Ontario

Results-based Plan Briefing Book 2009-2010

Ministry of Health and Long-Term Care

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MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW

THE ONTARIO ECONOMIC SITUATION

Like other governments around the world, Ontario has seen a serious deterioration in its fiscal position since last fall, caused by the biggest downturn in the global economy since the 1930s. Returning Ontario to a balanced budget will take time and require difficult decisions.

At the same time, the government is standing by its health care commitments but is clear that implementation of some programs will take longer to achieve than had been anticipated.

The ministry will ensure that the health care system provides the health care services that Ontarians need and deserve today and in the future.

In response to the concerns expressed by Ontarians, the government will continue to focus on its key priorities as it moves toward a patient-focused, accessible and quality health care system that helps people stay healthy and enables them to take responsibility for their own health.

KEY PRIORITIES

Public confidence in our health care system is at the heart of the ministry's work, and that has greatly improved over the past few years.

To achieve a modern, accessible and sustainable health care system that delivers the highest quality care possible, the government will continue to focus on two major priority areas identified by Ontarians: reducing wait times with a special focus on emergency rooms (ERs) and improving access to family health care.

The government chose these priorities because they are critical to the continued success of Ontario's health system transformation as well as for the well-being of the people of Ontario. Addressing these issues will improve patient satisfaction and further enhance Ontarians' confidence in the province's health care system.

Emergency Room Wait Times

The government's goal is to reduce the time spent in ERs.

Ontarians deserve fast, appropriate and high quality care when sudden injury or troubling symptoms take them to the emergency room (ER).

Wait times cannot be solved by focusing on the hospital ER alone. Prompt emergency care can only be achieved by making improvements across the entire system.

That is why last spring the government launched the broad, comprehensive Emergency Room-Alternate Levels of Care (ER/ALC) strategy that encompasses the following coordinated steps:

1. Reducing ER demand, providing people with appropriate community- based care so they can avoid an ER in the first place;

2. Building ER capacity and processes so that patients can get the fast, high quality care they deserve when they have genuine emergencies; and

3. Faster discharge for patients requiring alternate levels of care, moving them out of acute care beds and into more appropriate settings.

This is being accomplished through a number of initiatives:

- About half of ER visits may be treated in alternative care settings such as walk-in-clinics, Urgent Care Centres, Family Health Teams and primary care models. Ontarians often don't realize there are alternatives to an emergency room visit or where to find those options. A Health Care Options web site has been created that contains a user-friendly searchable database of walk-in and after-hours clinics, Urgent Care Centres, and family health care providers.

- A Performance Fund to help emergency departments improve performance, through numerous approaches including IT enhancements and coaching teams to enhance hospital efficiency.

- Increased home care (personal support and homemaking services) and enhanced integration between hospitals and Community Care Access Centres so patients are able to leave hospital and be treated at home.

- New urgent priority funding for Ontario's 14 Local Health Integration Networks (LHINs) to invest in local solutions to further address ALC pressures.

- Dedicated nurses to care for patients who arrive at ERs by ambulance to ease ambulance offload delays.

- New nurse-led outreach teams to provide care to Long-Term Care residents who require more urgent or advanced interventions and assessments which will help to prevent the need for transfers to the ERs and in some cases, hospital admissions.

The ALC components of the ER/ALC Strategy are targeted to avoid unnecessary ER visits and hospital admissions as well as to support timely discharge by optimizing capacity in the

various supports offered in the community.

The Aging at Home strategy, administered by the province's 14 LHINs, is working to ensure the availability of appropriate community-based health services and supports to enable elderly Ontarians to lead independent lives in their own homes.

Services such as meals, transportation to appointments, shopping, snow shoveling, home care, and health and wellness programs to meet the needs of isolated seniors and caregiver supports will also lead to a reduction in the overall need for long-term-care home admissions, prolonged hospitalization, and an increase in seniors' satisfaction with the health services available to them.

The only way to know how well all these strategies are working is if results are measured. Ontario's Wait Time Strategy began implementing an Emergency Department Reporting System (EDRS) in August 2007 to allow timely, reliable and complete measurement of the patient emergency department experience. Public reporting of the time people spend in ER began in February 2009 so that people know how much time may be spent in an ER in their area.

Ontario is also moving forward with implementing a comprehensive diabetes strategy. Approximately 900,000 Ontarians live with diabetes and every year more people are diagnosed. The Ontario Diabetes Strategy will begin to build the infrastructure for a comprehensive prevention and treatment system that will provide a foundation for addressing other chronic conditions.

In July 2008, the government announced $741 million over four years to support the implementation of Ontario's Diabetes Strategy. If people have the supports they need to deal with chronic diseases, they are less likely to have to visit the ER.

The province's Diabetes Strategy will raise awareness about diabetes prevention and effective care management through programs that reduce risk factors such as physical inactivity, poor nutrition and obesity in at-risk populations.

The strategy will also identify people with diabetes through a provincial diabetes registry and ensure they have access to family health care and self-care supports.

Ontario's Diabetes Strategy will organize and expand local access to care and support teams based upon patient needs; provide tools and training to practitioners so they use best practices; measure and report on progress; and expand the availability of services for more complex conditions including enhanced access to insulin pumps, Bariatric and Chronic Kidney Disease (CKD) services.

Access to Family Health Care for All

The second priority area is to improve access to family health care for all Ontarians so that they have more appropriate alternatives to hospital ERs for non-emergency health care.

Over the past four years, the government has made significant strides in increasing Ontario's health human resources, particularly in family care and nursing. There are more Family Health Teams, more Community Health Centres and more doctors and nurses working on the frontlines. However, there are still a significant number of Ontarians seeking a family doctor – particularly Ontarians in disadvantaged populations and those with special needs.

That's why family health care is of paramount importance. The government will:

- Add 50 new Family Health Teams;
- Establish 25 Nurse Practitioner-led clinics;
- Increase Physician Supply, including 100 New Medical Training Positions; and
- Add new nurses to the health system and work toward a goal of having more nurses working full time.

In February 2009 the government launched Health Care Connect – Ontario's unattached patient program that will help people without a family health care provider find one.

Family Health Teams (FHTs) are a particularly successful model of improving access to family health care. They stress health promotion and disease prevention, as well as treating ailments and managing serious chronic diseases. This is health care that's reducing wait times. By providing comprehensive, collaborative care close to home, and thereby reducing the need for ER visits, FHTs will increasingly ease the strain on hospitals. That means the province's hospitals can deliver the acute care they were designed to deliver. And they can deliver it faster.

Above all, FHTs are improving access to doctors and nurses. Now, thousands of Ontarians previously without access to a family doctor not only have increased access to health care professionals including a doctor, a nurse, or a nurse practitioner, but also to a complement of other health care professionals such as dieticians, pharmacists and social workers – all working together to serve the health care needs of the whole patient.
The ministry is committed to inter-professional collaboration among regulated health professionals and to ensuring that Ontario's health regulatory system is responsive to continuing changes to health care delivery and to clinical practice environment.

The existing 150 FHTs have enrolled more than 1.9 million Ontarians to date, of whom 250,000 were previously without a family physician. The new 50 FHTs will continue the effort to improve access to family health care including focusing on unattached patients.

And the success of Ontario's 150 FHTs is a perfect example of the benefits of inter-professional collaboration among regulated health professions.

The government has also committed to establishing 25 Nurse Practitioner-led clinics over the next several years. In February 2009, the government announced three new Nurse Practitioner-led clinics in Belle River, Sault Ste. Marie and Thunder Bay. Nurse Practitioners will be working in collaboration with family doctors to provide health care to many Ontarians who previously have not had access to family health care. These clinics will not only focus on providing better care to patients but they will also work with patients to educate them on disease prevention and health promotion. The clinics will also be linked to specialists, interdisciplinary health care providers, hospitals and laboratories, as well as to other health care organizations, offering patients a comprehensive approach to health care.

The government is committed to allowing regulated health professionals to better utilize their skills within their individual scope of practice, which will create a health care system that is more efficient and easily adaptable to new technologies and rising patient expectations.

The government intends to make changes to the health care system that would increase collaboration and teamwork among all regulated professions, from physicians working with nurse practitioners running their Family Health Team more efficiently to physicians and pharmacists working together to better serve their patients.

Also, the government has committed to build on Ontario's cancer-screening programs, including the Colon Cancer Check program, to increase early detection and treatment of breast, cervical and colorectal cancers. It is also covering the cost of a Prostate-Specific Antigen (PSA) test performed at a community laboratory when it's ordered by a primary care provider for men who meet the test's clinical guidelines. The government is also funding the Human Papillomavirus Vaccination to prevent cervical cancer by immunizing grade eight female students.

OTHER

eHealth

Both the wait times and the family health care priorities will be supported by a robust eHealth strategy.

eHealth is a vital tool that will support improved access to quality family health care, reduced wait times in ERs and health care innovation across Ontario's health care system.

In May 2008, the government approved a comprehensive, patient-focused eHealth strategy to support and expedite the province's initiatives to change how, and how well, health and health care are managed in Ontario.

In February 2009, the eHealth Ontario Agency (formerly the Smart Systems for Health Agency), released its eHealth implementation strategy for public consultation. The Agency's strategy highlights three clinical priorities that align with the government-approved eHealth Strategy:

1. Diabetes management;

2. Medication management; and

3. Wait times.

Physician eHealth and portals are noted as supporting systems for these three clinical priorities.

The Ontario government is committed to providing an electronic health record for every Ontarian by 2015.

eHealth will support several ministry priorities, including chronic disease prevention and management, Aging at Home, wait times reduction and increasing access to family health care.

eHealth will support these priorities through specific products and services like the Diabetes Registry, which will help people to actively manage their disease in conjunction with their health care providers, and the continued implementation of previously approved eHealth systems and infrastructure.

The government has also committed to invest in eHealth systems such as diagnostic imaging, and drug and laboratory information.

Ontario is working with Canada Health Infoway (CHI), a major funding partner in all provincial/territorial jurisdictions. To date, CHI has provided funding for ministry eHealth

initiatives as well as funding for individual initiatives within the broader public sector that will be integrated with or support Ontario's province-wide electronic health system.

Patient Safety

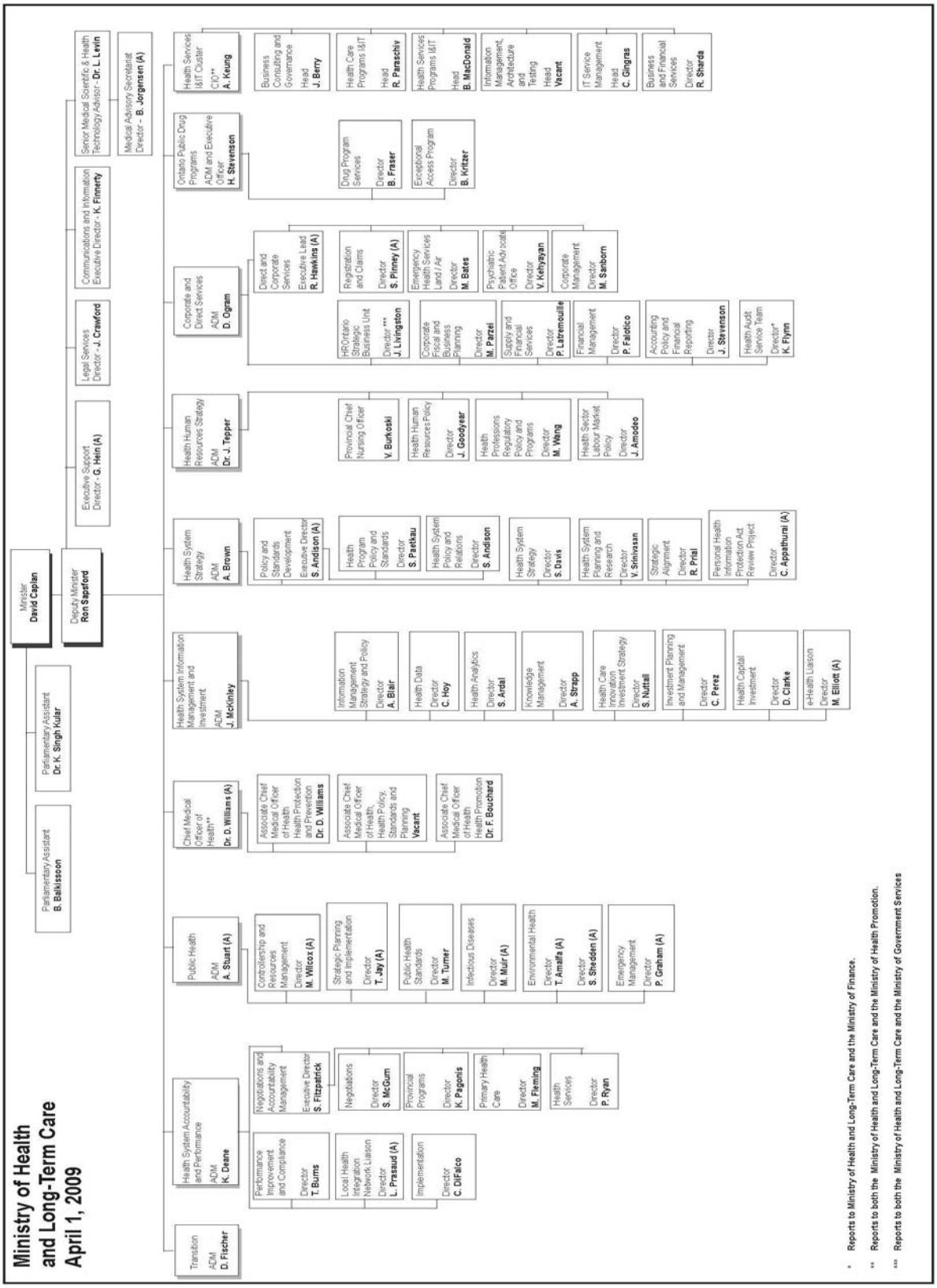
In May 2008, the Minister of Health and Long-Term Care announced that Ontario would be introducing full public reporting on eight patient safety indicators as part of a comprehensive plan to create an unprecedented level of transparency in Ontario's hospitals.

The first public reporting of Clostridium difficile-associated Disease (CDAD) rates began September 26, 2008, with Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococci (VRE) and Hospital Standardized Mortality Ratio (HSMR) getting underway December 30, 2008.

The remaining four indicators - ventilator-associated pneumonia rates, central line infection rates, surgical site infection prevention rates and hand hygiene compliance - will begin reporting on April 30, 2009.

As always, the ministry will continue to support the enhancement of the health of Ontarians in all of life's stages.

This role reflects public expectations while delivering on the government's commitments to advance patient-centered health care across the province.


Ministry of Health and Long-Term Care
April 1, 2009
Minister
David Caplan
Parliamentary Assistant
B. Balkissoon
Parliamentary Assistant
Dr. K. Singh Kular
Deputy Minister
Ron Sapsford
Executive Support
Director - G. Hein (A)
Legal Services
Director - J. Crawford
Communications and Information
Executive Director - K. Finnerty
Senior Medical Scientific & Health Technology Advisor - Dr. L. Levin
Medical Advisory Secretariat
Director - B. Jorgensen (A)
Transition
ADM
D. Fischer
Health System Accountability and Performance
ADM
K. Deane
Performance Improvement and Compliance
Director
T. Burns
Negotiations and Accountability Management
Executive Director
S. Fitzpatrick
Negotiations
Director
S. McGum
Provincial Programs
Director
K. Pagonis
Primary Health Care
Director
M. Fleming
Health Services
Director
P. Ryan
Local Health Integration Network Liaison
Director
L. Prasaud (A)
Implementation
Director
C. DiFalco
Public Health
ADM
A. Stuart (A)
Controllership and Resources Management
Director
M. Wilcox (A)
Strategic Planning and Implementation
Director
T. Jay (A)
Public Health Standards
Director
M. Turner
Infectious Diseases
Director
M. Muir (A)
Environmental Health
Director
T. Amalfa (A)
Director
S. Shedden (A)
Emergency Management
Director
P. Graham (A)
Chief Medical Officer of Health**
Dr. D. Williams (A)
Associate Chief Medical Officer of Health Health Protection and Prevention
Dr. D. Williams
Associate Chief Medical Officer of Health; Health Policy, Standards and Planning
Vacant
Associate Chief Medical Officer of Health Health Promotion
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Health System Information Management and Investment
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Information Management Strategy and Policy
Director
A. Blair
Health Data
Director
C. Hoy
Health Analytics
Director
S. Ardal
Knowledge Management
Director
A. Strapp
Health System Strategy
ADM
A. Brown
Policy and Standards Development
Executive Director
S. Andison (A)
Health Program Policy and Standards
Director
S. Pastkau
Health System Policy and Relations
Director
S. Andison
Health System Strategy
Director
S. Davis
Health System Planning and Research
Director
V. Srinivasan
Health Care Innovation Investment Strategy
Director
S. Nuttall
Investment Planning and Management
Director
C. Perez
Health Capital Investment
Director
D. Clarke
e-Health Liaison
Director
M. Elliott (A)
Health Human Resources Strategy
ADM
Dr. J. Tepper
Provincial Chief Nursing Officer
V. Burkoski
Health Human Resources Policy
Director
J. Goodyear
Health Professions Regulatory Policy and Programs
Director
M. Wang
Health Sector Labour Market Policy
Director
J. Amodeo
Corporate and Direct Services
ADM
D. Ogram
Direct and Corporate Services
Executive Lead
R. Hawkins (A)
HROntario Strategic Business Unit
Director ***
J. Livingston
Corporate Fiscal and Business Planning
Director
M. Parzel
Supply and Financial Services
Director
P. Latremouille
Financial Management
Director
P. Falotico
Accounting Policy and Financial Reporting
Director
J. Stevenson
Health Audit Service Team
Director*
K. Flynn
Registration and Claims
Director
S. Pinney (A)
Emergency Health Services Land / Air
Director
M. Bates
Psychiatric Patient Advocate Office
Director
V. Kehyayan
Corporate Management
Director
M. Sanborn
Ontario Public Drug Programs
ADM and Executive Officer
H. Stevenson
Drug Program Services
Director
B. Fraser
Exceptional Access Program
Director
B. Kritzer
Health Services I&IT Cluster
CIO**
A. Keung
Business Consulting and Governance
Head
J. Berry
Health Care Programs I&IT
Head
R. Parashiv
Health Services Programs I&IT
Head
B. MacDonald
Information Management, Architecture and Testing
Head
Vacant
IT Service Management
Head
C. Gingras
Business and Financial Services
Director
R. Sharda
Personal Health Information Protection Act Review Project
Director
C. Appathurai (A)
* Reports to Ministry of Health and Long-Term Care and the Ministry of Finance.
** Reports to both the Ministry of Health and Long-Term Care and the Ministry of Health Promotion.
*** Reports to both the Ministry of Health and Long-Term Care and the Ministry of Government Services

Legislation

Acts Administered by the Ministry of Health and Long-Term Care

Alcoholism and Drug Addiction Research Foundation Act
Ambulance Act
Brain Tumour Awareness Month Act, 2001
Cancer Act
Charitable Institutions Act (Long-Term Care Programs and Services only)
Chase McEachern Act (Heart Defibrillator Civil Liability), 2007
Chronic Care Patients' Television Act, 1994
Commitment to the Future of Medicare Act, 2004
Community Care Access Corporations Act, 2001
Community Psychiatric Hospitals Act
Developmental Services Act (Long-Term Care Programs and Services only)
Drug and Pharmacies Regulation Act
Drug Interchangeability and Dispensing Fee Act
Drugless Practitioners Act
Elderly Persons' Centres Act
Fluoridation Act
Healing Arts Radiation Protection Act
Health Care Consent Act, 1996
Health Facilities Special Orders Act
Health Insurance Act
Health Protection and Promotion Act
Homemakers and Nurses Services Act
Homes for Special Care Act
Homes for the Aged and Rest Homes Act
Immunization of School Pupils Act
Independent Health Facilities Act
Laboratory and Specimen Collection Centre Licensing Act
Local Health System Integration Act, 2006
Long-Term Care Act, 1994
Long-Term Care Homes Act, 2007
Mental Health Act
Mental Hospitals Act
Ministry of Community and Social Services Act (Sections 11.1 and 12 re: Long Term Care Programs and Services only)
Ministry of Health and Long-Term Care Act
Ministry of Health Appeal & Review Boards Act, 1998
Municipal Health Services Act
Nursing Homes Act
Ontario Agency for Health Protection and Promotion Act, 2007
Ontario Drug Benefit Act
Ontario Medical Association Dues Act, 1991

Ontario Mental Health Foundation Act
Patient Restraints Minimization Act, 2001
Personal Health Information Protection Act, 2004 (Schedule A to the Health Information Protection Act, 2004)
Physician Services Delivery Management Act, 1996
Private Hospitals Act
Public Hospitals Act
Quality of Care Information Protection Act, 2004 (Schedule B to the Health Information Protection Act, 2004)
Regulated Health Professions Act, 1991
- Audiology and Speech Language Pathology Act, 1991
- Chiropody Act, 1991
- Chiropractic Act, 1991
- Dental Hygiene Act, 1991
- Dental Technology Act, 1991
- Dentistry Act, 1991
- Denturism Act, 1991
- Dietetics Act, 1991
- Homeopathy Act, 2007
- Kinesiology Act, 2007
- Massage Therapy Act, 1991
- Medical Laboratory Technology Act, 1991
- Medical Radiation Technology Act, 1991
- Medicine Act, 1991
- Midwifery Act, 1991
- Naturopathy Act, 2007
- Nursing Act, 1991
- Occupational Therapy Act, 1991
- Opticianry Act, 1991
- Optometry Act, 1991
- Pharmacy Act, 1991
- Physiotherapy Act, 1991
- Psychology Act, 1991
- Psychotherapy Act, 2007
- Respiratory Therapy Act, 1991
- Traditional Chinese Medicine Act, 2006

Trillium Gift of Life Network Act
University Health Network Act, 1997
University of Ottawa Heart Institute Act, 1999

All laws can be accessed by browsing http://www.e-laws.gov.on.ca

Agencies Boards and Commissions	Expenses & Revenue	
	Estimates 2009-10	Interim Actuals 2008-09
Cancer Care Ontario		
Operating	417,790,000	388,164,100
Research	1,877,600	4,694,025
Committee to Evaluate Drugs	1,070,700	841,500
Consent and Capacity Board	4,800,700	5,768,300
Echo: Improving Women's Health in Ontario	3,661,900	3,000,000
eHealth Ontario		
eHealth Ontario	223,821,600	155,389,000
eHealth Ontario Capital	272,770,200	74,894,400
Information Technology Programs	64,317,600	58,899,500
French Language Health Services Advisory Council	300,000	105,305
Healing Arts Radiation Protection Commission	30,000	34,725
Health Boards Secretariat		
Health Professions Appeal and Review Board	3,383,400	4,793,799
Health Services Appeal and Review Board	1,177,000	2,169,142
Ontario Hepatitis C Assistance Plan	780,000	615,564
Transitional Physician Audit Panel	3,000,000	2,600,000
Health Professions Regulatory Advisory Council	2,438,000	3,297,940
Joint Committee on the Schedule of Benefits	20,000	4,456
Local Health Integration Networks (LHINs)		
Central LHIN	1,599,213,300	1,584,414,463
Central East LHIN	1,858,690,700	1,850,487,183
Central West LHIN	671,887,000	703,876,869
Champlain LHIN	2,140,061,000	2,137,588,163
Erie St. Clair LHIN	929,460,500	916,050,760
Hamilton Niagara Haldimand Brant LHIN	2,411,121,500	2,388,397,514
Mississauga Halton LHIN	1,110,847,400	1,086,317,419
North Simcoe Muskoka LHIN	656,091,800	681,186,418
North East LHIN	1,192,797,900	1,166,665,015
North West LHIN	549,602,000	548,692,390
South East LHIN	921,370,500	925,779,659
South West LHIN	1,938,462,900	1,907,149,452
Toronto Central LHIN	4,087,627,400	4,042,627,658
Waterloo Wellington LHIN	850,438,800	836,723,050
Medical Eligibility Committee	5,000	4,735
Ontario Agency for Health Protection and Promotion	102,742,000	114,738,540
Ontario Health Quality Council	3,452,200	3,687,000
Ontario Mental Health Foundation		
Operating	423,700	423,700
Research	2,975,400	2,975,400
Ontario Review Board	3,975,400	6,639,925
Physician Payment Review Board	400,000	-
Practitioner Review Committees		
Chiropody Review Committee	10,000	7,542
Optometry Review Committee	10,000	9,940
Trillium Gift of Life Network	21,413,800	18,158,100

MINISTRY FINANCIAL INFORMATION

Table 1: Ministry Planned Expenditures ($)	
Operating	41,215,703,987
Capital	954,136,600
Total Ministry	**42,169,840,587**

Ministry of Health and Long-Term Care
Table 2: Operating and Capital Summary by Vote

Votes/Programs	Estimates 2009-10 $	Change from Estimates 2008-09 $	Change %	Estimates* 2008-09 $	Interim Actuals* 2008-09 $	Actuals* 2007-08 $
OPERATING AND CAPITAL EXPENSE						
Ministry Administration Program	167,768,200	4,468,800	2.7	163,299,400	185,962,265	178,257,185
Health Policy and Research Program	759,440,300	39,300,000	5.5	720,140,300	734,380,940	611,583,663
eHealth and Information Management Program	770,298,700	235,866,400	44.1	534,432,300	435,424,878	272,094,800
Ontario Health Insurance Program	14,805,046,600	799,681,000	5.7	14,005,365,600	14,264,683,983	13,452,327,530
Public Health Program	752,331,000	18,774,200	2.6	733,556,800	656,441,410	625,419,900
Local Health Integration Networks and Related Health Service Providers	20,917,672,700	586,682,900	2.9	20,330,989,800	20,775,956,012	19,626,825,815
Provincial Programs and Stewardship	3,627,932,000	524,141,300	16.9	3,103,790,700	2,556,431,510	2,506,714,979
Health Capital	1,456,966,800	520,553,400	55.6	936,413,400	934,875,500	680,494,404
Total	43,257,456,300	2,729,468,000	6.7	40,527,988,300	40,544,156,498	37,953,718,276
TOTAL OPERATING and CAPITAL EXPENSE TO BE VOTED	**43,257,456,300**	**2,729,468,000**	**6.7**	**40,527,988,300**	**40,544,156,498**	**37,953,718,276**
Statutory Appropriations	940,187	102,827	12.3	837,360	787,360	686,843
Ministry Total Operating and Capital Expense	**43,258,396,487**	**2,729,570,827**	**6.7**	**40,528,825,660**	**40,544,943,858**	**37,954,405,119**
Net Consolidation Adjustment - Cancer Care Ontario	27,736,000	34,821,500	491	(7,085,500)	23,296,000	1,123,000
Net Consolidation Adjustment - eHealth Ontario	(245,225,000)	(235,674,000)	2,468	(9,551,000)	(63,495,700)	(615,200)
Net Consolidation and Other Adjustments - Hospitals	(873,941,200)	(402,402,300)	85	(471,538,900)	(165,301,700)	(174,111,711)
Net Consolidation and Other Adjustments - LHINs	2,806,400	746,400	36	2,060,000	2,204,900	(5,469,800)
Net Consolidation and Other Adjustments - ORNGE	8,235,000	8,235,000	-	-	3,876,100	(21,734,800)
Net Consolidation and Other Adjustments - Funding to Colleges	(1,125,400)	(1,125,400)	-	-	(1,994,900)	-
Net Consolidation and Other Adjustments - Ontario Agency for Health Protection and Promotion	(7,041,700)	(7,041,700)	-	-	(130,000)	-
Total Including Consolidations and Other Adjustments	**42,169,840,587**	**2,127,130,327**	**5.3**	**40,042,710,260**	**40,343,398,558**	**37,753,596,608**
OPERATING AND CAPITAL ASSETS						
Ministry Administration Program	1,000	1,000	-	-	-	-
Health Policy and Research Program	8,600,000	270,000	3.2	8,330,000	4,500,000	3,030,000
eHealth and Information Management Program	4,127,000	4,127,000	-	-	-	-
Ontario Health Insurance Program	1,550,000	-	-	1,550,000	-	1,921,104
Public Health Program	1,000,000	-	-	1,000,000	-	1,000,000
Local Health Integration Networks and Related Health Service Providers	69,523,300	12,999,900	23.0	56,523,400	56,523,400	59,500,900
Provincial Programs and Stewardship	4,731,300	331,600	7.5	4,399,700	4,399,700	1,467,000
Total Operating and Capital Assets to be Voted	**89,532,600**	**17,729,500**	**24.7**	**71,803,100**	**65,423,100**	**66,919,004**

* Prior years' data have been re-stated to reflect any changes in ministry organization and/or program structure.
Interim actuals reflect the numbers presented in the Ontario budget.

Appendix I: Annual Report 2008-09

Ministry of Health and Long-Term Care

Ministry of Health and Long-Term Care Overview

In 2008-09, the Ontario government took steps to build on and strengthen a patient-focused, results-driven, integrated and sustainable health care system.

The government moved forward to support its clear vision for health care: to help people stay healthy, deliver quality care when and where they need it and to ensure the sustainability of the health system for future generations.

The government responded to calls from patients and professionals alike for improved quality, better service and accountable spending, focusing on:

- Patients
- Innovation
- Performance
- Quality
- Transparency
- Return on investment
- Accountability to the taxpayer

The focus shifted from thinking about what the system can supply, to patients' needs – the quality and satisfaction of the health care experience. This ensured that Ontarians were getting value for their money and that it was spent well and wisely.

New Priorities to Improve Access to Health Care

Patients are at the heart of the province's health care system and the government is committed to listening to their needs. It has also taken into account the views of system stakeholders who, like patients, are calling for improved access to health care services.

The government has focused on two major priority areas identified by Ontarians: reducing wait times in emergency rooms and improving access to quality family health care for all. These have been the two most important health care priorities over the past year, and will remain so in the coming years. Making significant gains in these two key areas is crucial to the continued success of the transformation and sustainability of the province's health system and the well-being of the people of Ontario.

The focus on appropriate health care services, when and where they are needed, enhances the ability of individuals to access the health system in various settings: at home,

in a hospital or any number of family health care venues such as Family Health Teams (FHTs), Community Health Centres (CHCs) or Nurse Practitioner-led clinics. These areas were addressed to improve patient satisfaction and increase Ontarians' confidence in the province's health care system.

Reducing Emergency Room Wait Times

Under the leadership of Dr. Alan Hudson, the government expanded Ontario's Wait Times Strategy to reduce wait times in hospital emergency rooms (ERs) through a comprehensive ER – Alternative Level of Care (ALC) Strategy. In Spring 2008, an investment of $109 million was announced to support a wide range of co-ordinated, system-wide initiatives to tackle ER wait times. It included targeting the poorest performing ERs as well as delivering new initiatives outside of hospitals to enhance access to other health care options.

In February 2009, a one-of-a-kind North American initiative was introduced. Ontario began publicly posting data about local ERs online and has set two targets:

- For patients with minor or uncomplicated conditions which require less time for diagnosis, treatment and observation, the target is four hours.

- For patients with complex conditions which require more time for diagnosis, treatment or hospital bed admission, the target is eight hours.

Ontario has a three-pronged strategy for reaching these targets:

1. Reducing ER demand by providing Ontarians with appropriate alternatives to ER care:

   Providing more options where people can seek care such as local FHTs and Nurse Practitioner clinics and making it easier for people to access information about walk-in clinics, after-hours clinics, and Urgent Care Centres.

2. Increasing capacity and improving processes within the ER:

   Programs such as the Hospital Performance Fund give hospitals with high emergency room volumes and ER challenges financial incentives to lower their times. As well, programs will focus on ER process and patient flow improvements.

3. Enabling faster discharge of ALC patients:

   Ensuring that acute care beds are available for those who need them requires timely and appropriate discharge of patients to the right care settings. Patients occupying acute hospital beds after their acute phase is finished are better suited to receive care in other settings such as long-term care homes, rehabilitation hospitals or their home.

Ontarians can visit www.ontariowaittimes.com to access information about their local ER.

The overall ER wait time strategy investment included the following specifics:

- $39.5 million for a Performance Fund targeting IT enhancements and coaching teams to enhance the efficiency of Ontario's 23 poorest performing emergency rooms;

- $38.5 million for increased home care (personal support and homemaking services) and enhanced integration between hospitals and Community Care Access Centres (CCACs);

- $22 million in new urgent priority funding for Ontario's 14 Local Health Integration Networks (LHINs) to invest in local solutions to further ease Alternate Level of Care (ALC) pressures;

- $4.5 million dedicated for nurses to care for patients who arrive at ERs by ambulance to ease ambulance offload delays; and

- $4.5 million for new nurse-led outreach teams to provide more care to patients in long-term care homes to avoid transfers to the ER.

These initiatives will improve the efficiency and effectiveness of patient care. Success in reducing ER wait times will strengthen the health system and increase public satisfaction.

Health Care Options

To ensure that Ontarians are well informed about the range of health care options in their communities, the government launched a new website in February 2009 called Your Health Care Options. The site provides an overview of options to help Ontarians explore the different health choices available to them and their families. It includes a searchable online Health Care Options Medical Services Directory.

For the first time, information about local health services is available in a single place: www.ontario.ca/healthcareoptions. Using this site, Ontarians can find the nearest walk-in and after-hours clinics, Urgent Care Centres, FHTs, general practitioners and emergency rooms by typing in their postal codes.

Ontarians can now find health care close to home with just the click of a mouse. This resource puts valuable information in the hands of Ontarians allowing them to make the most appropriate health care choice for their families. The new service is being updated regularly, and will soon be expanded to offer information on all front-line health services in Ontario, including Community Care Access Centres, laboratories and long-term care homes.

Alternate Level of Care

About 20 per cent of acute care beds in Ontario's hospitals are occupied by patients who are waiting for community supports so they can go home or to another setting such as a long-term care facility. These beds are thus not available to acute patients, who may be waiting in an ER to be admitted.

The government's Alternate Level of Care (ALC) strategy is aimed at getting this group of patients out of acute care beds faster and into more appropriate settings. The investments in home care and community supports, including targeted funding to the LHINs to pay for local solutions to ease ALC pressures, will speed the discharge of these patients.

Home Care

Increasing the availability and access of home care has had a significant impact on easing the pressure on the province's overburdened ERs since the start of the government's first mandate in 2003-04. Between 2003-04 and 2008-09, the government has increased home care funding by $573 million – a 47 per cent increase to allow 219,770 additional Ontarians to receive care in their own homes.

As part of the strategy to reduce ER wait times, personal support and home-making hours were increased by 50 per cent for eligible clients and caps on these services were, in exceptional circumstances, removed altogether for patients waiting for placement in a long-term care home or receiving palliative care at home.

Currently more than 600,000 people are receiving home care services. Improved availability of home care services has prevented more than one million hospital emergency room visits since 2003.

Aging at Home

Optimal access to home care is part of a broader Aging at Home Strategy that was launched by the government in August 2007. The initiative committed $1.1 billion over four years to allow seniors to live healthy, independent lives in the comfort and dignity of their own homes.

The Aging at Home Strategy is aimed at increasing the mix and quantity of appropriate community-based services along a continuum of care to meet the needs of seniors and their caregivers and to avoid the unnecessary loss of independence and dignity due to premature admission to higher care long-term care homes or hospitals. It is of critical importance, both for its potential to improve the lives of Ontario seniors, and also because it reduces the reliance on acute care services like hospitals and ERs. The strategy is helping to ensure the sustainability of the overall health system.

Community Support Services (including Acquired Brain Injury)

Support for traditional services that help seniors and individuals with disabilities to stay healthy and live in their homes, such as community support services has been increased. Between 2003-04 and 2008-09, there was a $203 million increase or 49 per cent, in funding for community support services, including assisted living services in supportive housing and acquired brain injury. This has led to 133,000 more Ontarians being supported.

As of 2008-09, total funding of $431.9 million was invested to provide community support services to 900,000 Ontarians. These services include meals-on-wheels, transportation services, caregiver respite, home maintenance and repair, and services to persons with acquired brain injury. They allow those in need to stay independent longer.

End-of-Life Care

Increasing community supports to Ontarians with life-threatening illnesses ensures they have the option of receiving quality care in their own homes, or in a home-like environment of a residential hospice. Ontario has been a leader in end-of-life care. The government committed funding to expand in-home, end-of-life services to 6,000 more Ontarians. It also committed nursing and personal support services in over 30 communities across the province.

Chronic Disease Management

The prevention and management of chronic diseases in Ontario is a key government platform commitment. The government has pledged to help the one in three Ontarians living with a chronic illness by launching a battle against chronic disease, starting with diabetes. Supporting Ontarians in self-managing chronic disease is important to the future sustainability of the health system. To empower Ontarians living with diabetes to better care for themselves, the government is investing $741 million over four years in new funding on a comprehensive strategy to prevent, manage and treat diabetes. This strategy will build on internationally accepted best practices and recommendations of the Diabetes Management Expert Panel. Initiatives include:

- $290 million to expand current programs, aligning care and funding new programs;
- $220 million to expand its Chronic Kidney Disease Program;
- $75 million to increase access to bariatric surgery;
- $62 million to provide insulin pumps and supplies to all adults with Type 1 Diabetes, who meet the clinical criteria for funding under the Assistive Devices Program. This is in addition to funding already provided since 2006 for insulin pumps and supplies for children with Type 1 diabetes who meet clinical criteria; and

- $6 million in prevention programs, including education campaigns; some with a focus on high-risk populations such as Aboriginals.

The government is committed to enhancing chronic disease management because it will serve to improve the quality of life of the province's aging population and will ensure that acute care services do not become overburdened by serious complications associated with these conditions.

Mental Health and Addiction Services

Too many Ontarians coping with mental illness have in the past ended up in hospital ERs because of an inability to access the community supports they require. Through a renewed investment in community-based mental health and addiction services, the government is ensuring appropriate options are available to this vulnerable population. The $270.8 million in new funding for community mental health injected from 2003-04 to 2008-09, represents a 66 per cent increase in support. The increase of $23.8 million in new funding for addiction programs from 2003-04 to 2008-09, represents a 20 per cent increase in support. In 2008-09 the government allocated $680.2 million in funding for community mental health and $143.2 million for addiction services. This is all part of an effort to build a comprehensive mental health and addictions strategy.

To that end, the Minister of Health and Long-Term Care identified mental health and addiction services as a key priority. The Minister convened an Advisory Group and supported the formation in February 2009 of an all-party Select Committee on mental health and addiction services. Input from both these groups will be used to develop a long-term strategy for mental health and addictions for Ontarians.

New investments have expanded access to community-based mental health services to 208,000 more Ontarians, and hired 1,124 new mental health workers. These services include: crisis response and outreach, short-term residential crisis support beds, supportive housing, court support services and intensive case management services. The government also funded 2,250 mental health supportive housing units and supported new outpatient services in the eastern and northern parts of the province to serve adults.

The Ontario government has endorsed a comprehensive approach in addressing the needs of Ontarians with mental illness and addictions:

- Assertive Community Treatment Teams – multi-disciplinary teams that provide intensive clinical support for people with serious mental illness in their own home environment, to improve their quality of life and prevent hospitalizations.

- Intensive Case Management – case managers that provide ongoing support for persons with serious mental illness, to promote independence and help them reach their recovery goals.

- Early Intervention Programs – ensure support and treatment for adolescents and young adults at the early stages of mental illness, to increase their recovery chances and improve their long-term outcomes.

- Crisis Response Programs – provide 24/7 services for persons experiencing a mental health crisis, to prevent the need for hospitalization.

The role of Local Health Integration Networks

Ontario's 14 Local Health Integration Networks (LHINs) are the government's partners in ensuring there is an integrated continuum of community-based services in their areas across the province. LHINs are responsible for planning, managing and funding health care delivery at the local level. Since taking on this role in April 2007, the LHINs have been pivotal to a range of key initiatives, including the Aging at Home Strategy. LHIN-identified Aging at Home services began implementation in 2008-09 and will carry through to 2010-11.

LHINs have been engaging their communities and local health care providers to develop a plan to achieve an integrated system of community–based services. The ministry and LHINs are developing an evaluation plan and performance measures for the Aging at Home Strategy. Expected results include an increase in the overall supply of services available to seniors, relieving pressures on hospitals and long-term care by helping to find more appropriate care settings for patients. LHINs are finding local solutions and giving local communities a say in how Ontario's health care budget is spent.

Access to Family Health Care for All

The government's other major priority area is to provide family health care for all Ontarians. This is an important priority in helping to ensure that people have access to appropriate health care in their communities when and where they need it. This will also prevent the reliance on hospital ERs for non-emergency care.

Since 2003-04, the Ontario government has made significant strides in increasing the province's health human resources, particularly in family care and nursing. Today there are more FHTs, more CHCs and thousands more nurses caring for Ontarians. However, there are still too many people who are without a family doctor – particularly Ontarians in under-serviced communities. This is why supporting family health care is of paramount importance to protect the health and well being of the people of this province.

Health Care Connect

In February 2009, the government launched Health Care Connect – an innovative program devoted to helping Ontarians without a family health care provider find one in their community.

Ontarians seeking a family health care provider can call a special number at Telehealth Ontario to sign up to a patient database. Patients on the database will be prioritized based on their health care needs. Service is available in 120 languages and an online registration option will be available in the future.

Local Health Integration Network based Care Connectors, who are nurses located in a local Community Care Access Centre, will work to connect patients with an available provider in their community, starting with those most in need.

Family Health Teams

FHTs are already providing care to over 1.9 million Ontarians, including more than 250,000 who previously did not have a family doctor. The 150 FHTs that have been created since 2003-04 include teams of doctors, nurses and other health professionals working together to provide better care to their patients.

The government remains committed to increasing access to family health care for all Ontarians and continues to move forward on creating another 50 new FHTs.

Community Health Centres

The largest expansion of CHCs in Ontario's history has led to almost double the number of CHCs in the province. Forty-nine new CHCs and satellites have been established or are being developed – for a total of 103 CHCs and satellites operating or being developed in Ontario.

This means 75,000 more Ontarians are being served by these community-based services compared to 2003. Overall, 330,000 people are receiving care from CHCs.

Physicians

The government has an ongoing commitment to ensure the province has an adequate supply of physicians to meet the needs of the population. There are about 1,790 more doctors practicing in Ontario today compared to 2003. There are now 182 physicians per 100,000 Ontarians.

During the 2008-09 fiscal year, the government completed a 23 per cent expansion of medical school capacity and there are plans to add 100 more first-year medical school spaces. Other notable developments included:

- An increase in family medicine residency positions led to 330 more doctors ready to enter practice as of June 2008. An additional 180 family medicine residency positions will be added by 2013-14.

- Northern Ontario School of Medicine, with 56 first-year spaces and campuses in Sudbury and Thunder Bay, is currently training 224 medical students and 66 family medicine residents in the north.

- Opened the Access Centre for Internationally Educated Health Professionals, as a department of the HealthForceOntario Marketing and Recruitment Agency. Currently over 630 international medical graduates (IMGs) are in training and assessment positions, representing a 300 per cent increase over the last five years and more than any other time in Ontario's history. More than 5,000 IMGs are practicing in Ontario, representing almost a quarter of the physician workforce.

- In October 2008, the government achieved an innovative agreement with the Ontario Medical Association that provides for a significant investment in fees, four collaboration initiatives and a new focus on accountability. The focus of non-fee investments are on patients without physicians, complex/vulnerable patients, expanding capacity for family health care, aging at home, and chronic disease management.

Nurses

Since 2003, the government has invested over $900 million in nursing initiatives to better serve the people of Ontario. Approximately 10,000 more nurses are employed.

Ontario is one of the few jurisdictions in the world to guarantee a full-time job opportunity to every new nursing graduate. Through the Nursing Graduate Guarantee Program more than 5,500 have been matched to a guaranteed job opportunity. Seventy-six per cent of new nursing graduates completing the Nursing Graduate Guarantee Program are transitioning into full-time employment.

Other notable developments include:

- $57 million invested in 2008-09 for 1,200 Registered Practical Nurses (RPN) in long-term care homes, with at least one new RPN in each home.

- Canada's first Nurse Practitioner-led clinic was opened in Sudbury. In October 2008, the Ontario government issued a call for three new Nurse Practitioner-led clinics to be located in Sault Ste. Marie, the Erie-St. Clair LHIN catchment area and the North West LHIN catchment area. The government has committed to add a total of 25 Nurse Practitioner-led clinics to the health system over the next four years.

- In 2008, the number of nurses working full time increased to 62.9 per cent – a 13.4 per cent improvement over 2003.

- Invested in specialized training for 358 newly hired nurses, so they're better able to provide care for seriously injured and critically ill patients.

- Launched new health provider roles to create new opportunities for nurses. New roles include registered nurses performing flexible sigmoidoscopy, Surgical First Assists and nurse practitioners with specialty education in anaesthesia. University of Toronto began offering the first anaesthesia education program for Nurse Practitioners as of January 2009.

- Doubled the number of education spaces for training Nurse Practitioners (from 75 to 150 spaces), and adding 50 more spaces over the next four years.

Enabling Supports

eHealth

There are some important initiatives that support the efficient and effective functioning of an integrated, sustainable, patient-focused health care system that can continue to serve Ontarians well into the future. eHealth is a powerful tool that the Ontario government is committed to utilize to support the optimal operation of the health system.

In September 2008, the government announced the creation of eHealth Ontario, a restructured agency responsible for all aspects of eHealth in Ontario, including the creation of an electronic health record. The goal is to have electronic health records for all Ontarians by 2015. An electronic health record will provide patients and providers with the ability to access, share and use health information. It will improve health care delivery, increase patient safety, reduce ER wait times and create a more effective health care system.

eHealth Ontario brings together the Ministry of Health and Long-Term Care's eHealth Program and the province's Smart Systems for Health Agency (SSHA) under one banner. Three key eHealth priorities have been identified for the next few years, including:

1. Diabetes management

2. Medication management

3. Wait times

Information Management

Accommodating the emerging demand for integrated, high-quality and comprehensive health care information is critical.

Key elements of health care information management include:

- At a provider level – reducing the burden of data collection and reporting through streamlining, eliminating redundant, poor-quality or low-value data, as well as closing information gaps.

- At a local level – creating partnerships among health care providers to help improve data quality and reporting timeliness through best practices, guidelines, standards and tools.

- At a system-wide level – integrating data through the identification of authoritative information holdings, the virtual and/or actual integration of information holdings, and the elimination of duplicate and low-value data.

- The development of a greater analytical capacity to support local and system-wide planning and decision-making.

- The integration and alignment of the health system around key health strategies and performance measures in order to foster performance improvement.

Health Capital Program – Hospitals and Community

Ontario invested nearly $920 million in 2008-09 to help modernize the province's health infrastructure to support new and/or expanded health programs and services, and to expand capacity to cope with a growing and aging population.

The fiscal year's investment included more than $885 million to expand, renew and modernize hospitals and more than $33 million for long-term care, community, and other health care programs.

Other Achievements

Patient Safety

Patient safety is about managing and reducing risk to ensure that the care patients receive is as safe as possible. Health care associated infections are an unwelcome reality in modern health care settings across the globe. Prevention and control of these infections in hospitals is a priority for Ontario. Through public reporting, hospitals will monitor specific health care associated infections in their facilities so that the most appropriate infection prevention and control measures and highest standards of practice can be put in place. Public reporting will also be used to analyze any province-wide trends.

In September 2008, the province launched a public reporting system requiring all hospitals to report patient safety indicators in a clear and standardized manner. Hospitals began by reporting on the rate of Clostridium Difficile Associated Disease. A Patient Safety website was set up to provide information for patients, health care professionals and the public on patient safety issues. Three additional patient safety indicators were added in December 2008.

By April 2009, Ontario hospitals will be reporting on a total of eight patient-safety indicators that will provide valuable data. The Ontario government is aiming to create a patient safety culture in which health care professionals learn from things that go wrong and use and share the knowledge across the system to reduce or eliminate the risk.

Public Health

On July 1, 2008, Dr. Vivek Goel became the founding President and Chief Executive officer of the Ontario Agency for Health Protection and Promotion (OAHPP) – the province's first stand-alone public health agency. The agency is modeled after the Centers for Disease Control and Prevention in the United States. In December 2008, OAHPP's Board of Directors approved the agency's first Strategic Planning Framework and Start-up Operational Plan.

The mandate of the agency is to provide scientific and technical expertise and advice for those working to protect and promote the health of Ontarians. It marks a significant step forward in strengthening the province's public health system.

As part of this evolution, Ontario Public Health Laboratories, which perform about four million tests annually, were upgraded and transferred on Dec. 15, 2008 from the Ministry of Health and Long-Term Care to the new public health agency. The move supports the agency's mandate in helping to protect the health of Ontarians.

Other notable public health developments included:

- Overall funding for public health programs more than doubled to $680 million in 2008-09 compared with 2003-04 – a 160 per cent increase.

- Overall funding to local public health units for the delivery of mandatory health programs and services more than doubled to $485 million in 2008 compared with 2003 – a 106 per cent increase.

- The government implemented a Mumps Catch-Up Immunization Program focusing on young adults, particularly postsecondary students, as most students have only been immunized once and are a high risk for infection. Mumps can have serious complications. There have been outbreaks of mumps in four other provinces and infections may be on the rise in Ontario. Four out of five young adults born in Ontario between 1970 and 1991 are not fully protected against mumps.

- Approximately 77,000 females in Grade 8 were offered free vaccines to protect against the Human Papilloma Virus (HPV), a primary cause of cervical cancer. When the three-dose HPV vaccine is complete, it offers recipients virtually complete protection against the types of HPV that are responsible for 70 per cent of cervical cancers.

- The Ontario Public Health Standards (OPHS) 2008 and 26 accompanying protocols were released. The OPHS were developed in close and ongoing consultation with the public health field. They reflect the current evidence and best practices in public health and articulate the government's expectations of Ontario's boards of health for the delivery of specific public health programs and services.

- Oversight for approximately 18,000 Small Drinking Water Systems was transferred from the Ministry of the Environment to MOHLTC effective December 1, 2008. Two new regulations under the *Health Protection and Promotion Act* outline the responsibilities of owners/operators as well as boards of health in safeguarding Ontario's drinking water.

Colorectal Cancer Screening

Colorectal cancer is a highly preventable disease, with a 90 per cent cure rate when detected early through regular screening. Yet it is a leading cause of cancer deaths in Ontario and the province has one of the highest rates in the world. About 7,800 people are diagnosed with the disease annually and about 3,250 die from it. To try to remedy this, the government is investing $193.5 million over five years to implement a province-wide colorectal screening program.

As of April 1, 2008, the Colon Cancer Check program was launched to screen Ontarians of average risk, who are 50-years old or older, using a simple screening test called a Fecal Occult Blood Test (FOBT) that can be performed in the privacy of their own home. The FOBT test, which has contributed to increased screening rates for at risk populations, is just one element in the comprehensive strategy, which will ultimately help save the lives of Ontarians.

Long-Term Care

Funding for Long-Term Care (LTC) increased by over $300 million to $3.1 billion in 2008-09 – representing a 10.6 per cent increase over 2007-08. This included $23.3 million announced in August 2008 to support the creation of 873 personal support worker positions in LTC homes. This will increase the average paid hours of direct daily care per resident to 3.26 hours of nursing, personal support and programming.

In spring 2008, Shirlee Sharkey, President and CEO of Saint Elizabeth Health Care, submitted a report to the government called: *People Caring for People*, following an independent review of staffing and care standards in LTC homes. Ms Sharkey is currently leading an implementation team, including representatives of residents and families, LHINs, providers and staff to develop local staffing plans that will increase accountability for how staffing dollars are spent.

New regulations were introduced under Ontario's LTC home legislation making it easier for residents to move to another LTC home of their choice. These changes may encourage hospital patients, who are waiting for a LTC home bed, to accept a home that's not their

first choice, knowing there is a greater opportunity to move to their first choice later on. This would make a hospital bed available sooner, improving the flow of patients throughout the hospital and reducing wait times.

The government also committed to redesigning its compliance inspection program in order to comply with the new *Long-Term Care Homes Act*. When completed, the compliance inspection enhancements will result in a more accountable and risk-focused program that can be trusted by residents and stakeholders alike.

In addition, the Ontario government plans to redevelop 35,000 older LTC beds over the next 10 years to ensure equitable access to quality LTC homes.

Restructuring of the Ministry of Health and Long-Term Care

The Ministry made major progress in implementing its transition to a new organizational structure with increased system and financial accountability. The new structure will strengthen the ministry's ability to strategically plan for and guide the province's health care system. The major restructuring steps achieved in 2008-09 included:

- The completion of a detailed, staff-level design for Health System Accountability and Performance.

- The consolidation of capital functions within Health System Information Management and Investment, an area now entering the implementation phase.

- The beginning of the organizational transition for Corporate and Direct Services and Public Health.

In keeping with its stewardship mandate, the ministry is shifting from the delivery of direct services to focusing on broader system and strategic issues:

- The ministry's client registration and support services and the INFOline Call Centre moved to ServiceOntario – the customer-focused gateway to government and information services.

- Divestment of Mental Health Centre Penetanguishene – the last provincial psychiatric hospital that was still run directly by the ministry. Over the past 10 years, the ministry has transferred governance of all provincial psychiatric hospitals, putting the direct delivery of health care services into the hands of LHINs and public hospital boards in local communities, which are best placed to oversee them.

- Divestment of Ontario Public Health Laboratories (OPHL) - the management and operation of OPHL was divested from the Ministry, to the newly-created Ontario Agency for Health Protection and Promotion ("OAHPP"), effective December 15, 2008.

Table 1: Ministry Interim Actual Expenditures 2008-09 ($)	
Operating Expense	**39,459,564,158**
Capital Expense	**883,834,400**
Total Ministry	**40,343,398,558**
Staff Strength (as of March 31, 2009)	**4,151.6**