency;
- d) Seek and review advice provided by the Agency to inform planning;
- e) Subject to Government approval, provide funding for applicable lab initiatives (including infrastructure) through the Agency; and
- f) Consider recommendations and collaborate with the Agency on priorities to support recommendations made by the Agency related to implementation of a Provincial Genetics Program for Ontario.

13. The **Agency** will:

- a) Maintain a Provincial Lab Network Team that will expand and modernize the Provincial Diagnostic Network, particularly with respect to data capture and data sharing;
- b) Support and maintain the Provincial Diagnostic Network Operations Centre to respond to COVID-19 testing requirements, screening for Variants of Concern, and whole genome sequencing in the province until such time that the Ministry requests a ramp down of COVID-19 testing and related activities;
- c) Review, assess and integrate new ideas for domestic and alternative supply of laboratory reagents/supplies and innovative technologies to optimize laboratory system capacity;
- d) Undertake activities to support the Provincial Lab Network and Diagnostic Network Operations Centre as identified by the Ministry;
- e) Engage in regular consultation with the Ministry to ensure activities undertaken by the Agency in connection with COVID-19 testing, including the Provincial Lab Network and Diagnostic Network Operations Centre, align with the requirements under *the Laboratory and Specimen Collection Centre Licensing Act* and its regulations; and
- f) Develop and implement a Provincial Genetics Program for Ontario in a manner that is

consistent with the funding provided by the Ministry.

Health Emergency Management (EM)

14. The **Ministry** will:

- a) Set provincial direction for EM, including COVID-19 response and recovery priorities;
- b) Provide 24/7 provincial level coordination and support for health system disruptions (including, but not limited to, COVID-19), including coordination through the Ministry Emergency Operations Centre (MEOC); and
- c) Work with health system and other partners, including federal, provincial, and territorial governments, to support the implementation of EM, including for COVID-19 response and recovery activities.

15. The **Agency** will:

- a) Develop and implement a leadership and oversight model for EM;
- b) Lead and participate in regional EM, including COVID-19 response and recovery activities;
- c) Work with Delivery Organizations to ensure continuous and effective access to health system services and resources before, during and after disruptions (including, but not limited to, COVID-19); and
- d) Monitor and take best efforts to enforce compliance and alignment with provincial direction for the development, implementation, and maintenance of EM, including for COVID-19 response and recovery activities.

SCHEDULE 6: PERFORMANCE

1. The **Ministry** will:
 - a) For those indicators attributed to the Ministry in Table 1 of this Schedule, provide the Agency with:
 - i. Calculated results, for those indicators where data access is available, for the performance indicators by the release dates set out in Schedule 8; and;
 - ii. Supporting performance information as requested by the Agency where agreed to by the Ministry;
 - b) Consult with the Agency to develop the technical documentation for all indicators set out in Table 1 of this Schedule, including the methodology, inclusions and exclusions (as available); and
 - c) Identify, in Schedule 8, other reporting requirements that the Agency will be expected to adhere to as part of its quarterly reporting process.

2. The **Agency** will:
 - a) Measure and plan to improve performance through SAAs with Delivery Organizations;
 - b) By the end of the term of the Agreement, demonstrate progress towards achieving the targets for the performance indicators in Table 1 of this Schedule where a target is set, or demonstrate progress against provincial results where there is no target;
 - c) Report to the Ministry quarterly, by the dates set out in Schedule 8, on the performance of the health system on all performance indicators in Table 1 of this Schedule;
 - d) Include in its Annual Report the performance of the health system on all performance indicators in Table 1 of this Schedule;
 - e) Provide other reports as requested by the Ministry and as outlined in Schedule 8;
 - f) For those indicators attributed to the Agency in Table 1 of this Schedule, provide the Ministry with calculated results; and
 - g) Consult with the Ministry to develop the technical documentation for all indicators set out in Table 1 of this Schedule, including the methodology, inclusions and exclusions (as available).

Table 1

Quadruple Aim	Strategic Alignment	Type of Indicator	Joint Proposed Indicators (MOH and OH)	Responsible for Calculating /Providing
Better Outcomes	Roadmap to Wellness: MHA Centre of Excellence	Monitoring	% of patients with 4+ ED visits for mental health and addictions <i>(FPT Shared Health Priority metric)</i>	Ministry
Better Outcomes	Towards integrated care	Monitoring	Number of patients designated ALC waiting to be discharged by setting (LTC, homecare, rehab, etc.) (% by setting LTC vs. Other settings)	Agency

Better Outcomes	Health System Recovery	Accountable	% of COVID-19 diagnostic tests completed within 2 days	Agency
Better Outcomes	Health System Recovery	Accountable	Screening volumes (fecal, pap, mammograms) as a proportion of what is expected compared to pre-pandemic volumes	Agency
Better Outcomes	Health System Recovery	Accountable	Wait times for hip, knee, and cancer (% within recommended target wait time)	Agency
Better Outcomes	Health System Recovery	Accountable	Number of surgeries performed in last quarter for: Oncology (Cancer)/ Non-Oncology	Agency
Better Outcomes	Towards integrated care	Monitoring	The average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period	Ministry
Patient Experience	Digital First	Accountable	Number of unique patients accessing Ontario Health supported online virtual care (% increase over 2019-20 visits)	Agency
Patient Experience	Digital First	Monitoring	% of Ontarians who had a virtual visit in the last 12 months. (HCES survey)	Ministry

SCHEDULE 7: FUNDING AND ALLOCATIONS

Funding and Allocations

1. Consistent with the principles set out in this Agreement, **both Parties** are committed to working with one another to continue to review the Agency's Funding envelopes with a focus on the Agency's evolution as a single organization and intent to align Funding with outcomes for the purpose of advancing a connected, innovative, and outcome-focused health system.
2. The **Ministry**:
 - a) Will set the funding allocation(s) for the Agency in alignment with Government approvals. The Agency's funding allocation, as of April 1, 2021, is outlined in Table 1 and Table 2 of this Schedule;
 - b) Will revise and update Table 1 and Table 2 to reflect Government and Agency Funding Allocation and reallocation decisions throughout the year;
 - c) May set terms and conditions for any Agency Funding set out in Table 1 and Table 2, including the type of Funding, specific allocations within programs, whether the Funding is subject to annual adjustment, and whether and in what circumstances the Ministry may recover the Funding from the Agency;
 - d) Will reconcile all Funding provided to the Agency under the Agreement annually;
 - e) Will recover Funding from the Agency if the Ministry has advised the Agency that the particular Funding is recoverable; and
 - f) May require the Agency to carry out certain initiatives, activities and/or specific actions as determined by the Ministry.
3. The **Agency**:
 - a) Will use the Funds with efficiency, effectiveness and economy;
 - b) Will spend the Funds provided by the Ministry in accordance with the Act, the Agreement and any applicable terms and conditions communicated by the Ministry;
 - c) Will carry out Ministry-required initiatives, activities, and/or specific actions;
 - d) Will ensure no approval is granted regarding the carry-forward of unspent Funding from one Fiscal Year to the next;
 - e) May provide additional funding for the services for which Dedicated Service Funding is identified in accordance with clause 5 a) below;
 - f) Will assist and coordinate with the Ministry, as needed, to
 - i. Obtain Delivery Organization financial information; and
 - ii. Recover funds from a Delivery Organization, if any, after settlement has been approved.

Reallocations

4. The **Ministry** will:
 - a) Provide the Agency parameters or guidelines for any changes to the Agency's funding allocation; and
 - b) Monitor the Agency's reallocation requests, decisions and management of expenditures, and develop any additional guidelines and parameters, as required, to ensure effective financial management.
5. The **Agency**:
 - a) Will only reallocate Funding within the parameters provided by the Ministry. Specifically, the Agency:

- i. Will not reallocate Funding between any funding lines in Table 1 without written Ministry approval;
- ii. May, within each funding line of the *Transfer Payment (TP) Allocations: Health Service Providers (HSPs) by Sector*, reallocate between transfer payment recipients (TPRs) and between regions without Ministry approval but will not reallocate between sectors without prior written approval of the Ministry with the exception of clause 5 a)iii. below;
- iii. May, from the Initiatives funding line within the *TP Allocation: HSPs by Sector* reallocate the Funds per the terms and conditions communicated by the Ministry;
- iv. May, only with prior approval from the Ministry, reallocate unused Dedicated Service Funding to another service. If the Ministry does not give approval, the Agency shall return unused Dedicated Service Funding to the Ministry.

5.1 a) The reallocation parameters outlined in clauses 5 a) i. to iv. are subject to any other terms and conditions communicated by the Ministry, including restricting reallocations to within OH regions.

b) The Agency will report to the Ministry any reallocations through in-year monthly financial reporting.

Table 1: Agency Operating, Capital and Transfer Payment Allocation for 2021/22¹

Ontario Health Operating and Programs/Services Lines	2021/22 Base Funding	2021/22 One-Time	2021/22 Total Allocation
Agency's Operating Allocations			
Ontario Health Operations	\$ 2,321,000		\$ 2,321,000
Regional Coordination Operations Support – Shared Services	\$ 37,686,627		\$ 37,686,627
Regional Coordination Operations Support	\$ 51,717,379		\$ 51,717,379
Regional Coordination Initiatives	\$ 8,936,732		\$ 8,936,732
Regional Coordination Digital Initiatives	\$ 3,884,000		\$ 3,884,000
Agency's Sector Specific Allocations			
Digital			
Capital	\$ 5,215,100		\$ 5,215,100
Operating	\$ 154,282,300	\$ 57,297,202	\$ 211,579,502
Electronic medical record and paediatric clinical viewer programs	\$ 29,050,000		\$ 29,050,000
Digital Health Drug Repository	\$ 1,968,616		\$ 1,968,616
Ontario Telemedicine Network			
Core Support Services; Virtual Care Programs and Technology Delivery; Network Circuits, & Data Centre & Cloud Hosting, Telestroke	\$ 19,552,325	\$ 6,000,000	\$ 25,552,325
Indigenous Telemedicine		\$ 250,000	\$ 250,000
Child and Youth Tele-Mental Health Program - Membership and System Support		\$ 146,300	\$ 146,300
TFNHSOC Mental Health and Addictions Working Group - Membership and System Support		\$ 157,500	\$ 157,500
French Language Health Services		\$ 225,700	\$ 225,700
Cancer Care Program	\$ 1,195,074,734		\$ 1,195,074,734
Cancer Screening Program	\$ 84,742,913		\$ 84,742,913
Ontario Renal Network	\$ 663,724,140		\$ 663,724,140

Ontario Health Operating and Programs/Services Lines	2021/22 Base Funding	2021/22 One-Time	2021/22 Total Allocation
Electronic-Canadian Triage and Acuity Scale Support Tool	\$ 2,889,765		\$ 2,889,765
Access to Care Operations	\$ 14,983,524		\$ 14,983,524
Diagnostic Medical Equipment Program (Capital Funding)		\$ 34,500,000	\$ 34,500,000
Patient Reported Outcomes: Orthopedic Surgery	\$ 1,590,883		\$ 1,590,883
Ontario Palliative Care Network	\$ 3,153,341		\$ 3,153,341
New Drug Funding Program	\$ 580,473,725		\$ 580,473,725
Health Promotion Programs: Indigenous Tobacco Program	\$ 487,675		\$ 487,675
HealthForceOntario			
Corporate Support Services	\$ 2,246,050		\$ 2,246,050
Recruitment and Retention Services	\$ 3,530,000		\$ 3,530,000
Organ and Tissue Donation and Transplantation	\$ 57,671,200		\$ 57,671,200
Health Quality Programs	\$ 28,867,025		\$ 28,867,025
Office of the Patient Ombudsman	\$ 3,296,045		\$ 3,296,045
Transfer Payment Allocation: HSPs by Sector²			
Operation of Hospitals	\$ 18,477,185,633	\$16,376,900	\$ 18,493,562,533
Grants to Compensate for Municipal Taxation-Hospitals	\$ -		\$ -
Specialty Psychiatric Hospitals	\$ 710,414,539	\$ 2,295,883	\$ 712,710,422
Grants to Compensate for Mun Tax-Specialty Psych. Hosp.	\$ -		\$ -
Community Support Services	\$ 667,723,737		\$ 667,723,737
Assisted Living Services-Supp. Housing	\$ 345,330,021		\$ 345,330,021
Community Health Centres	\$ 503,368,363		\$ 503,368,363
Acquired Brain Injury	\$ 66,575,675		\$ 66,575,675
Community Mental Health	\$ 946,211,238		\$ 946,211,238
Addiction Program	\$ 268,965,214		\$ 268,965,214
Initiatives	\$ 42,693,967		\$ 42,693,967
Transfer Payment Allocation: Other Delivery Organizations			
Integrated Assessment Record	\$ 3,298,100		\$ 3,298,100
CorHealth	\$ 7,501,800		\$ 7,501,800
Ontario Structured Psychotherapy	\$ 28,900,000		\$ 28,900,000
MHA TPAs (Other)	\$ 21,837,306		\$ 21,837,306

¹ Unless otherwise noted, amounts are as of the April 1, 2021

² Transfer Payment Allocation: HSPs by Sector allocations are as of March 12, 2021.

Table 2: Dedicated Services Funding

2021-22 Dedicated Service Funding by Sector		2021-22 Allocation
Hospitals		
Post Construction Operating Plan ¹		TBC
Community Health Centres		
Uninsured Persons Services	\$	4,413,197
CHC Physician Salaries and Benefits	\$	83,402,573
Mental Health		
Consumer Survivor Initiatives	\$	12,000,355
Addictions		
Problem Gambling Treatment Services	\$	11,083,282
Other		
Psychiatric Sessional Fees for Community and Hospital-based Agencies ¹	\$	40,946,894

¹ Combined total of psychiatric sessional fees for mental health and addictions.

Adjustments

6. The **Ministry** may adjust the amounts and activities associated with the Funds it provides to the Agency in any Fiscal Year based upon the Ministry's assessment of the information contained in the reports submitted by the Agency, and upon prior consultation with the Agency.

Financial Payments and Reports

7. The **Ministry** will:
 - a) On behalf of the Agency, process payments of Funds under the **Transfer Payment Allocation: HSPs by Sector** line item and assist the Agency in responding to questions raised by HSPs about the payment processing;
 - b) Assist the Agency with in-year and Year-End financial reporting by HSPs, including collecting the reports, assessing the data for accuracy and reasonableness and providing the reporting to the Agency in such form and with such analysis as the Ministry and the Agency may determine; and
 - c) Reconcile and settle Funds paid to HSPs.

Revenue Generation

8. The Agency shall not generate revenue or receive money or assets from persons or entities other than the Crown except as authorized by the Lieutenant Governor in Council under O.C. 322/2020 dated February 26, 2020 made under subsection 7(3) of the Connecting Care Act, 2019 (the "Order in Council").
9. The activities specified in Table 3 are authorized revenue generation activities for the purposes of the Order in Council:

Activity	Party Providing Revenue for Activity Specified
Research or other projects consistent with the objects of Ontario Health	Various granting agencies and organizations such as CIHR, CCS, BC Cancer, Université Laval, Canada Health Infoway.
Service fees for providing virtual care technology-related services	Not Required
Educational conferences	Not Required

Multi-year Planning

10. The **Ministry** will provide the Agency with necessary information with respect to requirements and timelines of the MyP process.
11. The **Agency** will provide to the Ministry all materials necessary to support the Ministry's MyP planning processes based on the requirements and timelines of that Fiscal Year's process.

Balanced Annual Budget Requirements

12. The **Agency** will:
- a) Plan for and achieve an Annual Balanced Budget for its operations; and
 - b) Require HSPs or other Delivery Organizations which receive Transfer Payments from the Agency to plan for and achieve an Annual Balanced Budget.

Budget Forecasts, Reconciliation and Unspent Funds

13. The **Ministry** will:
- a) Review in-year financial reporting from the Agency and where there are forecasted unused Funds (surplus), the Ministry may recover the forecasted unused Funds (surplus) or a portion thereof from the Agency;
 - b) Review Year-end financial reporting from the Agency and where there are unused Funds (surplus), the Ministry shall recover the unused Funds (surplus) or a portion thereof from the Agency;
 - c) Review Year-end financial reporting as requested for Sector Specific Allocations and where there are unused Funds (surplus), the Ministry may recover the unused Funds (surplus) or a portion thereof from or through the Agency; and
 - d) Notify the Agency of any amount to be recovered and the method and time of delivery.
14. The **Agency** will:
- a) Submit annual forecasts to the Ministry on a monthly basis starting in May unless otherwise agreed to by the Ministry; and
 - b) Upon completion of all reconciliations, settlements and accruals for the Fiscal Year, return any unspent Funds to the Ministry, as directed by the Ministry.
15. The Parties will work jointly to identify budgetary flexibility and manage in-year risks and pressures to ensure that Annual Balanced Budget requirements are achieved.

Financial Management Policies and Guidelines

16. The **Ministry** will:
- a) Develop and issue policies, directives and guidelines related to financial management;
 - b) Provide the Agency with copies of or access to applicable financial management policies;
 - c) Communicate to the Agency policies, directives and guidelines related to financial management from the Government that are applicable to the Agency; and
 - d) Provide the Agency with parameters, policies, directives and guidelines related to capital initiatives that are applicable to the Agency.
17. The **Agency** will comply with the policies, directives and guidelines related to financial management as set forth in the MOU or otherwise provided to the Agency under the Agreement.

Financial Management - Accounting Standards

18. The **Ministry** will:

- a) Issue interpretations and modifications, as required, relating to Canadian Public Sector Accounting Standards (PSAS) as issued by the Public Sector Accounting Board (PSAB) based on advice from the Office of the Provincial Controller; and
- b) Review the documentation described in paragraph 18(a) of this Schedule.

19. The **Agency** will:

- a) Prepare its financial reports and statements on the Agency's Operating Allocation and Sector Specific Allocations, including its Annual Business Plan, based on Canadian Public Sector Accounting Standards for Government Not-For-Profit organizations (GNPO) as issued by the PSAB, subject to interpretations and modifications issued under paragraph 17(a) of this Schedule; and
- b) Maintain documentation to support all financial statements and related payment instructions in accordance with the MOU, any funding approval letters to Delivery Organizations signed between Agency and the Delivery Organizations.

Payment Schedule

20. The Ministry will provide the Agency with Funds for the Fiscal Year whereby the amount may include both Base Funding and one-time funding.

SCHEDULE 8: REPORTING

General Obligations

1. **Both Parties** commit to reviewing the Reporting Schedule with the goal of reducing reporting burden to reflect the evolution of the Agency’s operating model.
2. The **Ministry** will develop reporting requirements relating to Government priorities and notify the Agency of the requirements.
3. The **Agency** will:
 - a) Comply with the reporting requirements of the Act, the *Mental Health and Addictions Centre of Excellence Act, 2019*, BPSAA and Guidelines, the Agencies and Appointments Directive, the Memorandum of Understanding between the Agency and the Ministry, and all other directives that apply to the Agency;
 - b) Provide to the Ministry the information set out in Table 1 in addition to the specified required submissions per the Health Data Branch’s (HDB) Annual Submission Timeline Service Announcement;
 - c) Provide any additional reports specified by the Ministry, including those relating to the Agency’s exercise of any delegated legislative authorities;
 - d) Ensure that Delivery Organizations meet any Agency and Ministry reporting requirements as may be outlined in their SAAs; and
 - e) Respond to Ministry data requests and complete analytic and reporting products, analyses, and performance evaluations as requested by the Ministry.

Table 1

Due Date	Description of Item
PROGRAM SPECIFIC EXPENDITURE PLANS AND WORKPLANS	
Agency	<p>Draft Plan by September 1</p> <p>Final plan within Q4 of the fiscal year prior to implementation (i.e. in Q4 of 2020/21 for FY 2021/22)</p> <p>Using forms developed in collaboration with the Ministry, the Agency will submit to the Ministry the following expenditure plan and workplans for the upcoming fiscal year, including, where applicable operating and capital expenses:</p> <ul style="list-style-type: none"> • Cancer Programs and Cancer Screening: Plan to deliver Cancer services for the upcoming fiscal year. • Renal Programs: Plan to deliver renal services for the upcoming fiscal year. • Organ and Tissue Donation and Transplantation: Plan to deliver Organ and Tissue Donation and Transplantation services for the upcoming fiscal year • Digital Health: overview of the Agency’s business activities and initiatives in support of the Ministry’s Digital Health strategy. • Overview of the Patient Ombudsman’s expenditure plan.
FINANCIAL REPORTS AND STATEMENTS	
Ministry	<p>10th business day of the month (and the 10th business day of each subsequent month)</p> <p>The Ministry will provide the Agency with updated Ministry-Agency funding schedules (Schedule 7) for their retrieval through the Allocation and Payment Tracking System (APTS). Tables will be updated as of the end of the previous month.</p>

		Due Date	Description of Item
Agency	30 days after the end of each Month	Reports are not required for April and March of the Fiscal Year	The Agency will submit to the Ministry Monthly Expenditure Report (including Actuals and Projections for April to March) and OH Monthly Cash Status Report for all Ontario Health Operating and Programs/Services Lines of Table 1 of Schedule 7: Funding and Allocations, as amended throughout the Fiscal Year and including Funding and Allocations for laboratory volumes.
	Q1, Q2, and Q3 - 30 days after the quarter	Q4 – 60 days after the quarter	The Agency will provide the Ministry with quarterly reports on its revenue generating activities and any non-Crown monies that it receives per the requirement of the Agreement
	Annually by May 31		The Agency is to provide the Ministry with a final Diagnostic Medical Equipment (DME) program report outlining equipment purchased as per the agreed budget. The final report must be supported by proof of invoices and ownership of equipment by Agency on or before March 31 of each Fiscal Year.
	By mid-May (or a date necessary to meet TBS reporting timelines)		The Agency will submit to the Ministry the Year-End Consolidation Report using forms provided by the Ministry and the draft Audited Financial Statement if the signed statements are not ready by the due date of each Fiscal Year to which the Agreement applies.
	5 th business day following the end of the quarter (or a date as necessary to meet TBS reporting timelines)		The Agency will submit the Quarterly Consolidation Report upon Ministry's request and as necessary to meet TBS requirements.
	Not later than mid-October (or a date necessary to meet TBS reporting timelines)		The Agency will submit to the Ministry a Multi-year Consolidation Report using the forms provided by the Ministry
	By March 30 th		Draft Annual Certificate Assurance Board Governed Attestation memo and Exception report, as applicable, in support of the Agencies & Appointments Directive (AAD) requirements and the publication of the Consolidated Financial Statements (CFS) of the Province of Ontario for the year ended March 31, to provide assurance that the Agency', is in substantial compliance with all applicable legislation, regulations, directives, and policies; has maintained an effective system of internal controls; and has established and maintained a system of internal controls that supports the integrity and reliability of our financial reports. The final memo and exception report should follow, as soon as possible, immediately thereafter.
	By June 30 th		As defined by Health Data Branch's Annual Submission Timeline Service Announcement the Agency must submit a paper copy of the Annual Reconciliation Report ARR to the Ministry; soft copy to be provided through SRI.
	By June 30 th		The Agency must submit a paper copy of the board approved Audited Financial Statements to the Ministry; soft copy to be provided through SRI.
	OPERATIONAL, PERFORMANCE, PROGRESS, AND DATA REPORTS		

Due Date		Description of Item
Ministry	By the 10 th business day of May, August, November and February	The Ministry will provide to the Agency the most recent quarter of performance data for indicators Ministry is responsible for calculating as per Table 1 in Schedule 6: Performance.
Agency	30 days after the receipt of the performance data for the indicators in Schedule 6: Performance	The Agency will submit to the Ministry report on performance indicators in Schedule 6.
	<p>Q2 and Q3 30 days after the quarter</p> <p>Q4 60 days after the quarter</p>	<p>The Agency will provide quarterly performance, operational or progress reports, where applicable as laid out in the workplans or expenditure plans for:</p> <ul style="list-style-type: none"> • Digital Health (Report should include Data Integration and Predictive Analytics, and support for the implementation of the Ontario Health Data Platform). • Cancer Programs and Cancer Screening • Renal Programs • Organ and Tissue Donation and Transplantation • Ontario Palliative Care Network • Health Quality Initiatives • Patient Ombudsman • Patient Safety Indicators • Health System Performance Measurement (i.e. MyPractice Reports, Online Performance Indicators). • Access to Care (ATC) Program, including the Electronic-Canadian triage and Acuity Scale (eCTAS) • ED Closures due to lack of Physician Coverage • Recruitment and Retention Services program, including Locum Programs utilization with actuals for that period, along with break-down for each of the sub-programs and/or budget items. • Program Clerkship Travel Program with actuals for that period, along with break-down for each of the sub-programs and/or budget items.
	Q1, Q2, Q3 and Q4 30 days after the quarter	<p>The Agency will provide quarterly updates to the Ministry on the Agency's implementation of Information Management, Data, and Analytics (IMDA) related programs and activities as outlined in the ABP.</p> <p>The Agency will provide to the Ministry quarterly reports and/or as requested of all procurement activities related to contracts valued at or over \$2M.</p>
Agency	By March 1 of the fiscal year	<p>Provide the Ministry with an annual inventory of the Agency's IMDA data assets (including data fields and descriptions), data reports, data information systems and data repositories.</p> <p>Provide the Ministry with an annual information management plan, to provide an overview of Agency's activities that includes a description of:</p> <ul style="list-style-type: none"> • Programs and/or activities related to the information management lifecycle, including acquisition, collection, storage and provision of data and analytics; and • The centrality of privacy and security concerns to all information management activities.

Due Date		Description of Item
	Monthly	<p>The Agency will provide the Ministry monthly data reports that describe system performance on the following topics:</p> <ul style="list-style-type: none"> • Surgery wait times (Including Cancer and Elective) • Surgical efficiency • Diagnostic Imaging Wait Times (MRI & CT) • Diagnostic Imaging efficiency • Alternate Level of Care (ALC) • ED Length of Stay/Wait Times (complicated & uncomplicated) <p>Wait times information will be made available to the public through publication on a website and any other means considered appropriate.</p> <p>The Agency will complete the MOH-OH Procurement Tracker on a monthly basis and report in accordance with the template to be provided by the Ministry.</p>
	30 days after the end of the fiscal year	Physician Job Market Assessment Report must be submitted to the Ministry.
	Annually, in Q3 or by a date to meet TB guidelines	The Agency will provide to the Ministry a list of all planned procurements each fiscal year valued at \$2M and above as part of Multi-Year Planning (MYP).
	Annually, by July 31	As required by the <i>Excellent Care for All Act, 2010</i> , the Patient Ombudsman will submit to the Minister a final Annual Report on the activities and recommendations of the Patient Ombudsman for the previous Fiscal Year. These reports will be made available to the public through publication on a website and any other means considered appropriate.
NEW DRUG FUNDING PROGRAM		
Agency	Monthly By the second week of each month	The Agency will provide the Ministry monthly data report that includes drug-level information on drug-criteria specific utilization for the cancer drug programs and initiatives described in Schedule 2.
	End of the year report Within 60 days of end of previous Fiscal Year	The Agency will provide the Ministry an end of year report on the cancer drug programs and initiatives described in Schedule 2, specific metrics relating to requests, assessments, service/utilization, would be identified in consultation with the Ministry to support health system planning and publicly reported system performance.
FRENCH LANGUAGE HEALTH SERVICES		
Agency	Yearly Report on fiscal calendar to match the FLS Report	The Agency will report on the activities described Schedule 2 regarding French Language Health Services, including community engagement activities set out in the Act, how those activities have resulted in enhancements to services for Francophones in Ontario, and the performance monitoring of designated and identified HSPs.

SCHEDULE 9: DEFINITIONS

The following terms have the following meanings in the Agreement:

“Act” refers collectively to the *Connecting Care Act, 2019* and any regulations made under the Act, as amended from time to time.

“Agencies and Appointments Directive” or **“AAD”** means the Management Board of Cabinet Agencies and Appointments Directive.

“Agency” means the corporation without share capital continued under section 3 of the Act under the name Ontario Health.

“Agency’s Operating Allocation” means the Agency’s operating budget and may include Dedicated Service Funding.

“Agreement” means this agreement, including any Schedules, and any instrument which amends this agreement.

“Allocation” means the funding reserved by the Province of Ontario, Treasury Board and/or Management Board of Cabinet, as the case may be, for payment to the Agency to support its operations;

“Annual Balanced Budget” means that, in a Fiscal Year, the total revenues are greater than or equal to the total expenses.

“Annual Budget” means the Agency’s annual plan for the expenditure of the approved Allocation including both capital and operating expenses;

“Annual Business Plan” has the meaning ascribed to it in the MOU.

“Annual Report” has the meaning ascribed to it in the MOU.

“Annual Submission Timeline Service Announcement” means the Ministry’s collection and submission details for the clinical, financial/statistical, and administrative data.

“Approved Agency” means an agency that is approved under subsection 5 (1) of HCCSA.

“Approved and Designated Ontario Health Teams” or **“Approved and Designated OHTs”** refers collectively to Approved OHTs and Designated OHTs.

“Approved Ontario Health Team” or **“Approved OHT”** means a person, entity or group of persons or entities that has been authorized in writing by the Minister to use the title “Ontario Health Team”, but which has not yet been designated under section 29 of the Act.

“Base Funding” means the recurring set of funds provided to the Agency at the onset of each Fiscal Year to support the Agency’s general operations, but does not include time-limited or one-time funding for special projects.

“Board” means the board of directors of the Agency as appointed by the Lieutenant Governor in Council under the Act.

“BPSAA” means the *Broader Public Sector Accountability Act, 2010*, S.O. 2010, c.10, as amended from time to time.

“Chair” means the chair of the Board.

“CHRIS” means the Client Health and Related Information System; a provincial Digital Health Asset that supports the delivery of Home and Community Care Services. CHRIS is a web-based platform that acts as the Home and Community Care Services core patient management system, delivering a common set of functions related to care coordination, care planning and administration of Home and Community Care. CHRIS supports the provincial client record for clients receiving Home and Community Care Services, as well as key functions including client assessments and referrals, billing and reconciliation and required reporting on service delivery.

“Community Services” has the meaning set out in subsection 2(3) of the HCCSA and is comprised of professional services, personal support services, homemaking services and community support services set out in subsections 2(4) through 2(7) of the HCCSA and in O.Reg. 386/99.

“Connecting Care Act, 2019” means the *Connecting Care Act, 2019*, S.O. 2019, c.5, Sched. 1, as amended from time to time.

“Consolidation Report” means a report that includes the Agency’s revenues and expenditures for Agency operations and transfer payments to HSPs and Other Delivery Organizations, and balance sheet accounts for the Agency.

“Data” is defined as facts, figures and statistics objectively measured according to a standard or scale, such as frequency, volumes or occurrences, but does not include information.

“Dedicated Service Funding” means, in respect of a specific service, the funding that must be used by the Agency to fund the provision of the specific service. Dedicated Service Funding is included in the Agency’s Transfer Payment Allocation: HSPs by Sector allocation.

“Deliverables” means the carrying out of the programs (including any projects, products or services) to be delivered by the Agency with the Funds as committed to in the Annual Business Plan, directed in the Mandate Letter or as agreed to in-year by the Parties.

“Delivery Organization” means a delivery organization as defined in subsection 22(10) of the Act which includes both HSPs and Designated OHTs.

“Designated Facilities” means designated facilities as defined in the *Gift of Life Act*, R.S.O. 1990, c.H.20.

“Designated Ontario Health Team” or **“Designated OHT”** means a person or entity, or a group of persons or entities, designated by the Minister of Health as an Ontario Health Team under s. 29 of the Act.

“Digital Health” means the coordinated use of digital technologies to electronically integrate

points of care and transform the way health care is delivered, to improve the quality, access, productivity and sustainability of the healthcare system.

“Digital Health Asset” means the digital hardware, software and service technologies including provincially managed and maintained technologies that support health care delivery, quality oversight and efficient management.

“Digital Health Playbook” means the tool which has been published as part of the Ministry’s central supports program to support prospective OHTs in the development of their digital health plans. It is intended to establish the necessary balance between provincial standardization and local innovation.

“FIPPA” means the *Freedom of Information and Protection of Privacy Act*, R.S.O 1990, c. F.31, and its regulations, as amended from time to time.

“Fiscal Year” means the period beginning April 1st of one year and ending on March 31st of the next year.

“FLSA” refers collectively to the *French Language Services Act*, R.S.O. 1990, c.F.32 and its regulations, as amended from time to time.

“Funds” means the money the Ministry provides to the Agency pursuant to the Agreement or that the Agency has otherwise received pursuant to the approval of the Lieutenant Governor in Council in accordance with subsection 7(3) of the Act. **“Funding”** has a corresponding meaning.

“Government” means the Government of Ontario.

“HCCSA” means the *Home Care and Community Services Act, 1994*, S.O. 1994, c.26, as amended from time to time.

“HCCSS” means one or more local health integration network(s) as defined in subsection 1(1) of the Act and operating under the business name Home and Community Care Support Services.

“Health Service Provider” or **“HSP”** means a health service provider as defined in subsection 1(2) of the Act.

“Home and Community Care Services” means

- (a) Community Services; and
- (b) the home and community care services that the Agency may fund under the Act.

“Home Care” means the combination of Home and Community Care Services consisting of professional, personal support and homemaking services provided by HCCSS and any other HSP or OHT identified by the Ministry.

“Information Management” means the planning, implementation, supervision and control of explicit and iterative processes, procedures and structures that govern the collection, use, disclosure, retention and disposal of information and Data and in accordance with policy and standards. It includes establishing disciplined and consistent practices related to the strategic management of Information Management during the life cycle: planning, creation, collection,

protection and evaluation/disposition of Data and information assets.

“**LGIC**” means the Lieutenant Governor in Council.

“**Long-Term Care Home**” means a long-term care home as defined in subsection 2(1) of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8.

“**Mandate Letter**” means the letter from the Minister to the Agency establishing the Agency’s priorities for the upcoming Fiscal Year.

“**Memorandum of Understanding**” or “**MOU**” means the Memorandum of Understanding dated November 20, 2019 entered into between the Ministry and the Agency, as amended or replaced from time to time.

“**Minister**” means the Minister of Health or such other person who may be designated from time to time as the responsible Minister in relation to the Agreement in accordance with the *Executive Council Act*, R.S.O. 1990, c.E.25, as amended from time to time.

“**Ministry**” means the Ministry of Health or any successor to the Ministry of Health.

“**Multi-year Planning**” or “**MyP**” means the annual process whereby the Ministry updates Treasury Board/Management Board of Cabinet with proposed changes to strategic plans and estimated expenditures.

“**Parties**” means the Ministry and the Agency.

“**Party**” means either the Ministry or the Agency.

“**Performance Factor**” means a matter that could significantly affect the ability of the Ministry’ or the Agency to perform obligations under the Agreement.

“**Performance Indicator**” means a measure of health system performance that the Ministry and Agency will measure either against established targets where set, or against previous results where there is no target.

“**Personal Health Information**” has the meaning set out in PHIPA.

“**Personal Information**” has the meaning set out in FIPPA.

“**PHIPA**” refers collectively to the *Personal Health Information Protection Act, 2004*, S.O, 2004, c.3, Schedule A, and its regulations, as amended from time to time.

“**PSAB**” means the Public Sector Accounting Board.

“**Schedule**” means the schedules appended to the Agreement that are listed in section 5, as amended or added to from time to time.

“**Service Accountability Agreement**” or “**SAA**” means a service accountability agreement required by section 22 of the Act.

"Service Provider Organization" or "SPO" means a person or entity who provides a Community Service purchased by an Approved Agency; and a person or entity that provides a home and community care service that has been purchased by and delivered on behalf of an HSP or an Designated OHT.

"Target" means an optimal performance result for an indicator, which may be based on expert consensus, performance achieved in other jurisdictions, or provincial expectations.

"Tissue" means tissue as defined in the *Gift of Life Act*, R.S.O. 1990, c.H.20.

"Transfer Payment(s)" has the meaning ascribed to it in Management Board of Cabinet's Transfer Payment Accountability Directive and related policies and guidelines, as may be amended from time to time.

"Transfer Payment Allocation" means the Funds allocated to the Agency to provide Transfer Payments to Delivery Organizations under service accountability agreements made in accordance with section 22 of the Act.

"Year-end" means the end of a Fiscal Year.