



Published plans and annual reports 2021-2022: Ministry of Health

Plans for 2021-2022, and results and outcomes of all provincial programs delivered by the Ministry of Health in 2020-2021.

Ministry of Health overview

Purpose

The Ministry of Health's (the "ministry") mandate is to:

- Establish the strategic direction and provincial priorities for the health care system;
- Develop legislation, regulations, standards, policies and directives to support strategic directions;
- Monitor and report on the performance of the health care system and the health of Ontarians;
- Plan for and establish funding models and funding levels for the health care system; and
- Manage key provincial programs, including the Ontario Health Insurance Program, Assistive Devices Program, Drug Programs, Emergency Health Services, Independent Health Facilities and Laboratory Services.

Ministry contribution to priorities and results

The Ministry of Health is hard at work delivering on Ontario's plan to build more capacity in the health care system and end hallway health care. The ministry is working to expand hospital infrastructure, improve access and create more service options for patients, and create a connected system of mental health and addictions services.

The global COVID-19 pandemic has reinforced the importance of the ministry's efforts to transform the public health care system, and highlighted the benefits of a better integrated and connected system. The health and well-being of all Ontarians has been the government's top priority, and the ministry continues to work with its partners in health care to contain the spread of the virus and complete its vaccination roll-out plan.

Ministry programs and activities

Ontario has taken swift and decisive action to ensure the province's readiness to respond to the COVID-19 pandemic. The government is using every resource at its disposal to fight COVID-19 and keep Ontarians safe.

The COVID-19 crisis has only served to emphasize the importance of the work that is already underway to transform Ontario's public health care system in order to improve patient experience and strengthen local services.

Ontario remains committed to ending hallway health care. The government's comprehensive plan to end hallway health care will continue to be focused on making investments and advancing new initiatives across four pillars:

1. **Prevention and health promotion:** keeping patients as healthy as possible in their communities and out of hospitals.
2. **Providing the right care in the right place:** when patients need care, ensure that they receive it in the most appropriate setting, not always the hospital.
3. **Integration and improved patient flow:** better integrate care providers to ensure patients spend less time waiting in hospitals when they are ready to be discharged. Ontario Health and Ontario Health Teams will play critical roles in health system oversight, coordination and in connecting care providers. In doing so, they will help to end hallway health care.
4. **Building capacity:** build new hospital and long-term care beds while increasing community-based services across Ontario.

As the COVID-19 outbreak continues to evolve in Ontario and other jurisdictions around the world, Ontario must adapt to this evolving situation in order to continue ensuring the safety of all Ontarians and the ability of the health system to provide care for patients.

Highlights of 2020-21 results

Accomplishments to date on the health transformation agenda have been critical to the health system response for COVID-19.

COVID-19 Response Framework

In consultation with the Chief Medical Officer of Health and other health experts, the Ontario government developed the Keeping Ontario Safe and Open Framework. This framework ensures that public health measures are targeted, incremental and responsive to help limit the spread of COVID-19, while keeping schools and businesses open, maintaining health system capacity and protecting vulnerable people, including those in long-term care.

The Framework takes a gradual approach to help avoid broader closures and allow for public health and workplace safety measures to be introduced or removed incrementally. It categorizes public health unit regions into five levels: Green–Prevent, Yellow–Protect, Orange–Restrict, Red–Control, and Grey–Lockdown being a measure of last and urgent resort. Each level outlines the types of public health and workplace safety measures for businesses and organizations. These include targeted measures for specific sectors, institutions and other settings.

Since its creation, the Chief Medical Officer of Health has continued to consult with public health and other experts, review data, and provide advice to the government on the appropriate and effective measures that are needed to protect the health of Ontarians and take immediate action if necessary.

COVID-19 testing strategy

Since the start of the COVID-19 pandemic, the Ministry of Health has taken action to expand COVID-19 testing by rapidly increasing laboratory and testing capacity. Ontario's COVID-19 Testing Strategy is responsive to the dynamic testing needs during the pandemic, and the province continues to build lab capacity, expand access to rapid, point of care testing, and support a safe provincial reopening.

With over thirteen million tests completed, Ontario has become the leading Canadian jurisdiction for testing. As of mid-February 2021, the lab network can perform over 100,000 tests a day, which continues to grow. Ontario exceeds its turnaround time target, ensuring well above 80% of people receive their COVID-19 results within two

days.

Ontario has acted nimbly in Wave 3 of the pandemic, by adopting innovative testing modalities as they became available and adapting to lessons learned from Wave 1 and Wave 2. Ontario is continuing to expand access to rapid testing in highly vulnerable workplaces like long-term care, retirement homes, and essential industries.

COVID-19 vaccine rollout

Ontario developed a three-phased COVID-19 vaccine distribution plan, based on expert advice of the Ministers' COVID-19 Vaccine Distribution Task Force and aligned with the National Advisory Committee on Immunization.

Ontario's COVID-19 vaccine distribution plan is guided by the following objectives in alignment with the ethical framework, Canada's pandemic response goals and the National Advisory Committee on Immunization:

1. Prevent death
2. Prevent illness, hospitalization and ICU admission
3. Reduce transmission

Phase One focused on protecting the most vulnerable populations with the greatest risk of harm (approximately 1.8 million people), including:

- residents, staff, essential caregivers and other employees in congregate living settings for seniors;
- health care workers, including hospital employees, staff who work or study in hospitals and health care personnel;
- adults in First Nations, Métis and Inuit populations, including remote communities;
- adult recipients of chronic home health care; and
- adults aged 80 years and older.

While Ontario continues to work with public health units to offer vaccines to remaining Phase One priority populations, we have expanded into Phase Two (~9 million) populations, which is focused on vaccination by age and risk, including:

- Individuals aged 55 and over;
- Individuals who live and work in congregate living settings and some primary caregivers;
- Individuals with specific health conditions and some primary caregivers;
- Individuals aged 45 and over who live in hot spot communities (areas with high rates of death, hospitalization and transmission). Individuals 18 and over in targeted high-risk settings, as supply allows; and
- Certain workers who cannot work from home

During Phase Three, remaining individuals aged 16 and over who wish to be vaccinated will be eligible.

Ontario is leveraging multiple vaccination sites for distribution and administering COVID-19 vaccines, including hospital clinics, mass vaccination clinics, pharmacies, primary care, and mobile delivery.

Ontario continues to ramp up capacity and expand its rollout to additional age groups and locations. If the province receives a steady supply of the COVID-19 vaccine from the federal government, over nine million people in Ontario will be offered their first vaccination by the end of June.

Ontario Health Teams

As part of the government's plan to end hallway health care, Ontario Health Teams (OHTs) were introduced as a new way of organizing and delivering services for patients. Local health care providers are being empowered to work as a connected team, providing a full and coordinated continuum of care and working to ease transitions across sectors for patients. As they grow to maturity, OHTs will understand the history and needs of the patients they serve and provide easy access, including virtual access, to the different types of care they need.

With the ministry's support and guidance, Ontario Health Teams, which include hospitals, physicians, nurses, mental health and addictions clinicians and staff, home and community care providers, and many others, are delivering integrated care as a team according to the needs of their local communities.

OHTs have demonstrated remarkable responsiveness to the COVID-19 outbreak. The

strong partnerships and integrated care established by the first cohort of OHTs in the province helped them respond quickly and effectively to COVID-19 and support continued response and vaccine distribution.

In 2020-21, the ministry introduced 18 new OHTs, bringing the total to 42 approved OHTs across the province. At maturity, these teams will cover more than 80 percent of the province's population.

The ministry will use a targeted intake and assessment process to expand coverage of OHTs until provincial coverage is reached. All teams, regardless of level of readiness, will be supported to implement the model.

Mental health and addictions

Following provincewide consultations with experts, providers, and people with lived experience, Ontario has taken action to address a mental health and addictions system that has for too long been challenged by extensive wait times, barriers to access, inconsistent quality, a lack of standardized data and widespread fragmentation.

In response to what was learned from consultations held across the province in 2019, the government released a provincial mental health and addictions strategy, Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions (MHA) System.

Roadmap to Wellness is a plan to fix these longstanding challenges, based on four pillars:

1. Improving quality;
2. Expanding existing services;
3. Implementing innovative solutions; and
4. Improving access.

This plan is supported by a commitment to invest a total of \$3.8 billion over ten years in mental health and addictions services. The Centre of Excellence is operationalizing the Roadmap to Wellness; developing clinical, quality and service standards for mental health and addictions; monitoring metrics related to the performance of MHA system; and, providing resources and support to health service providers, integrated

care delivery systems and others related to mental health and addiction.

Hospitals

Ontario has committed to investing approximately \$20 billion over the next 10 years in health care infrastructure projects. The government has invested in communities with high growth needs based on robust data on where demand for new services will occur.

The government is committed to ensuring that all Ontarians receive timely access to high-quality health care. This investment is another step to build critical system capacity.

Through Ontario's Action Plan: Responding to COVID-19, the government in 2020-21 invested \$935 million for the hospital sector, including \$594 million to accelerate progress on the government's commitment to address capacity issues, as well as \$341 million for an additional 1,000 acute care and 500 critical care beds and additional assessment centres for the initial response to the COVID-19 pandemic.

The government also provided an investment totalling \$351 million for more than 2,250 new beds at 57 hospitals and alternate health facilities across the province. This includes the \$234.5 million investment for 139 critical care beds and up to 1,349 hospital beds included in Ontario's fall preparedness plan, Keeping Ontarians Safe: Preparing for Future Waves of COVID-19.

In addition, as announced in the 2020-21 Fall Budget, the government announced \$572 million to support hospitals facing additional costs related to responding to COVID-19.

Furthermore, as outlined in the 2020-21 Third Quarter Finances, Ontario invested an additional \$869 million in the hospital sector for supplies and equipment related to addressing the surge in COVID-19 cases, including testing, swabs, saliva tubes and test kits, bringing the total increase in funding to hospitals since 2019-20 to \$3.9 billion.

As well, in 2020-21, the ministry is providing over \$1.2 billion to help Ontario's public hospitals recover from financial pressures created by COVID-19. This includes an investment of \$696.6 million to help strengthen the financial stability of hospitals across the province and \$572.3 million in additional funding to help address lost

revenues experienced by hospitals as a result of the COVID-19 pandemic.

Ontario Health Insurance Plan

To ensure patients continue to access the health care they need through the COVID-19 pandemic, the ministry has extended many of the temporary physician-based initiatives introduced over the past year. For physicians on the frontlines, the temporary sessional fee codes established for those working in COVID-19 assessment centres, long-term care homes, congregate care settings, and vaccination clinics will continue to be available until September 30, 2021. Temporary virtual care codes to ensure continuity of care, hospital-based funding to facilitate the recruitment and flexible deployment of physicians' skills, and premiums to help reduce the surgical backlog will also continue into the fall.

Interprofessional primary care teams are mobilizing resources to ensure continuity of care for patients during the pandemic through virtual visits as well as supporting their local public health units by working in assessment centres, sharing resources and supporting their communities where these services are needed.

Digital Health

The ministry introduced the Digital First for Health Strategy in 2019, creating a foundation for virtual care that has been essential for supporting patients during the pandemic. Strategic investment in virtual care has allowed Ontarians to stay connected to their health care providers, and initiatives such as remote patient monitoring, virtual urgent care, virtual surgical transition, and integrated primary care models will continue to provide options for safe and convenient access to health care services.

Other digital health initiatives are underway to support Ontario's transformation towards a more modern, integrated and patient-centred health system. A new provincial Health Care Navigation Service will give Ontarians a one-stop 'Digital Front Door' to the health care system. Ontario Health Teams and frontline care providers are being supported with investments in more integrated digital tools. Provincial standards backed up by a new regulatory framework will drive greater interoperability and information exchange between digital systems.

COVID-19 has made information sharing and access to critical data even more urgent. The ministry has launched the Ontario Health Data Platform (OHDP), a federated

high-performance computing environment to support research and health system planning, and work continues to modernize Ontario’s health privacy legislation to reflect the need for greater integration across the health sector and to update patients’ privacy rights for the digital age.

Ministry financial information

Table 1: Ministry Planned Expenditures 2021-22 (\$M)

Category	Amount (\$M)	
COVID-19 Approvals	4,498.1	
Other Operating	58,111.4	
Capital	1,639.6	
Total Ministry (Pre-Consolidation)	64,249.1	
Consolidation Adjustments	9,887.2	
Total	74,136.3	

Table 2: Total Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Ministry Administration Program	99,055,100	(2,491,900)	(2.5)
Health Policy and Research Program	796,879,700	2,570,700	0.3
Digital Health and Information Management	323,507,300	129,299,200	66.6
Ontario Health Insurance Program	23,464,624,300	1,307,585,900	5.9
Population and Public Health Program	4,547,542,700	(3,137,921,300)	(40.8)
Provincial Programs and Stewardship	2,579,143,800	339,941,200	15.2
Information Systems	174,144,500	29,321,700	20.2

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Health Services and Programs	30,624,5 37,600	13,290,9 00	0.0
Total Operating Expense to be Voted	62,609,4 35,000	(1,318,4 03,600)	(2.1)
Statutory Appropriations	89,392	N/A *****	N/A *****
Ministry Total Operating Expense	62,609,5 24,392	(1,318,4 03,600)	(2.1)
Consolidation Adjustment - Hospitals	4,235,51 9,500	1,008,56 0,000	31.3
Consolidation Adjustment - Home and Community Care Support Services	25,729,8 00	(2,689,3 00)	9.5
Consolidation Adjustment - ORNGE	(23,149, 500)	14,808,2 00	N/A *****
Consolidation Adjustment - Funding to Colleges	(2,894,8 00)	(1,093,2 00)	N/A *****

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(13,406, 200)	1,329,40 0	N/A *****
Consolidation Adjustment - Ontario Health	5,303,63 0,500	1,276,47 1,400	31.7
Consolidation Adjustment - General Real Estate Portfolio	(7,336,4 00)	153,200	N/A *****
Consolidation Adjustment - Ontario Infrastructure and Lands Corporation	N/A *****	N/A *****	N/A *****
Consolidation Adjustments	9,518,09 2,900	2,299,72 6,100	31.9
Total Including Consolidation & Other Adjustment	72,127,6 17,292	981,322, 500	1.4

Operating Assets			
Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Ministry Administration Program	2,000	N/A *****	N/A *****
Health Policy and Research Program	4,500,000	N/A *****	N/A *****
Ontario Health Insurance Program	13,000,000	(768,900,000)	(98.3)
Population and Public Health Program	750,000	N/A *****	N/A *****
Provincial Programs and Stewardship	5,729,400	N/A *****	N/A *****
Health Services and Programs	38,107,600	N/A *****	N/A *****
Total Operating Assets to be Voted	62,089,000	(768,900,000)	(92.5)

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Ministry Total Operating Assets	62,089,000	(768,900,000)	(92.5)

Capital Expense			
Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Information Systems	1,000	N/A *****	N/A *****
Health Services and Programs	19,216,100	(7,500,000)	(28.1)
Health Capital Program	1,604,151,400	268,881,300	20.1
Total Capital Expense to be Voted	1,623,368,500	261,381,300	19.2

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Statutory Appropriations	16,249,100	(1,151,600)	(6.6)
Ministry Total Capital Expense	1,639,617,600	260,229,700	18.9
Consolidation Adjustment - Hospitals	356,855,600	(257,944,100)	(42.0)
Consolidation Adjustment - Home and Community Care Support Services	2,881,700	(1,275,600)	(30.7)
Consolidation Adjustment - ORNGE	16,347,000	3,612,100	28.4
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(6,101,500)	7,257,700	N/A

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Consolidation Adjustment - Ontario Health	2,285,300	40,367,300	N/A *****
Consolidation Adjustment - General Real Estate Portfolio	(3,189,000)	18,505,300	N/A *****
Consolidation Adjustments	369,079,100	(189,477,300)	(33.9)
Total Including Consolidation & Other Adjustments	2,008,696,700	70,752,400	3.7

Capital Assets

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Information Systems	28,034,3	(1,249,6	(4.3)

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
	00	00)	
Health Services and Programs	N/A *****	(1,000)	(100.0)
Total Capital Assets to be Voted	28,034,3 00	(1,250,6 00)	(4.3)
Ministry Total Capital Assets	28,034,3 00	(1,250,6 00)	(4.3)

Total Operating and Capital

Votes/Programs	Estimate s 2021-22 \$	Change from Estimate s 2020-21 \$	%
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	74,136,3 13,992	1,052,07 4,900	1.4

Operating and Capital Summary by Vote

Operating Expense			
Votes/Programs	Estimate s 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Ministry Administration Program	101,547,000	95,884,100	91,321,719
Health Policy and Research Program	794,309,000	797,203,800	744,770,497
Digital Health and Information Management	194,208,100	286,380,400	198,267,478
Ontario Health Insurance Program	22,157,038,400	21,664,749,000	21,529,519,894
Population and Public Health Program	7,685,464,000	1,992,060,100	1,314,843,081
Provincial Programs and Stewardship	2,239,202,600	2,613,468,100	2,219,112,169

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Information Systems	144,822,800	167,614,700	136,786,471
Health Services and Programs	30,611,246,700	36,465,334,200	27,657,268,361
Total Operating Expense to be Voted	63,927,838,600	64,082,694,400	53,891,889,670
Statutory Appropriations	89,392	88,392	836,935
Ministry Total Operating Expense	63,927,927,992	64,082,782,792	53,892,726,605
Consolidation Adjustment - Hospitals	3,226,959,500	3,222,252,700	3,872,698,536
Consolidation Adjustment - Home and Community Care Support Services	28,419,100	22,491,800	42,229,119
Consolidation Adjustment - ORNGE	(37,957,700)	(21,499,500)	(20,969,905)

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Consolidation Adjustment - Funding to Colleges	(3,988,000)	(5,920,400)	(32,409,244)
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(14,735,600)	(18,360,000)	(25,133,877)
Consolidation Adjustment - Ontario Health	4,027,159,100	3,971,651,200	3,771,852,242
Consolidation Adjustment - General Real Estate Portfolio	(7,489,600)	(7,489,600)	(30,685,110)
Consolidation Adjustment - Ontario Infrastructure and Lands Corporation	N/A *****	N/A *****	(1,930,031)
Consolidation Adjustments	7,218,366,800	7,218,366,800	7,575,651,730
Total Including	71,146,2	71,245,9	61,468,3

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Consolidation & Other Adjustment	94,792	08,992	78,335

Operating Assets

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Ministry Administration Program	2,000	N/A *****	N/A *****
Health Policy and Research Program	4,500,000	N/A *****	1,000,000
Ontario Health Insurance Program	781,900,000	745,500,000	13,000,000
Population and Public Health Program	750,000	750,000	N/A *****
Provincial Programs and Stewardship	5,729,400	5,729,400	5,729,400

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Health Services and Programs	38,107,600	38,107,600	38,106,600
Total Operating Assets to be Voted	830,989,000	790,087,000	57,836,000
Ministry Total Operating Assets	830,989,000	79,008,700	57,836,000

Capital Expense			
Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Information Systems	1,000	1,000	N/A *****
Health Services and Programs	26,716,100	10,742,100	15,934,600
Health Capital Program	1,335,270,100	1,802,166,600	1,489,685,201

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Total Capital Expense to be Voted	136,198, 7200	1,812,90 9,700	1,505,61 9,801
Statutory Appropriations	17,400,7 00	15,391,1 00	15,046,1 76
Ministry Total Capital Expense	1,379,38 7,900	1,828,30 0,800	1,520,66 5,977
Consolidation Adjustment - Hospitals	614,799, 700	122,256, 400	327,013, 807
Consolidation Adjustment - Home and Community Care Support Services	4,157,30 0	3,107,80 0	4,497,08 0
Consolidation Adjustment - ORNGE	12,734,9 00	12,078,6 00	11,163,8 00
Consolidation Adjustment - Ontario Agency for Health Protection and Promotion	(13,359, 200)	(12,758, 300)	(6,449,0 06)

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Consolidation Adjustment - Ontario Health	(38,082, 000)	18,201,5 00	2,486,47 0
Consolidation Adjustment - General Real Estate Portfolio	(21,694, 300)	(3,162,1 00)	N/A *****
Consolidation Adjustments	558,556, 400	139,723, 900	338,712, 151
Total Including Consolidation & Other Adjustments	1,937,94 4,300	1,968,02 4,700	1,859,37 8,128

Capital Assets

Votes/Programs	Estimates 2020-21 \$[*]	Interim Actuals 2020-19 \$[*]	Actuals 2019-20 \$[*]
Information Systems	29,283,9 00	9,667,90 0	7,919,09 0

Votes/Programs	Estimate s 2020-21 \$[*]	Interim Actuals 2020-19 \$[*]	Actuals 2019-20 \$[*]
Health Services and Programs	1,000	1,000	N/A *****
Total Capital Assets to be Voted	29,284,900	9,668,900	7,919,090
Ministry Total Capital Assets	29,284,900	9,668,900	7,919,090

Total Operating and Capital

Votes/Programs	Estimate s 2020-21 \$[*]	Interim Actuals 2020-21 \$[*]	Actuals 2019-20 \$[*]
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	73,084,239,092	73,213,933,692	63,327,756,463

Historic Trend Table

Historic Trend Table				
Historic Trend Analysis Data	Actuals 2018-19 [*]	Actuals 2019-20 [*]	Estimates 2020-21 [*]	Estimates 2021-22
Ministry Operating and Capital (Pre Consolidation)	53,7	55,4	65,30	64,2
	66,6	13,3	7,315	49,1
	81,7	92,5	,892	41,9
	77	82		92
Consolidation and Other Adjustments (Operating and Capital)	7,74	7,91	7,776	9,88
	6,66	4,36	,923,	7,17
	5,13	3,88	200	2,00
	5	1		0
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	61,5	63,3	73,08	74,1
	13,3	27,7	4,239	36,3
	46,9	56,4	,092	13,9
	12	63		92
		3%	15%	1%

Agencies, Boards and Commissions (ABCs)

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Agencies, Boards and Commission s	Estimates 2021-22 (\$)	Interim Actuals 2020-21 (\$)	Expenditure Actuals 2019-20 (\$)
Committee to Evaluate Drugs	N/A	344,990	437,647
Consent and Capacity Board	9,583,091	8,738,100	8,365,752
Health Boards Secretariat	4,360,809	3,676,923	4,355,871
Regulatory Board – Colleges (26)	1,870,042	1,787,398	1,908,161
Physician Payment Review Board	N/A	2,6111	27,875
Health Professions Appeal and Review Board	2,291,538	2,190,267	2,338,249

Agencies, Boards and Commission s	Estimates 2021-22 (\$)	Interim Actuals 2020-21 (\$)	Expenditure Actuals 2019-20 (\$)
Health Services Appeal and Review Board	622,585	453,324	483,952
Ontario Hepatitis C Assistance Plan	5,056	4,833	5,159
Medical Eligibility Committee	N/A	35,144	37,518
Health Professions Regulatory Advisory Council	N/A	N/A	N/A
Home and Community Care Support Services	3,295,505,400	3,397,526,300	2,878,835,579

Agencies, Boards and Commission s	Estimates 2021-22 (\$)	Interim Actuals 2020-21 (\$)	Expenditure Actuals 2019-20 (\$)
Ontario Agency for Health Protection and Promotion	393,217,900	350,615,100	154,717,900
Ontario Health	20,452,263, 100	25,287,451, 700	18,350,196, 732
Operation of Hospitals			
Grants to Compensate for Municipal Taxation - Hospitals	3,783,000	3,783,000	3,617,325
Specialty Psychiatric Hospitals	733,255,400	78,3316,500	697,409,812
Grants to Compensate	174,100	174,100	126,750

Agencies, Boards and Commission s	Estimates 2021-22 (\$)	Interim Actuals 2020-21 (\$)	Expenditure Actuals 2019-20 (\$)
for Municipal Taxation - Specialty Psychiatric Hospitals			
Community Support Services	652,881,900	703,949,400	680,885,688
Assisted Living Services in Supportive Housing	340,942,300	360,327,100	343,301,007
Community Health Centres	482,991,300	514,662,400	474,317,235
Acquired Brain Injury	65,081,200	67,208,200	64,209,073
Community Mental Health	1,301,608,100	1,060,150,200	921,395,437

Agencies, Boards and Commission s	Estimates 2021-22 (\$)	Interim Actuals 2020-21 (\$)	Expenditure Actuals 2019-20 (\$)
Addiction Program	254,495,200	282,591,100	249,316,692
Child and Youth Mental Health	434,748,800	505,418,200	426,522,211
Programs and Administratio n	203,456,100	345,270,000	211,745,900
Digital Health			
Health Quality Programs	31,909,500	36,098,300	33,881,103
Regional Coordination Operations Support	298,291,000	974,741,700	279,906,876
Cancer Treatment Services	1,915,896,900	1,971,281,000	1,892,029,970

Agencies, Boards and Commission s	Estimates 2021-22 (\$)	Interim Actuals 2020-21 (\$)	Expenditure Actuals 2019-20 (\$)
Organ and Tissue Donation and Transplantati on Services	58,741,100	58,741,100	58,189,000
Cancer Screening Program	92,846,300	92,884,600	83,173,421
Health Workforce Programs	5,666,900	19,759,300	8,208,550
Digital Health Capital	19,215,100	10,741,100	15,934,600
Ontario Review Board	7,102,100	6,227,800	6,531,168

Ministry of Health organization chart

Christine Elliott, Minister

Michael Tibollo, Associate Minister, Mental Health and Addictions

Robin Martin, Parliamentary Assistant

Helen Angus, Deputy Minister

Fredrika Scarth, Director, Secretariat on Improving Healthcare and Ending Hallway Medicine

Peter Spencer, Director, Legal Services

Joel Montesanti, Director, Policy and Delivery

Karen McKibbin, Chief Information Officer, Health Services I&IT Cluster

Heather Berios, Head, Emergency Health I&IT Solutions & Technology Management

Karen Hay, Head, Public Health I&IT Solutions

Tanya Bobechko, Head, Payment & Registration I&IT Solutions

Louise Doyon, Head, Community, Mental Health and Addictions and Long-Term Care I&IT Solutions

Arden Tansey, Head, Drugs & Assistive Devices I&IT Solutions

Swetlana Signarowski, Head, Corporate I&IT Solutions & Integration Management

Peter Kaftarian, Assistant Deputy Minister and Chief Administrative Officer, Corporate Services

Cherrie Lethbridge, Director, HR Strategic Business Unit

Jeffrey Graham, Director, Fiscal Oversight and Performance

Shelley Gibson, Director, Business Services and Facilities

Jim Yuill, Director, Financial Management

John Amodeo, Director, Corporate Management

Marysia Szymczak, Assistant Deputy Minister, Communications

Paola Gemmiti, Director, Communications

Sean Court, Assistant Deputy Minister, Strategic Policy Planning and French Language Services

Dr. Michelle Acorn, Provincial Chief Nursing Officer

Robert Francis, Director, Strategic Policy

Robert Francis, Director, Policy Coordination and Intergovernmental Relations

Anne Hayes, Director, Research, Analysis and Evaluation

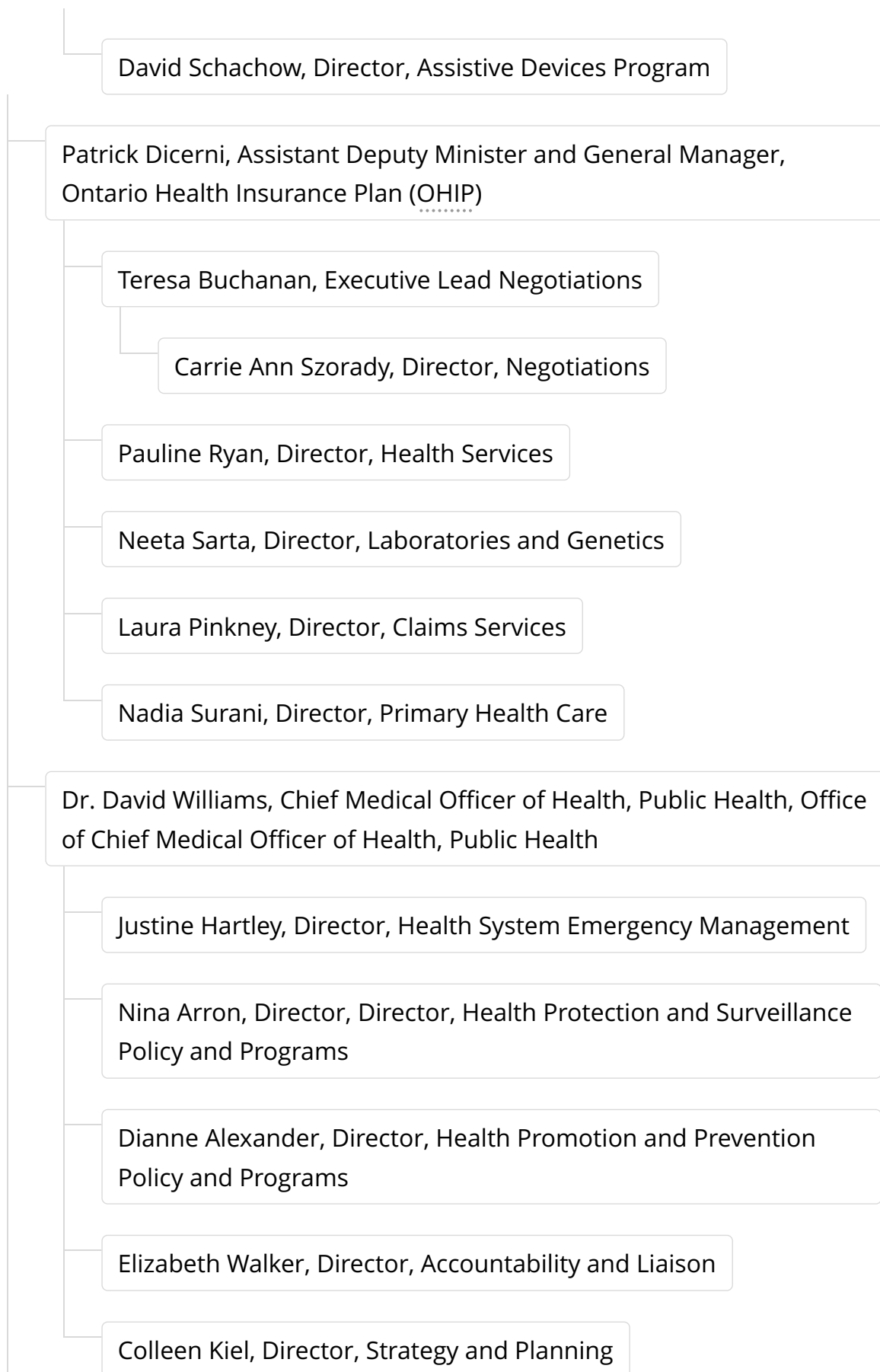
Yolande Davidson, Director, Indigenous, French Language and Priority Populations

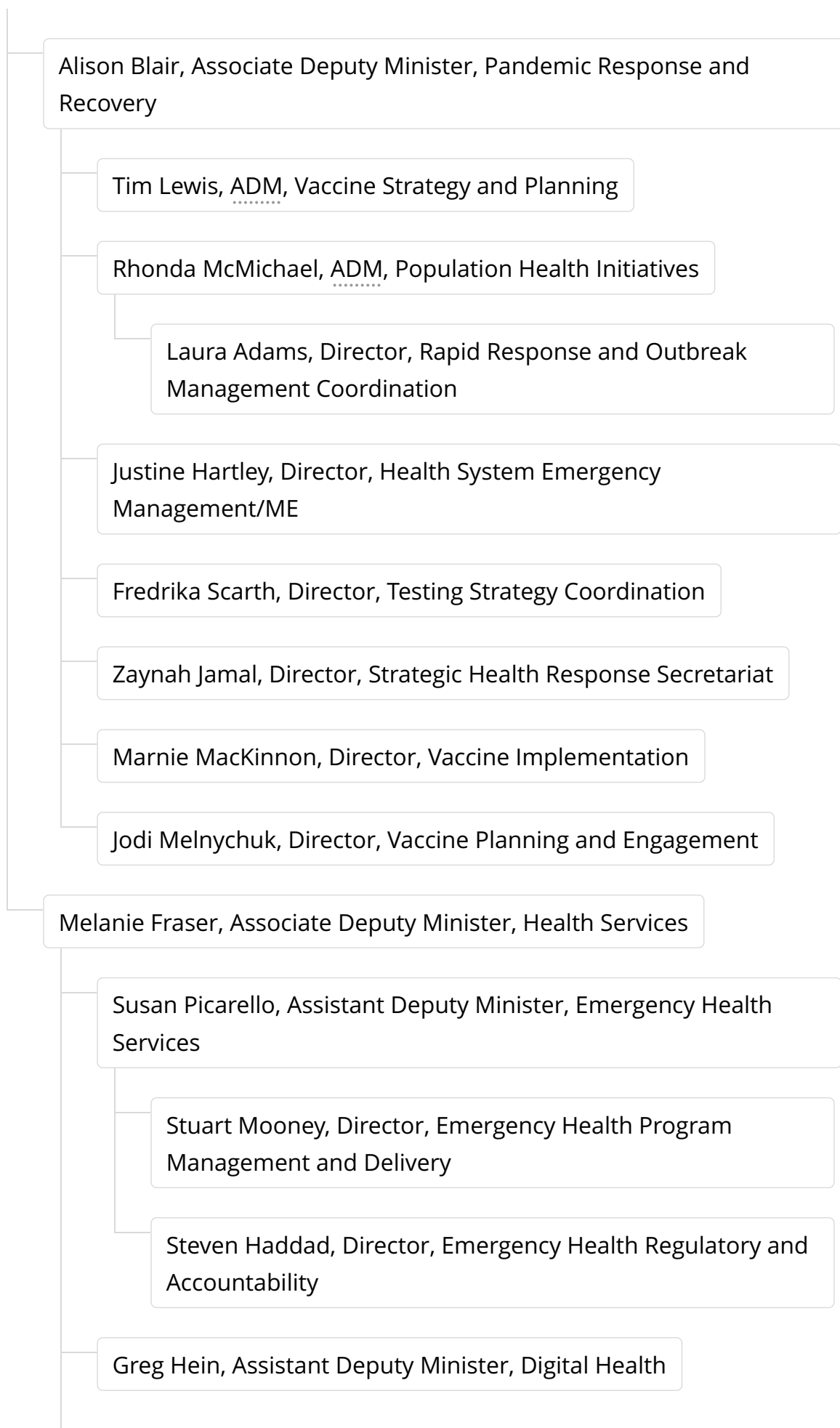
Allison Henry, Director, Health Workforce Regulatory Oversight

Patrick Dicerni, Assistant Deputy Minister and Executive Officer, Drugs and Devices

Angie Wong, Director, Drug Programs Policy and Strategy

David Schachow, Director, Drug Programs Delivery





Evan Mills, Director, Digital Health Program

Christine Sham, Director, Information Management Strategy and Policy

Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Analytics

David Lamb, Director, Capacity and Health Workforce Planning

Aileen Chan, Director, Health Data

Jennifer Bridge, Director, Health Analytics and Insights

Kamil Malikov, Director, Health Data Science

Assistant Deputy Minister, Hospitals and Capital (vacant)

Sherif Kaldas, Director, Health Sector Models

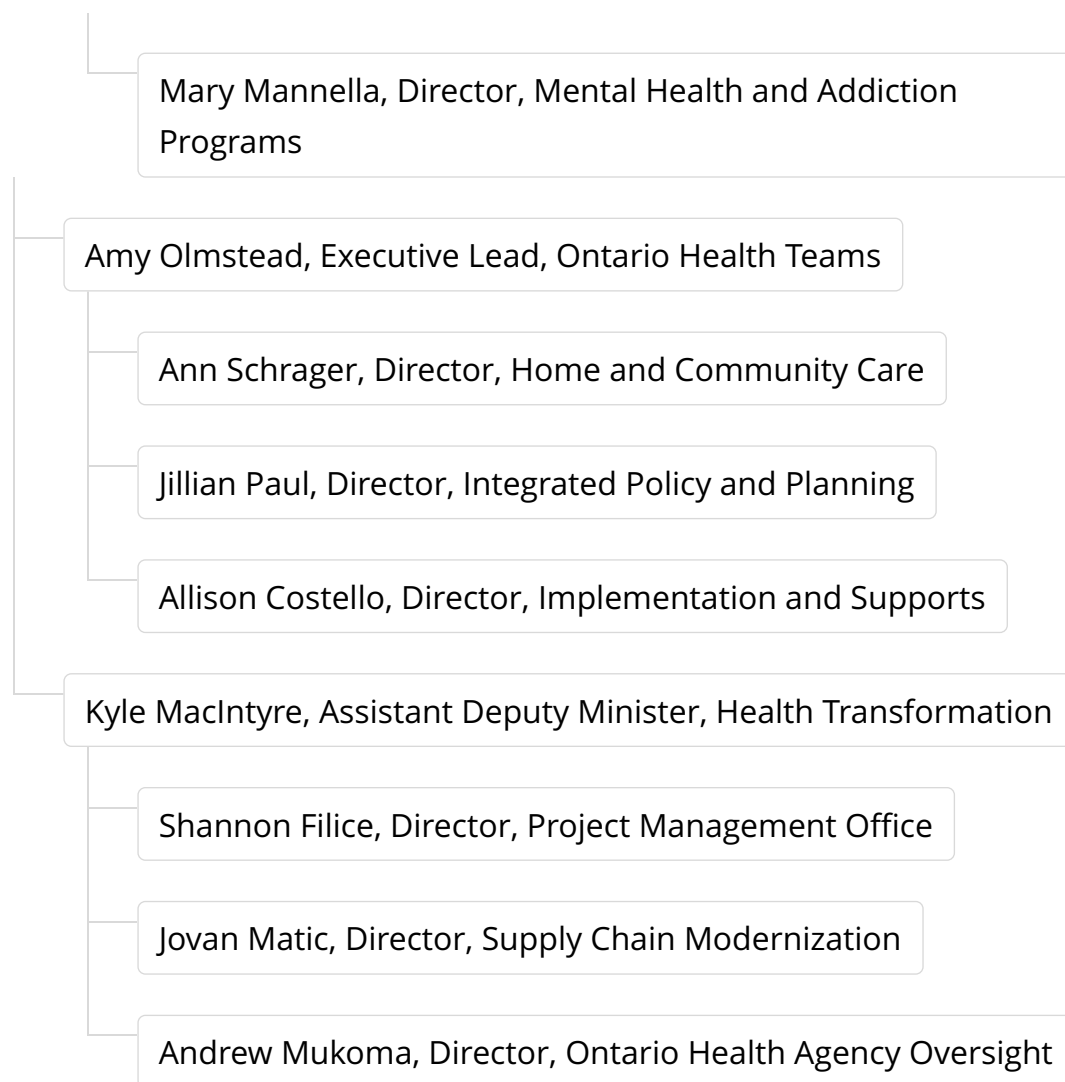
Tara Wilson, Director, Hospitals

Kristin Taylor, Director, Provincial Programs

James Stewart, Director, Health Capital Investment

Melanie Kohn, Assistant Deputy Minister, Mental Health and Addictions

Rachel Robins, Director, Mental Health and Addictions Policy, Accountability and Provincial Partnership



Appendix: Annual Report

Overview

Through 2020-21, the Ministry of Health has worked to ensure the government's commitment to make the health and well-being of Ontarians its first priority in the face of a global pandemic.

Based on the advice of the Chief Medical Officer of Health and public health experts, Ontario has made significant strides in its efforts to fight COVID-19 by enhancing its case and contact management efforts, expanding testing capacity, developing and implementing a three-phase plan for the roll-out of COVID-19 vaccines, and providing supports for frontline health care workers.

Throughout the pandemic, the ministry has also continued to work toward realizing the government's commitment to end hallway health care, guided by the objectives of improving patient and caregiver experience, improving the health of all Ontarians, creating efficiencies, and supporting health care providers.

The ministry has continued to move forward with its health care modernization efforts with the introduction of new Ontario Health Teams, the ongoing transition of agencies into Ontario Health, investing in hospital infrastructure, and implementing Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System.

Prevention

COVID-19 vaccination roll-out

The Ministries of the Solicitor General and Health established a COVID-19 Vaccine Distribution Task Force in order to provide advice and recommendations in support of the government's vaccine distribution plan and related initiatives.

Ontario developed a three-phased COVID-19 vaccine implementation plan to receive, store, administer and distribute COVID-19 vaccinations in Ontario that prioritized populations to be vaccinated in accordance with an ethical framework for COVID-19 vaccine distribution; based on expert advice of the Ministers' COVID-19 Vaccine Distribution Task Force; and aligned with the National Advisory Committee on Immunization (NACI).

Phase One of the three-phased plan focused on the province's most high-risk population (approximately 1.8 million people) groups, which included:

- residents, staff, essential caregivers and other employees in congregate living settings for seniors;
- health care workers, including hospital employees, staff who work or study in hospitals and health care personnel;
- adults in First Nations, Métis and Inuit populations;
- adult recipients of chronic home health care; and
- Adults aged 80 and over.

The first phase of Ontario's plan focused on vaccinating the province's most

vulnerable and saw a clear benefit of doing so, with a dramatic decrease in long-term care home cases and COVID-related deaths.

Ontario expanded the categories of health care providers who could administer the vaccine to include nurse practitioners, registered nurses and registered practical nurses, along with pharmacists, pharmacy students, interns and pharmacy technicians.

Distribution of vaccinations during Phase One was conducted through hospital site clinics, mobile teams, site specific clinics, and mass vaccination clinics. As vaccine supply increased, Ontario expanded the delivery channels available to administer COVID-19 vaccines to include pharmacies and primary care settings.

The Ministry of Health and Ornge also collaborated with the Ministries of Indigenous Affairs, the Solicitor General and Natural Resources and Forestry, and the federal government (First Nation and Inuit Health Branch) to co-develop a plan with Nishnawbe Aski Nation and the individual communities to offer vaccinations in fly-in First Nation communities in Northern Ontario.

Ornge is leading “Operation Remote Immunity” to administer the vaccine to the 31 fly-in First Nation communities and Moosonee in Ontario. All of the first doses have now been delivered.

As vaccine supply increased, Ontario launched an online booking system and a provincial call centre to answer questions and support appointment bookings at mass immunization clinics. Initially, in alignment with Phase One priorities, the provincial system supported booking of appointments of individuals 80 years of age and over, and has extended its capacity to more eligible groups.

Flu immunization campaign

Ontario invested almost \$70 million to purchase flu vaccines to deliver a robust and expanded influenza immunization campaign in 2020-21. The campaign featured:

- Initial order of 5.1 million flu vaccine doses in partnership with the federal government and other provinces and territories through the national vaccine bulk procurement program:
 - 700,000 more than the approximated usage for the 2019-20 flu season;

- 1.3 million high-dose vaccine doses for Ontario seniors, especially those with pre-existing health conditions;
- Prioritizing early distribution of the flu vaccine for vulnerable populations in long-term care homes, hospitals and retirement homes;
- Investing an additional \$26.5 million to support the purchase, distribution and administration of additional flu vaccine doses during the season, which were made available through the national vaccine bulk procurement program. As a result, over 6.2 million doses of flu vaccine were purchased in total for the 2020-21 flu season;
- For the first time in Ontario's history, improved access by allocating high-dose flu vaccines for seniors to participating pharmacies; and
- Launching a public education campaign to encourage Ontarians to get the flu shot.

Public health

Increasing daily lab testing

In 2020-21, Ontario significantly increased testing and contact tracing capacity, allowing health experts to identify cases of COVID-19 and support efforts to stop the spread of the virus in the community, long-term care homes, and other congregate settings.

With over thirteen million tests completed Ontario has become a leading Canadian jurisdiction for testing. The lab network can now perform over 100,000 tests a day. The network also continues to exceed its turnaround time target, ensuring well above 80% of people receive their COVID-19 results within two days.

Protecting Ontarians Through Enhanced Testing

Ontario's COVID-19 testing plan, *Protecting Ontarians Through Enhanced Testing*, included three branches of testing:

- **Assessment Centre and Specimen Collection Centre Testing:** Testing is available to any symptomatic individual and/or any individual with exposure to a confirmed COVID-19 case. Eligibility for testing at Assessment Centres and Specimen Collection Centres was also further expanded to include certain

targeted, high-risk groups of the population (e.g. school and childcare staff, farm workers, individuals who identify as Indigenous). Those same high-risk populations are also eligible for asymptomatic testing at participating community pharmacies.

- **Targeted Testing Campaigns:** Detects and contains cases by expanding asymptomatic surveillance testing through targeted mobile testing sites which have been focused primarily on vulnerable populations. Targeted asymptomatic individuals through point-of-care (rapid) antigen testing has also been made available to a wide variety of priority sectors as an added measure of safety and screening in workplaces, including but not limited to essential industries, congregate care settings, and high priority communities.
- **Outbreak Management:** Access to testing, including both lab-based PCR testing as well as point-of-care testing, has been implemented to ensure rapid and agile response capacity for outbreak management, including in specific neighbourhoods and regions or at hospitals, institutions and workplaces, as well as First Nations and Indigenous communities.

Protecting Ontarians through Enhanced Case and Contact Management

In its efforts to help stop the spread of COVID-19, Ontario launched a comprehensive case and contact management strategy, Protecting Ontarians through Enhanced Case and Contact Management.

The enhanced strategy focuses on strengthening and standardizing case and contact management by:

- Ensuring that all new cases and their close contacts are identified early, contacted quickly, investigated thoroughly and followed up with for the duration of their self-isolation period;
- Supporting public health units with 1,000 additional case managers and contact tracers, as well as 600 contact follow-up staff through a partnership with Statistics Canada;
- Improving technology tools by modernizing the integrated Public Health Information System (iPHIS) through the implementation of a new custom-built COVID-19 case and contact management system; and
- Launching COVID Alert, a privacy-first exposure notification app to alert

Ontarians when they may have been exposed to COVID-19. The made-in-Ontario app was a new measure developed in partnership with the federal government.

Point-of-Care (rapid) testing

Ontario deployed molecular point-of-care tests such as the ID NOW to support rapid diagnosis and early outbreak management in areas of the province where access to lab-based testing at assessment centres was limited and turnaround times for results were high, including in rural, remote, and Indigenous communities. Additionally, antigen point-of-care tests have been widely deployed in priority sectors across the province as an additional safety measure in essential workplaces to proactively identify cases of COVID-19 that may otherwise have gone undetected through routine symptom screening.

Since November 2020, Ontario received over 18 million antigen point-of-care tests and has distributed over 6.4 million across the province through the expanding Provincial Antigen Screening Program. Ontario has also received approximately 1.2 million molecular point-of-care tests and has distributed over 200,000 with a particular focus on deployment to hospitals, as well as rural and remote communities and Indigenous and First Nations communities to ensure equitable access to diagnostic testing.

These tests provide Ontarians with more access to the full spectrum of testing options and help to quickly identify and manage outbreaks to stop the spread of COVID-19.

Targeted testing approach

In addition to the ongoing testing of symptomatic individuals and individuals who are known close contacts of COVID-19 cases at any of the 189 assessment centres across the province, Ontario also expanded access to testing to a number of priority groups for COVID-19, through both lab-based PCR and rapid (point-of-care) testing, including:

- Eligibility for asymptomatic, lab-based PCR testing:
 - Workers, visitors, and government inspectors of long-term care homes
 - Workers, visitors, and government inspectors of retirement homes
 - Residents or workers in homeless shelters or other congregate settings

- Farm workers
- Individuals who identify as Indigenous
- Individuals who are travelling into remote/isolated First Nations and Indigenous communities for work purposes
- School staff, inclusive of itinerant, supply, specialty teachers and childcare staff, as well as school bus drivers
- Specific vulnerable populations, including patients undergoing chemotherapy or hemodialysis and requiring transplants, as well as pregnant persons, newborns and cross-border workers
- Targeted rapid testing, including but not limited to the following:
 - Remote, isolated, rural and Indigenous communities
 - Long term care and retirement homes
 - Essential industries (e.g. manufacturing, food processing, construction etc.)
 - First responders
 - Healthcare settings
 - Congregate living settings
 - Wastewater management services
 - Transportation and transit

The ministry will continue to monitor the evolving situation and update the provincial testing guidance eligibility and point-of-care testing initiatives to identify and manage outbreaks and to stop the spread of COVID-19.

COVID-19 variant action plan

Ontario unveiled a six-point plan to prevent and stop the spread of new COVID-19 variants. The plan was created to minimize case importation resulting from international travel, require screening of all positive case samples to identify variants, and enhance the public health response to reduce the spread of the virus in communities across the province.

The plan's measures include:

1. Mandatory testing of travelers
2. Enhanced screening and sequencing
3. Maintaining public health measures
4. Strengthening case and contact management
5. Enhancing protections for vulnerable populations, including accelerating the vaccination of long-term care, high-risk retirement, and First Nations elder care home residents and vaccinating adult recipients of chronic home health care when vaccine supply permits
6. Leveraging data to drive decision-making and inform planning related to pandemic response. Leveraging analytics will enhance Ontario's capacity to identify known and emerging variants of COVID-19 and will strengthen the province's genomic data by providing an increasingly clearer picture of the emergence and patterns of COVID-19 variants.

High priority communities strategy

In December 2020, Ontario launched the High Priority Communities Strategy to support neighbourhoods that were hardest-hit by COVID-19.

Evidence shows that racially diverse, newcomer and low-income communities have been impacted more significantly by COVID-19 than others, and they need specific supports as they face complex barriers to accessing services and enacting core prevention measures.

To support these communities, the Strategy provided \$12.5M to fund local lead agencies in Durham, Peel, Toronto, York, and Ottawa regions to deliver key interventions including:

- Tailored community outreach and engagement;
- Increased access to testing;
- Wraparound supports using a case management approach to connect individuals and families with services like food, income supports, health and social services, and isolation centres.

Agencies work in partnership with Ontario Health, public health units, municipalities, and other community partners to deliver the Strategy.

To date, almost 2,000 Community Ambassadors, have been engaged by lead agencies to support the Strategy, more than 100,000 PPE kits have been delivered and wraparound supports have been provided to more than 9,600 people.

Expanding COVID-19 testing to pharmacies and community laboratory specimen collection centres

Ontario made it possible for pharmacies to offer COVID-19 tests to at-risk Ontarians who have no COVID-19 symptoms. Certain groups of individuals/populations identified as eligible within provincial testing guidance, can visit select pharmacies by appointment only, and can be pre-screened and then tested at no charge.

In addition, the ministry has expanded specimen collection for COVID-19 to specimen collection centres (SCCs) operated by Ontario's private community laboratories. Both symptomatic and asymptomatic individuals can receive specimen collection and testing by appointment at select SCCs that have volunteered to provide the services.

The expansion of COVID-19 testing to pharmacies and specimen collection centres is part of the Ontario's Keeping Ontarians Safe: Preparing for Future Waves of COVID-19 plan.

Expanding data collection to help stop spread of COVID-19

In response to requests by community leaders and public health experts, Ontario introduced a regulatory change to implement the voluntary collection of data on race, income, language and household size for individuals who have tested positive for COVID-19 to help ensure the province has a more complete picture of the outbreak.

In addition to the administrative data required to book a vaccination, Ontarians are also being asked to voluntarily share socio-demographic information such as race, ethnicity, childhood language, total household income and household size. This data will only be collected with the express consent of the person being vaccinated.

Collecting this data will help the province have a more complete picture of who is being vaccinated, help ensure access to the vaccine for communities who are at-risk and disproportionately impacted by the pandemic, and ensure that everyone who wants to be vaccinated is being reached.

Every safeguard will be in place to protect the privacy of the information collected.

The Ministry of Health is working with different health sector partners, so all staff involved in administering vaccines are offered appropriate training on the rationale for data disclosure. Staff are also trained on how to appropriately manage the data.

Pearson Airport testing pilot program

On January 6th, 2021, the Ministry of Health implemented a voluntary and free border testing pilot program at Toronto Pearson International Airport for eligible international travellers arriving in the province from abroad and staying for at least 14 days. The voluntary pilot was implemented to help quickly test, trace and isolate COVID-19 cases early in Ontario and help inform the development of future testing programs for broader implementation.

As of noon on February 1, 2021, the Chief Medical Officer of Health (CMOH) issued a Section 22 order under Section 77.1 of the *Health Protection and Promotion Act* (HPPA) to require every person except those persons under the age of five who enters Ontario, including Ontario residents, from an international flight, arriving at Toronto – Lester B. Pearson International Airport must undertake a mandatory polymerase chain reaction (PCR) COVID-19 test. On February 22nd, the CMOH issued a memo to revoke the Class Order and new Federal regulations came into effect, including on-arrival and day-10 testing for international arrivals at Canadian airports.

Public Health Units

Ontario's public health system has demonstrated remarkable responsiveness to COVID-19, as the outbreak has evolved locally and globally. Through Ontario's Action Plan: Responding to COVID-19, the government invested over \$100 million in additional funding to support extraordinary costs incurred by public health units associated with monitoring, detecting, and containing COVID-19 in the province. These investments ensured that there was sufficient capacity for the public health sector to undertake crucial public health interventions with patients, the public, and the community, in order to contain the spread of COVID-19.

Additional public health support to Indigenous communities

The Ministry of Health supported an initiative by four First Nations health service provider organizations for urgent public health nursing and/or allied health professional supports to administer rapid tests, conduct case and contact management and provide school supports as well as COVID-19 education and

prevention in northern remote First Nations communities.

Additional public health support for Peel Region

In response to the increased need for local COVID-19 testing in the Peel Region, the Ministry of Health took steps to provide more sites and innovative options such as:

- Established three new community-based testing centres in Brampton at Snelgrove Community Centre, Gore Meadows Community Centre and Greenbriar Community Centre;
- Implemented mobile testing sites, including at the Canadian Mental Health Association (CMHA) Peel Dufferin Mobile Health Clinic in Brampton, to respond to an increase in localized demand for tests within the community and to provide access to testing in communities where travel is a barrier to getting tested;
- Opened limited walk-in availability at assessment centres for those who couldn't book an appointment online or by phone;
- Implemented 7 pharmacies and 5 specimen collection centres in partnership with LifeLabs and Dynacare; and
- Ontario also engaged with community leaders to help promote awareness of the importance of COVID-19 testing and to develop culturally sensitive and translated targeted communications to encourage testing in the region.

Additional case and contact management support allocated to Peel Public Health includes:

- 40 case managers directly assigned since November 2020.
- Additional case and contact management support through a central provincial pool. From this pool, there are 430 case managers supporting Toronto and Peel Public Health and providing surge case support to other health units as required. Peel also uses the Public Health Ontario-managed pool of 600 Statistics Canada contact tracers for contact follow-up support.

As part of the High Priority Communities Strategy, the ministry provided funding to local lead agencies in six communities in Peel region that have been hard-hit by COVID-19 and that are particularly vulnerable to negative impacts of the pandemic based on sociodemographic factors. Lead agencies collaborate with local health and social services to deliver tailored community engagement and outreach, to improve access to testing, and to provide emergency financial and other essential supports for

individuals and families that need to self-isolate.

The ministry also invested \$19 million in additional funding for Peel Public Health to support and enhance COVID-19 monitoring and case and contact management.

To support hospital capacity pressures and the continuation of surgeries and procedures, the ministry invested \$42 million for up to 234 new beds at three hospitals and their alternate health facilities in Peel Region. This includes:

- William Osler Health System receiving up to 87 total patient beds, including 81 acute care beds and 6 critical care beds across their Brampton Civic and Etobicoke General Hospital sites.
- Trillium Health Partners receiving up to 141 total patient beds, including 59 acute care beds, 12 critical care beds and 70 transitional beds at their Mississauga Hospital, Queensway Health Centre and Credit Valley Hospital sites.
- Headwaters Healthcare receiving up to 6 total patient beds.

Additional supports for Windsor-Essex

The ministry implemented a three-point plan to reduce the risk of transmission of COVID-19 on farms and throughout the Windsor-Essex community as a result of COVID-19 outbreaks, particularly in the agriculture and agri-food sectors, which posed unique challenges that required a targeted response.

The plan enhanced the coordinated efforts of the provincial, federal and local governments, and included:

- Ongoing and expanded on-site testing at agri-food businesses and community assessment centres to make proactive testing timelier and more accessible. Ontario engaged with employers to schedule more mobile testing on farms.
- Ensuring workers, including temporary foreign workers, had access to workers' compensation benefits, and that a worker's job continues to be protected while they take unpaid leave due to COVID-19.
- Issuing new public health guidance that allowed positive asymptomatic workers to continue working under work self-isolation, under exceptionally rare circumstances, as long as they follow the public health measures in their workplace to minimize the risk of transmission to others (e.g. maintaining self-

isolation outside of work for the duration of the isolation period, universal masking, maintaining physical distancing, and meticulous hand hygiene). This guidance also provides clarity and assurance that local public health officials would assist with interpreting test results and develop a plan that, first and foremost, ensures essential workers in the sector are able to return to work safely and meet the business-critical operational needs on a case-by-case basis.

- Additional case and contact management support allocated to Windsor-Essex Public Health including:
 - 55 case managers and contact tracers directly assigned.
 - Windsor-Essex also uses the PHO-managed pool of 600 Statistics Canada contact tracers for contact follow-up support.

The ministry also invested \$4 million in additional funding for the Windsor-Essex County Health Unit to support and enhance COVID-19 monitoring and case and contact management.

Seniors dental care

Ontario provided \$25 million to expand access to the Ontario Seniors Dental Care Program. The investment was directed toward the building of new dental clinics, and upgrades and expansions to existing clinics at public health units, participating community health centres and Aboriginal Health Access Centres. These projects were expected to be completed by March 31, 2021. However, due to resource and operational challenges as a result of the COVID-19 pandemic, some delays have been encountered. Ontario is working with public health units to support the completion of this work.

The funding was directed toward:

- 50 projects, totaling \$11.6 million, for upgrades and expansions to existing clinics; and
- 28 projects, totaling \$13.3 million, to build new clinics to help provide dental services in underserved areas, including new mobile dental clinics.

Ontario Health Insurance Plan

Changes to OHIP

Several changes have been made under the Ontario Health Insurance Plan (OHIP) to ensure Ontarians have access to the health care they need during the pandemic and help Ontario combat and contain the spread of COVID-19. This includes the introduction of temporary COVID-19 sessional fee codes to fund physician services at eligible COVID-19 testing centres, eligible COVID-19 vaccination sites, and eligible Long-Term Care Homes.

The ministry has implemented several temporary initiatives to help stabilize physician services in support of the COVID-19 response. The March 2020 Economic and Fiscal Update included funding for new sessional fees for physicians working in COVID-19 assessment centres, new virtual care codes with no negation to primary care model physicians, and additional funding for Emergency Department Alternative Funding Agreement (EDAFA) coverage and the use of Second On-Call physicians beyond the fee-for-service cap for 24-hour EDAFAs.

Subsequent physician-based initiatives implemented in response to COVID-19 include temporary physician hospital funding, after-hours premiums to address the surgical backlog, a complexity modifier for aerosol generating medical procedures (AGMP), a temporary premium for life threatening critical care, and the expansion of assessment codes to long-term care homes and congregate care settings.

In addition, the ministry established an Advanced Payment Program to specifically help OHIP fee-for-service providers (physicians, hospital-based dentists, optometrists and podiatrists) and Independent Health Facilities (IHF) experiencing cash flow issues due to the pandemic. Through the program, OHIP providers and IHFs were able to receive up to 70 per cent of their average income as advance payments on their regularly scheduled payments from May to July 2020 against future earnings. Equal monthly recoveries began in April 2021 but subsequently monthly recoveries have been put on temporary pause starting in May.

Further, in support of the government's vaccine strategy and roll-out, the ministry has temporarily made available a new physician fee code for the provision of the COVID-19 vaccine in non-mass vaccination settings, such as a primary care office.

As well, in the interest of safeguarding the health of all Ontarians, the three-month waiting period was removed from Regulation 552, allowing all OHIP-eligible residents to be able to immediately seek OHIP-insured and publicly funded health services. Further to this, through OHIP, the ministry established temporary funding for

medically necessary hospital and limited medically necessary community-based physician services provided to patients who are not currently insured under OHIP or another provincial/federal/ private health care plan.

Mental health and addictions

Additional funding for mental health and addictions during COVID-19

In 2020-21 Ontario provided a total of up to \$194 million to immediately expand access to the provincial mental health and addictions services for people of all ages, and to address capacity issues in response to COVID-19. This included adding more staff, virtual supports, housing and short-term accommodation, and other supports to continue providing safe in-person services where appropriate, including supports specifically for Ontario's frontline workers.

As part of this, funding of up to \$147 million was announced in December which included:

- Over \$62.2 million in community-based mental health and addictions services and inter-professional primary care teams, including over \$30 million in targeted funding for child and youth mental health services. Services include local in-person and virtual community mental health and addictions services, housing and accommodation supports, capacity-building for front-line workers, peer supports and resources, and enhanced services through interprofessional primary care including Family Health Teams, Nurse Practitioner-Led Clinic, Indigenous governed teams and Community Health Centres;
- \$8 million in targeted, culturally safe services for Indigenous peoples, including land-based programming, and culturally safe and age-appropriate mental health and addictions supports, including wellness supports for children and youth;
- Over \$10 million to help specific vulnerable populations, such as those in residential settings that may be at high risk of COVID-19 outbreaks, those at risk of homelessness, social isolation and justice-involved individuals. Services included mobile crisis supports, rent supplements and supports for racialized individuals;
- Over \$15.4 million to expand virtual mental health and addictions supports, making it easier for Ontarians across the province to access these resources, including internet based Cognitive Behavioural Therapy, virtual addictions

support and virtual supports for health care workers. This investment provided additional virtual services for children and youth through the Kids Help Phone and Child and Youth Tele-Mental health services. Health care workers were also be supported through access to virtual mental health services; and

- In addition, over \$51.5 million went go towards a cross-sectoral approach to support vulnerable populations, including but not limited to postsecondary students, First Nations communities, Métis, Inuit and urban Indigenous peoples, Black youth, children and youth in care, LGBTQ youth, people with developmental disabilities, and victims of gender-based violence.

This builds on the \$46.75M in emergency mental health and addictions supports implemented to support the first phase of the pandemic.

Expanded access to critical services

In addition to Ontario's commitment to expand access for critical mental health and addictions supports during COVID-19, the Ministry of Health invested \$176 million in 2020-21 to help address urgent gaps in care, enhance access to mental health and addictions services, create new supports and expand programs in several priority areas, including:

- Community-based services in English and French, including services for children and youth;
- Mental health and justice services;
- Supportive housing for individuals with serious mental health and addiction challenges, and who are either homeless or at risk of becoming homeless;
- Community and residential addictions, including treatment and care for opioid addictions;
- Increased supports for Indigenous peoples, families, and communities; and
- More hospital in-patient beds for mental health and addiction patients.

Funding for community and residential services

As part of this funding, the province invested in targeted community and residential addictions services including:

- \$4 million for nurse practitioners for detox services to improve the medical

management of clients who are withdrawing from substance use in residential withdrawal management facilities;

- \$8 million for day and evening addictions care to increase access to intensive non-residential addictions and substance use treatment services for youth and adults;
- \$3.5 million for in-home/mobile withdrawal management services to increase access to community withdrawal management services for hard to service clients, including those located in rural areas; and
- Over \$900,000 for an additional four inpatient beds at the Centre for Addiction and Mental Health (CAMH) to support capacity pressures at CAMH.

Expanded funding for supportive housing

The Ministry of Health invested over \$47 million to provide supportive housing for individuals with severe mental health and addictions challenges who are either homeless or at risk of homelessness. The funding also supported the creation of a new Back to Home program to help patients transition from hospitals to permanent supportive housing as well as \$14 million for mental health and justice supportive housing.

Increasing mental health supports for Indigenous peoples

As part of the \$176M Ontario is investing over \$12.8 million to immediately expand and enhance culturally appropriate mental health and addictions services for Indigenous peoples, families and communities across the province.

These investments are being delivered across the government, with \$2.4 million being led by MOH to support:

- enhanced community mental health and addictions services and programs in Indigenous-governed primary care teams (\$1,400,000 annually), and
- an expanded child and adolescent psychiatry program based in Thunder Bay with satellite service locations across Northwestern Ontario (\$1,000,000 annually).

Expanding mental health services for children and youth

The Ministry of Health provided \$24.3 million in targeted investments to hire

additional staff, increase access to counselling and therapy, create new programs to help manage stress, depression and anxiety, and address eating disorders and other challenges facing children and youth.

This includes targeted investments in community-based mental health supports and services for children and youth with a focus on evidence-based and innovative programs including:

- \$11 million for over 80 children and youth mental health service providers to enhance capacity and access to critical frontline child and youth mental health services, including:
 - Hiring additional staff;
 - Purchasing and developing additional resources to increase access to services such as counselling and therapy, intensive and crisis services; and
 - Supports for families and caregivers of children and youth with mental health and addictions challenges.
- \$5.8 million for youth wellness teams at 10 Youth Wellness Hubs across Ontario. These youth-friendly service locations are designed for youth, and offer walk-in access to primary care and mental health and addictions services for people between the ages of 12 and 25;
- \$3.7 million for a new eating disorders program. This early intervention program will help prevent and support children and youth up to the age of 25 that may be struggling with an eating disorder. There will be four pilot sites to start, with plans to expand the program across the province;
- \$800,000 to support the creation and operation of Eating Disorders Ontario, which will help with quality improvement across the whole eating disorders sector;
- \$2 million for the implementation of an Ontario Structured Psychotherapy Program for families, children and youth. This new program will provide evidence-based mental health supports for children, youth and their families that will help them develop skills to manage stress, depression and anxiety in a healthy way;
- \$1 million for child and youth mental health services delivered in congregate settings. This funding will help provide care that will better meet the needs of

some of Ontario's most vulnerable children and youth.

Expanded mental health and justice services

Ontario provided over \$37 million to significantly expand mental health services across the justice system. The funding will be used to expand mobile crisis teams across the province, hire additional staff, and support the creation of tailored programs for First Nations communities. Examples of these investments include:

- Over \$6.5 million for mobile crisis services, allowing 33 communities across the province to expand or launch mobile crisis response service.
- \$5 million for safe bed programs to support mobile crisis teams.
- Over \$14 million for supportive housing programs designated for justice involved individuals (from the supportive housing funding listed above).
- \$2 million for addictions/withdrawal specialists to support safe beds.
- Additional interministerial supports for adult correctional institutions, peer support services and for MAG's Justice Centres.

Digital health

Digital First for Health Strategy and Personal Health Information Protection Act Modernization

- Digital health and information management have also been a part of the ministry's response to COVID-19, offering a better way to connect health information, and digital solutions to provide the most up to date advice and health information, enable contactless delivery of health care services, and use data to track and support the pandemic response. Key accomplishments include:
- Improved access to virtual care by enabling direct-to-patient video visits and launching the virtual visit solution verification process - a key step toward creating a seamless digital health experience for patients. The pandemic has significantly accelerated the adoption of virtual care, and as such, physician registration to the Ontario Virtual Care Program has increased by over 1,900% above the pre-March (January/February) monthly average, with 5,700 new registrants from March to July 30, 2020.
- Supported the COVID-19 Response Plan by implementing virtual care initiatives

to allow patients to virtually access hospital services, provide support in transition to virtual pre- and post-surgery care and appointments, and remotely monitor COVID-19 patients and other vulnerable populations.

- In response to COVID-19, launch of a Patient Digital Identity, Authentication and Authorization (IAA) pilot project was accelerated in partnership with the Ontario Digital Service (ODS) and MGCS enabling patients in Niagara Health and Southlake Regional Hospital to access digital health services such as appointment management using a digital identity.
- Provided patients with access to their health information through a limited production release of the Ontario Laboratory Information System (OLIS) through MyUHN. To date, 50,000 patients have accessed OLIS through myUHN. This work was done in addition to the provincial COVID-19 results lab viewer launched in Q1 to allow any Ontarian to view their COVID-19 test results.
- Patients at Women's College Hospital, St. Joseph's Healthcare Hamilton, and Mackenzie Health can now securely view and store their medical records in the Apple Health app on iPhones. This was enabled by international health standards used by Hospital Information Systems, validating the Digital First for Health's focus on interoperability standard and patient choice.
- The Digital Health Information Exchange (DHIEX) policy breaks down barriers to the secure exchange of health information. It will improve quality of healthcare and allow patients greater access to their digital health records. Ontario is demonstrating national leadership by delivering seamless, interoperable information exchange across the health system – using regulatory powers to drive change in the digital health market.
- The provincial eServices program was established, bringing together the existing provincial eConsult and eReferral initiatives. The program supports clinical workflows by integrating digital health tools to enable smoother transitions and a better patient experience by replacing fax and paper processes. eConsult and eReferral are the first eServices in scope given their proven track record as high-value initiatives that would benefit from being integrated and expanded under an eServices program. The program is also working to ensure proper technical architecture and standards development to inform integration of other eServices such as eOrdering, ePrescribing, etc., in the future.

Ontario Health Data Platform

In consultation with the Ontario Information and Privacy Commissioner, the Ministry of Health has established the Ontario Health Data Platform. This new platform securely holds integrated health data that allows researchers to better support urgent health system planning and responsiveness, including the immediate need to analyze the current COVID-19 outbreak.

The information gathered in the secure platform is helping to break down long-standing barriers and allow researchers to help with:

- Increasing detection of COVID-19;
- Discovering risk factors for vulnerable populations;
- Predicting when and where outbreaks may happen;
- Evaluating how preventative and treatment measures like vaccinations are working; and
- Identifying where to allocate equipment and other resources.

Ontario appointed a special advisor to support the design and implementation of the new Ontario Health Data Platform.

COVID-19 lab test results portal

Ontario launched a new user-friendly online portal for the public to easily access their COVID-19 lab test results. By offering faster and secure access to test results on their computer or mobile device, this portal is helping to ease pressures on public health units and frontline workers to provide this information so that they can better focus on containing COVID-19.

Health human resources

Increasing and stabilizing Ontario's health care workforce

The ministry invested \$52.5 million to recruit, retain and support over 3,700 more frontline health care workers and caregivers to ensure our health care system can meet any surge in demand, while continuing to provide safe and high-quality care to patients and long-term care residents.

In order to increase and stabilize the health care workforce, the province invested an

additional \$26.3 million to support personal support workers (PSWs) and supportive care workers, including:

- \$14 million for the Personal Support Worker training funds to continue training PSWs in the home and community care and long-term care sectors;
- \$10.3 million for the new Personal Support Worker Return of Service Program, to recruit and retain recent graduates to work in long-term care homes and in the home and community care sectors. This program will provide a \$5,000 incentive to 2,000 recent graduates for a six-month commitment to work in these settings;
- \$1.3 million to train 160 supportive care workers to provide basic home support services; and
- \$700,000 in accelerated PSW training for 220 students with prior health experience to practice in Ontario.

Ontario also invested an additional \$26 million to support nurses, including:

- \$18 million for Ontario's Nursing Graduate Guarantee program, which provides full-time salary and benefits for over 600 nurses with a focus on recruiting in areas of need such as long-term care homes and acute care settings; and
- Up to \$8 million to add over 800 nurses to the health system in areas of need across the province.

Health Workforce Matching Portal

As part of Ontario's efforts to stop the spread of COVID-19, the Ministry of Health launched a new online tool that will help match skilled frontline workers with employers.

The new Health Workforce Matching Portal enables health care providers with a range of experience to join the province's response to COVID-19. Those providers include retired or non-active health care professionals, internationally educated health care professionals, students, and volunteers with health care experience. The portal matches the availability and skillsets of frontline health care workers to the employers in need of assistance to perform a variety of public health functions, such as case and contact management.

Expanded Ontario's Case and Contact Management Workforce

Since September 2020, Ontario hired case managers and contact tracers to build the provincial workforce to 1,600. Along with staff who work in or have been redeployed within public health units, this support brings the total number of case and contact tracers in the province to nearly 5,600 staff at peak capacity. These people are helping to isolate new cases of COVID-19 and stop the spread of the virus in communities across Ontario.

Staffing flexibility for Public Health Units

The Ontario government provided public health units the authority and flexibility to make staffing decisions that support their ongoing fight against the outbreak of COVID-19, despite any collective agreements. As a result, public health units are able to expand their capacity to implement critical public health functions, such as case and contact management, through the use of volunteers, including thousands of retired nurses and medical students who have signed up through the province's website.

Pandemic pay

In recognition of the dedication, long hours and increased risk of working to contain the COVID-19 outbreak, the Ontario government provided frontline staff with a temporary pandemic payment.

This increase provided four dollars per hour worked on top of existing hourly wages, regardless of the qualified employee's hourly wage. In addition, employees working over 100 hours per month received lump sum payments of \$250 per month for each of the next four months the pandemic pay initiative was in place. This meant that eligible employees working an average of 40 hours per week would have received \$3,560 in additional compensation. Those eligible to receive the payment included employees from across several sectors of government, including paramedics, those providing home and community care and some staff in hospitals.

Supporting Ontario's Personal Support Workers

The Ministry of Health has been providing a temporary wage increase effective October 1, 2020 to over 147,000 workers who deliver publicly funded personal support services:

- \$3 per hour for approximately 38,000 eligible workers in home and community

care;

- \$3 per hour for approximately 50,000 eligible workers in long-term care;
- \$2 per hour for approximately 12,300 eligible workers in public hospitals; and
- \$3 per hour for approximately 47,000 eligible workers in children, community and social services providing personal direct support services for the activities of daily living.

As well, Ontario's COVID-19 fall preparedness plan included an investment of \$26.3 million to support Personal Support Workers (PSWs) and supportive care workers. The plan is helping to increase and stabilize the healthcare workforce through the following investments:

- \$14 million for the Personal Support Worker training funds to continue training PSWs in the home and community care and long-term care sectors;
- \$10.3 million for the new Personal Support Worker Return of Service Program, to recruit and retain recent graduates to work in long-term care homes and in the home and community care sectors. This program provides a \$5,000 incentive to 2,000 recent graduates for a six-month commitment to work in these settings;
- \$1.3 million to train 160 supportive care workers to provide basic home support services; and
- \$700,000 in accelerated personal support worker training for 220 students with prior health experience to practice in Ontario.

COVID-19 supply chain

Working with the Ministry of Government and Consumer Services, Ontario Health and Ontario's Shared Services Organizations, the Ministry of Health has purchased over \$1B in Personal Protective Equipment (PPE) and Critical Supplies and Equipment (CSE) to bolster the pandemic stockpile in support of Ontario's essential and front-line workers.

Ontario Health has played a critical role in Ontario's pandemic supply chain, supporting the pandemic stockpile and allocating critical supplies to health service providers in need.

Modernization

Ontario Health Teams

Ontario Health Teams were introduced in 2019 as a new model of care that brings together health care providers to work as one team. Ontario introduced 18 new Ontario Health Teams in fiscal 2020-21. Through an Ontario Health Team, patients will experience easier transitions from one provider to another, including, for example, transitions between hospitals and home care providers, with one patient story, one patient record and one care plan.

The 18 new teams included:

- Algoma Ontario Health Team in Algoma District;
- Niagara Ontario Health Team in Niagara Region;
- Ottawa East Ontario Health Team in Eastern Ottawa, Eastern Champlain and a certain portion of Ottawa Centre, offering services in both official languages;
- Western Ontario Health Team in London-Middlesex;
- Western York Region Ontario Health Team in Vaughan, Richmond Hill and King City;
- Brantford Brant Ontario Health Team in Brantford and Brant County;
- Downtown East Toronto Ontario Health Team in Downtown East Toronto;
- Frontenac, Lennox & Addington Ontario Health Team in the Frontenac, Lennox and Addington region, including Kingston, Greater Napanee and surrounding rural communities;
- Kawartha Lakes Ontario Health Team in the City of Kawartha Lakes and surrounding areas;
- Kitchener, Waterloo, Wellesley, Wilmot and Woolwich Ontario Health Team in Kitchener, Waterloo, Wilmot, Woolwich and Wellesley;
- Lanark, Leeds and Grenville Ontario Health Team in the United Counties of Leeds and Grenville, and southern Lanark County area;
- Mid-West Toronto Ontario Health Team in the west end of downtown Toronto;
- Oxford and Area Ontario Health Team in Oxford County and the surrounding area;

- Rainy River Ontario Health Team in the Rainy River District;
- Sarnia Lambton Ontario Health Team in the Sarnia-Lambton region;
- Scarborough Ontario Health Team in Scarborough and surrounding communities;
- South Georgian Bay Ontario Health Team in the South Georgian Bay Region, including Collingwood, Wasaga Beach, Clearview and The Blue Mountains;
- West Toronto Ontario Health Team in West Toronto.

All 42 of the approved Ontario Health Teams, as well as the teams that are working towards becoming an approved Ontario Health Team, are being supported by the ministry through an expanding central program of resources and expertise. Applications to become an approved Ontario Health Team will continue to be received and assessed until provincial coverage is reached.

Ontario Health

Ontario Health is a new government agency responsible for ensuring Ontarians receive high-quality health care services where and when they need them. The agency is bringing together the expertise of over 20 existing health organizations and programs to create an integrated public health care system, improve clinical guidance and support for health service providers, and enable better quality of care for patients. It serves as a central point of accountability and oversight of the health care system. In 2020-21, the government announced the transfer of the Trillium Gift of Life Network (TGLN) and the health system planning and funding (non-patient care) functions from the Local Health Integration Networks (LHINs) to Ontario Health, effective April 1, 2021. This builds on the transfers of Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Health Shared Services Ontario, HealthForceOntario Marketing and Recruitment Agency effective December 2, 2019.

Throughout the COVID-19 crisis, Ontario Health and its regional leadership have been essential partners in the planning, development and implementation of actions to increase system capacity, allocate critical supplies and equipment and respond to the outbreaks in long-term care and retirement homes. The creation of Ontario Health and the bringing together of the various agencies and working together with the 14 LHINs through five regional leads has significantly enhanced the health system's ability to quickly and effectively respond as the COVID-19 outbreak evolved in Ontario.

Ontario Health has played a key role in Ontario's COVID-19 testing strategy and in rapidly increasing Ontario's laboratory and testing capacity. With over eleven million tests completed, Ontario has become a leading Canadian jurisdiction for testing, with the capability of performing over 100,000 tests a day.

Ontario Health has played a critical role in Ontario's pandemic supply chain, supporting the pandemic stockpile and allocating critical supplies to health service providers in need.

Hospitals

Expanding hospital capacity

Acting on the advice of the Chief Medical Officer of Health and other health care professionals the Ministry of Health expanded hospital capacity in preparation to address any potential COVID-19 outbreak scenarios. This included investments made early in the pandemic totalling \$341 million for additional bed capacity.

In September 2020, \$213 million for 139 critical care beds and up to 1,349 hospital and alternate health facility beds that was announced as part of the Fall Preparedness Plan, Keeping Ontarians Safe: Preparing for Future Waves of COVID-19 (<https://files.ontario.ca/moh-preparing-for-future-waves-of-covid-19-en-2020-09-30-v1.pdf>) .

In October 2020, Ontario announced an investment of an additional \$116.5 million to create up to 766 more beds at 32 hospitals and alternate health facilities across the province.

Most recently, on January 18, 2021, investment of up to \$125 million to immediately expand critical care capacity in hospitals. Up to 519 critical care and high intensity medicine beds will be added to hospitals in areas with high rates of COVID-19 transmission to help relieve pressures on nearby hospitals due to rapid increases in hospitalization and ICU occupancy rates.

Clearing surgical backlogs

Throughout the pandemic extraordinary measures have been taken to halt the spread of COVID-19, including ramping down elective surgeries in hospitals in the spring of 2020.

As a result of the ramp-down measures implemented to preserve hospital capacity during wave one of COVID-19, and due to capacity concerns in COVID-19 hotspots in wave two, a significant backlog of non-emergent surgeries and procedures emerged.

As part of Ontario's Fall Preparedness Plan, \$283.7 million was announced to safely reduce health service backlogs while effectively managing COVID-19 and the flu season. This investment included:

- Providing \$204 million in one-time funding to support more than 140,000 surgeries (including cancer, cardiac, cataract, pediatric and orthopaedic procedures) to take place during extended hours and additional diagnostic imaging hours.
- Addressing backlog through innovative channels such as the use of alternate health facilities that can deliver additional publicly funded surgical and diagnostic imaging services
 - \$5.5 million in one-time funding will be provided to IHFs for approximately 15,000 volumes of additional insured services including MRI (additional 7,950 hours), CT (additional 5,766 hours), cataract surgeries (additional 800 procedures) and plastic surgeries (additional 620 surgeries).
 - \$3 million in one-time funding has been provided to private hospitals for up to 2,359 additional funded cases of surgeries.
- Investments to implement innovative solutions to address the surgical backlog, including:
 - \$13 million in one-time funding to support regional digital centralized surgical waitlist projects that will form the building blocks needed to underpin the future provincial centralized surgical waitlist management system. The provincial waitlist management system will improve patient flow by leveraging available surgical capacity in each region to better manage and transfer surgeries between hospitals and increase overall surgical output in the province.
 - \$5 million in one-time funding for surgical smoothing to optimize the use of the operating rooms to improve the use of existing resources and increase the number of surgical procedures in hospitals by hundreds on average per year.
- Providing \$23.2 million in funding to support the opening and accelerated ramp

up of the Cortellucci Vaughan Hospital.

- Provide up to \$30 million in funding on a reimbursement basis to a University Health Network (UHN)-lead procurement of critical care supplies for the province.

Groves Memorial Community Hospital

The new Groves Memorial Community Hospital opened its doors in 2020 with the capacity for up to 45 inpatient beds. The new hospital replaces the aging site in Fergus. At the new hospital patients and families living in Wellington County benefit from:

- 7 new inpatient beds, bringing the total of inpatient beds to 42 for medical, surgical, obstetrics, special care and complex continuing care, with 37 beds in private single patient rooms with a dedicated washroom and shower and large windows, and three additional beds in the coming years;
- More space for emergency, ambulatory, diagnostic and inpatient services;
- A surgical suite and full range of clinical support services including diagnostic imaging, laboratory and pharmacy departments;
- Modernized infection control measures, including additional isolation facilities to respond to a potential second wave of COVID-19, flu season or any disease outbreak; and
- An onsite helipad to allow fast access for patient transfers by air ambulance.

Weeneebayko Area Health Authority

The Ministry of Health is investing an additional \$19.4 million to support planning and redevelopment of a culturally appropriate health campus for the Weeneebayko Area Health Authority that will include a new hospital and a lodge in Moosonee.

Once complete, the state-of-the-art hospital will include the following:

- 36 inpatient beds, in private rooms, supporting culturally safe care;
- A larger, 24/7 emergency department;
- Modern surgical suites;
- Dialysis treatments and diagnostic imaging;

- Expanded mental health and addictions programming; and
- Improved primary health care services.

As well, a new 32-bed lodge providing long-term care services will be constructed in Moosonee, allowing for local Elders to remain in the community to receive the care they need.

The current hospital facility located on Moose Factory Island will be replaced with a new ambulatory care centre and will continue to deliver care and services to patients on the Island.

Bowmanville Hospital

Ontario is investing \$2.5 million to support the redevelopment of Lakeridge Health's hospital site in Bowmanville. This funding will be used to offset the costs of planning the renewal and expansion of the hospital's infrastructure.

As part of this project, the current Bowmanville Hospital will be redeveloped through a mix of new construction as well as renovations to the existing facility to help Lakeridge Health deliver high-quality health care that meets the needs of those living in Bowmanville, Clarington and surrounding areas.

In addition to the redevelopment project, Ontario is also supporting the development of an interim helipad for Bowmanville Hospital to improve how Lakeridge Health safely transfers critical patients to and from Bowmanville Hospital while the redevelopment project is being completed.

Quinte Health Care Network

Ontario is investing an additional \$8.7 million to support the planning and design of the new Quinte Health Care Prince Edward County Memorial Hospital in Picton. The new hospital will provide patients and families in the region with the following:

- Six additional in-patient beds, bringing the total to 18 beds in private rooms, with the ability to expand to 23 beds for future capacity;
- A larger, 24/7 emergency department that will provide more space for staff and patients;
- Modern surgical suites to deliver care with the best technology available;

- Dialysis treatments and diagnostic imaging; and
- Outpatient care services including minor surgical procedures such as endoscopies.

The helipad currently located at the hospital will be relocated to a nearby location, ensuring patients continue to receive emergency air transport and access to critical care services. Following design of the new hospital, project procurement is expected to begin in 2021.

Grey Bruce Health Services Markdale Hospital

Ontario announced an additional investment of up to \$53.6 million for a total grant of up to \$56.6 million to support the development and construction of the new Grey Bruce Health Services Markdale Hospital.

Once complete, the new Markdale Hospital will replace the existing aged facility, expand ambulatory services, improve access to quality care and help end hallway healthcare for patients and families in Markdale and neighbouring regions, including:

- A modern, 24/7 emergency department with four exam and treatment areas that will provide improved space for staff and patients;
- Four short stay beds better adapted to new non-surgical procedures and one palliative care bed, that will replace traditional inpatient beds;
- A bigger space to double outpatient care and expanded procedural services including minor procedures;
- Access to clinical laboratory and diagnostic imaging services, ambulatory clinics, space for visiting specialists and inter-professional teams, and expanded telemedicine services; and
- An ambulance bay for two ambulances.

Adding transitional care beds to build hospital capacity

The Ministry of Health is developing five new reactivation care centres where patients, including those living with dementia or in need of personal support, will benefit from services such as physiotherapy, nursing and support for daily living, with a focus on restorative care to help improve their health outcomes. These new centres include:

- Hamilton: St. Joseph's Healthcare Hamilton is collaborating with St. Joseph's Villa

and Hamilton Health Sciences to renovate the eastern tower of the long-term care home to provide up to 60 new transitional care beds;

- Kingston: Providence Care is renovating the former St. Mary's of the Lake Hospital to provide up to 64 new transitional care beds;
- Newmarket: Southlake Regional Health Centre is collaborating with Southlake Residential Care Village to convert and renovate administrative space on the 5th floor of the long-term care home to provide up to 30 new transitional care beds;
- Sudbury: Health Sciences North is renovating the Ramsey Lake Health Centre to provide up to 52 new transitional care beds; and
- Toronto: Unity Health Toronto will be renovating the Glendale wing of St. Joseph's Hospital to provide up to 28 new transitional care beds.

The majority of these new beds are expected to be completed in 2021-22 and are in addition to plans announced in February 2020 to provide up to 128 transitional care beds at the Branson Site Reactivation Care Centre in Toronto, which are under construction and set to open in early 2021.

Health Infrastructure Renewal Fund

\$175 million was invested this year through the Health Infrastructure Renewal Fund to address critical upgrades, repairs and maintenance in 129 hospitals across the province, including \$50 million for COVID-19 related and other urgent projects. This funding helps hospitals maintain their infrastructure and ensure a safe and comfortable environment for patients to receive care.

Dedicated nurses for ambulance offload

The ministry provided \$16.1 million in 2020/21 for the Dedicated Offload Nurses Program to assist municipalities with funding for dedicated nurses to receive ambulance patients and return paramedics to the community faster.

This funding allows paramedics to transfer the care of their patients to hospital staff and allows the ambulance to respond to the next 911 call more quickly. Dedicated offload nurses help reduce ambulance offload delays, improve patient flow in busy hospital emergency departments and ensure patients are receiving timely access to acute care services.

Last year this funding directly affected approximately 800,000 ambulance patients that were cared for by a dedicated offload nurse and improved ambulance availability by approximately 500,000 hours – or more than 55 additional ambulances available to respond to 9-1-1 calls 24 hours a day, seven days a week, 365 days a year.

Ottawa Ambulance Offload

Ontario invested \$16 million in a new Emergency Department Ambulance Offload and Medicine Transition Unit facility at the Ottawa Hospital Civic Campus. This new facility is built beside the existing emergency department and includes a new ambulance offload area with 20 beds dedicated for ambulance offload to enable paramedics to transfer patients to hospital care safely. It will also include 20 medicine transition beds for admitted patients to move from the emergency department to an inpatient unit.

Ontario Public Drug Programs

Protecting Ontario's Drug Supply

Ontario worked with the federal government and its provincial/territorial counterparts to monitor drug shortages during the COVID-19 pandemic, including the establishment of a critical drug reserve for up to 6 months of supply of drugs used for the treatment of COVID-19 symptoms.

Making prescription drugs more affordable

Existing and new Trillium Drug Program households could apply for an in-year deductible reassessment to help reduce the financial burden for families during the outbreak.

Community care

Expanding Innovative Home and Community Care Services

The Ministry of Health provided more than \$115 million to address costs related to COVID-19 in the home and community sector and to support more than 2,000 patients across the province with high, complex care needs access services at home, while also expanding virtual care options for patients across the province.

The High Intensity Supports at Home program helps patients with high care needs transition from a hospital back to their home or community setting with the right supports, also known as alternate level of care patients. This program provides integrated, team-based care where multiple types of services are wrapped around the patient. This can include up to 11 hours a day of personal support services and nursing services per patient. Other community services may include Meals on Wheels, homemaking and transportation to medical appointments.

With this investment, the province added more capacity in hospitals, by providing an estimated 484,000 nursing and therapy visits, and 1.4 million personal support worker hours in the community.

As part of Ontario's continued response to the COVID-19 outbreak and in alignment with the Digital First for Health Strategy, Ontario has also invested \$14.5 million to support the expansion of virtual care for Ontario Health Teams and frontline home and community care service providers to address a significant increase in the number of visits provided virtually across Ontario. This investment is helping to equip health care providers with the support needed to sustain current capacity and improve the quality of care delivered virtually. Virtual care in home and community care settings will also benefit rural and remote area regions where access to care is more challenging.

As part of this \$14.5 million investment, \$9.5 million is going towards remote patient monitoring programs delivered by various health care organizations, including Ontario Health Team member organizations like hospitals, to support the delivery of remote patient care, monitoring and symptom management at home to support COVID-19 patients and other vulnerable populations. The implementation of these remote patient monitoring programs allows patients to connect virtually with a health care provider for routine checkups, symptom monitoring, referral to other providers, and escalation where necessary to a virtual or in-person medical assessment.

Of the \$14.5 million, \$5 million is being invested in virtual home and community care capacity by providing funding directly to frontline home and community care service providers. This investment is helping with the purchase of technologies for video conferencing, remote monitoring and secure messaging that will enable care to continue to be delivered at home, minimizing face-to-face visits where appropriate, and keeping clients and families out of the hospital.

Community Infrastructure Renewal Fund

Ontario invested \$7.4 million to address ongoing urgent and emergent infrastructure renewal needs for community health service providers who met specific criteria on a priority basis, through the Community Infrastructure Renewal Fund.

Table 3: Ministry Interim Actual Expenditures 2020-21

Ministry Interim Actual Expenditures 2020-21 ^[**]	
	Number (\$M)
COVID-19 Approvals	7,819.9
Other Operating	56,262.9
Capital	1,828.3
Total Ministry	65,911.1
Consolidation Adjustments	7,302.9
TOTAL	73,213.9
Staff Strength ^[***] (as of March 31, 2021)	3,022.7

Updated: March 31, 2022

Published: December 17, 2021

Footnotes

- [*] ^ Estimates, Interim Actuals and Actuals for prior fiscal years are re-stated to reflect any changes in ministry organization and/or program structure. Interim actuals reflect the numbers presented in the 2021 Ontario Budget.
- **[**] ^ Interim actuals reflect the numbers presented in the 2021 Ontario Budget for the Health Sector.
- [***] ^ Ontario Public Service Full-Time Equivalent positions.