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Published plans and annual reports 2022–2023: Ministry of Health

Plans for 2022–2023, and results and outcomes of all provincial programs delivered by the Ministry of Health in 2021–2022.

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 committed to delivering Ontario's plan to end hallway health care and build more capacity for a connected and integrated health care system centred around the needs of patients. The ministry is working to expand hospital infrastructure, improve access and create more service options for patients, strengthen home and community care, and establish a comprehensive and

connected system of mental health and addictions services that better connects community, primary and acute care to serve people with mental health and addictions issues. The ministry continues to make progress towards tracking ministry-level Key Performance Indicators (KPIs) that are representative and reflective of the ministry's strategic priorities and vision for an equitable, integrated, sustainable and modernized health care system. To this end, the ministry monitors progress on metrics related to hallway healthcare, virtual visits, infrastructure conditions, mental health and addictions access, and other priority areas.

The health and well-being of all Ontarians has been the government's top priority throughout the COVID-19 pandemic and the ministry has continued to work with its health partners to stop the spread of the virus, implement the province's vaccination roll-out plan and support health care recovery. The 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, especially for priority populations who were hard hit during the pandemic. Health transformation initiatives have helped support the health system in responding to COVID-19.

Ministry programs and activities

The ministry has played a leading role in supporting Ontario's response to the COVID-19 pandemic. The province has continued to use every resource at its disposal to fight COVID-19 and keep Ontarians safe. This includes establishing a clear plan to ease public health and workplace safety measures and reopen the province in a careful and gradual manner, and continuing to closely assess key public health and health system indicators. The provincial response to COVID-19 has accelerated progress on a number of ministry-level KPIs including improved access to online/digital services and Ontario's population serviced by an Ontario Health Team (OHT).

The COVID-19 pandemic has highlighted the importance and benefits of the ministry's ongoing work to transform Ontario's public health care system to improve more integrated, patient-focused care and strengthen local services.

The government's comprehensive plan to end hallway health care will continue to focus 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, ensuring they receive it in the most appropriate setting, which is not always in a hospital.
3. **Integration and improved patient flow:** better integrating care providers to ensure patients spend less time waiting in hospitals when they are ready to be discharged. Ontario Health Teams are a model of integrated, population health-based care delivery, where health and community care providers work together as one team for their patients, even if they are not in the same organization or physical location. Part of this includes ensuring that patients experience more seamless transitions between different providers and settings, including having improved access to system navigation services.
4. **Building capacity:** investing in new hospitals and long-term care beds while increasing community-based services across Ontario.

As Ontario continues to respond to and recover from the COVID-19 pandemic, the province will continue to focus on protecting the health and well-being of Ontarians and ensuring the health system provides effective, high-quality care for patients.

COVID-19 vaccine rollout

Ontario continued to implement its COVID-19 vaccine distribution plan, based on advice from the Chief Medical Officer of Health, the Ministers' COVID-19 Vaccine Distribution Task Force and also ensuring alignment with the National Advisory Committee on Immunization. Populations were provided with access to vaccines according to an ethical framework, focusing on those who were highest at risk of severe outcomes from COVID-19. Additional resources were devoted to providing vaccines to targeted "hot spot" communities where COVID-19 was disproportionately impacting low income and highly diverse neighbourhoods, including equitable and community driven efforts through the High Priority Communities Strategy, which contributed to increased vaccination and testing.

The Ministry of Health continued to track progress on program-specific KPIs through monitoring the number of vaccines administered and vaccine coverage rate by working very closely with public health units to provide timely access to vaccines across the province, and public health units worked collaboratively with their community partners, including Ontario Health Teams, to support local vaccination

rollouts. Ontario continued to fund 17 partners in at-risk regions through the High Priority Communities Strategy to increase vaccine uptake through community-driven approaches. Ontario continued to increase capacity to administer vaccines by expanding access to vaccines to pharmacy locations, primary care providers and other trained health professionals, and community and employer-led clinics.

In addition to systematically expanding the eligibility for vaccines throughout 2021–22, Ontario was a leader in accelerating second and booster doses, particularly to provide additional protection to higher-risk populations. In response to evolving data and to protect Ontarians, particularly the most vulnerable, the province mandated certain employers and settings to have vaccine policies and implemented time-limited proof of vaccination requirements for patrons to access certain businesses or settings.

Reopening Ontario and managing COVID-19

Due to the threat of COVID-19, including the Delta and Omicron variants, the province implemented public health and workplace safety measures at different times throughout 2021–22, in consultation with the Chief Medical Officer of Health and other health experts, in order to protect the health of Ontarians.

These measures were intended to be temporary and were based on the evolving evidence and scientific data of the pandemic situation at the time.

Due to improvements in trends of key public health and health system indicators, the Ontario government released the Roadmap to Reopen in May 2021 and A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term in October 2021, to guide how the province would cautiously and gradually lift public health and workplace safety measures and reopen the province.

As key indicators continued to improve, the province removed the vast majority of public health and workplace safety measures by March 28, 2022, including the lifting of social gathering and organized event limits, capacity limits, physical distancing requirements, and proof of vaccination requirements. Masking/face covering requirements were also removed, on March 21, 2022, in most settings (except on public transit, health care settings, long-term care homes, retirement homes, and congregate care settings).

COVID-19 testing & case and contact management

Throughout 2021–22, Ontario's COVID-19 testing strategy has ensured Ontarians have reliable access to appropriate testing, supported health care, education and workplaces and was critical to the province's response to COVID-19. This includes lab-based PCR and rapid molecular tests, as well as rapid antigen tests (RATs), and genomic sequencing to monitor for new variants. More recently, timely access to testing has facilitated access to antiviral treatment for COVID-19.

In response to Omicron and unprecedented demand for testing, Ontario's testing strategy evolved to maximize access to the full range of testing tools, including prioritizing lab-based PCR and rapid molecular tests for vulnerable populations and highest-risk settings, such as long-term care homes, patient-facing health care workers, shelters, pregnant individuals, individuals who are from a First Nation, Inuit, Métis community, and/or who self-identify as First Nation, Inuit, and Métis, and their household members.

The province has also significantly expanded free access to RATs since they were first deployed, including making them available to every business and organization that was open and operating in person through the Provincial Antigen Screening Program (PASP) as of May 2021. This includes long-term care homes, retirement homes, schools and childcare settings, congregate living settings, and small and medium-sized businesses. Since February of 2022, the province has also provided widespread access to free RATs for the general public through the Rapid Antigen Test Distribution Program with distribution through more than 3200 grocery and pharmacy locations and targeted distribution through High Priority Community Lead agencies, primary care hubs and existing local partnerships to support testing access for communities that have been disproportionately impacted by COVID-19 and face barriers to testing.

Ontario continues to be a national leader in providing COVID-19 testing. Progress on output and outcome measures related to COVID-19 testing continues to be monitored through quarterly report backs, including monitoring such metrics as volume of RATs distributed and accessibility of PCR testing by various target groups.

High vaccination rates across the province provide significant protection to the population, and Ontario continues to evolve isolation guidance accordingly. Since August 2022, Ontarians are encouraged to protect one another by respecting public health guidance, including staying home and taking precautions, such as masking, when sick. Since the program's inception in November of 2020, the Provincial Case

and Contact Management (CCM) Workforce has supported public health units by following-up with over 700,000 cases to collect information of close contacts (until January 2022), provide isolation guidance, and screen for exposures in high-risk settings. The workforce continues to support health units with data entry and outbreak management as regular public health activities resume across the province.

Hospitals

The province is targeting hospital investments particularly in areas where there are high growth needs and to address significant demands for services, while ensuring all communities have access to high-quality health care. This has contributed to the province's progress towards its intended strategic outcomes related to addressing capacity challenges in ending hallway health care and the alternate level of care (ALC) rate.

Ontario has invested $3.3 billion in additional investments for hospitals in 2022–2023 through the 2022 Ontario Budget. This investment helps to build more hospital capacity across the province and supports the recovery of the sector from the COVID-19 pandemic, including by providing $1.5 billion to support more than 3,500 additional hospital beds. It also supports an increase of $827 million in operational funding, representing a 4% increase from the previous year, to ensure public hospitals are able to meet patients' needs and increase access to high-quality care, increase access to specialized lifesaving treatments and help end hallway health care, $300 million to address surgical and diagnostic imaging recovery and $250 million to support health human resources.

Health human resources

Since Winter 2020, Ontario has launched emergency programs that supported the health system in hiring over 11,000 staff. This included 2,300 staff to bolster critical care capacity within our most in-need hospitals. Our COVID-19 based programs support the hiring of staff in regions of need, deployment of medical residents and the optimal use of nursing students.

The ministry is investing over $342 million through the Fall Economic Statement to support the addition of over 5,000 new and upskilled nurses by 2025/26.

This is in addition to the 2,000 nursing spots that were added to the system over the course of this year and over $201 million to add over 16,200 PSW education spots.

Ontario continued to prioritize nursing initiatives and support a strong nursing workforce, focusing on recruitment for acute care and long-term care, among other settings, investing in nursing education, deploying internationally educated nurses, and making historic investments related to nursing retention payments of $763 million.

As part of the 2021 Ontario Economic Outlook and Fiscal Review: Build Ontario, the province also supported immediate and longer-term recruitment initiatives which would add over 13,000 nurses and personal support workers to Ontario's health care system. Ontario continued to invest in training thousands of additional personal support workers and provided wage enhancement for support workers to ensure vulnerable Ontarians could receive the assistance and care they need during the COVID-19 pandemic.

Health care providers must be available and appropriately trained in order to continue to effectively respond to the health needs of Ontarians, and to continue to provide safe and high-quality care for patients. Results from investments in health human resources are monitored through program-level metrics, including outputs, and also indirectly contribute to various intended ministry-level outcomes including reducing the ALC rate.

Modernization

The province continued to implement its comprehensive plan to build a modernized, integrated and connected health care system, centred on the needs of patients and families. In 2019, Ontario Health (OH) was created through the Connecting Care Act, 2019 to oversee Ontario's health care delivery to ensure better quality for Ontarians. OH is a single, centralized point of governance, accountability and oversight for the planning and delivery of patient care. The agency supports better care for all by connecting and coordinating Ontario's health system, and centralizing performance measurement and quality improvement.

In 2021–22, the Trillium Gift of Life Network (TGLN) and non-patient care functions from the Local Health Integration Networks (LHINs) were transferred to Ontario Health. CorHealth Ontario was also transferred into Ontario Health to provide strategic leadership to improve cardiac, stroke and vascular care for Ontarians.

Since 2019, the ministry and Ontario Health have partnered to transfer and integrate

over 22 government agencies and organizations into Ontario Health. The ministry has also successfully assigned and transferred to Ontario Health over 22 transfer payment agreements (TPAs) and three ministry programs.

Ontario Health Teams have continued to expand across the province, with a total of 51 teams established across the province. At maturity, these teams will provide care for 95% of the province's population. This progress is monitored through a ministry-level KPI that tracks the proportion of Ontario's population served by an Ontario Health Team. The province continues to work with Ontario Health Teams to advance the health care system's ability to deliver better integrated, patient-focused care. This includes building on early Ontario Health Team success with integrated COVID-19 response efforts. The strong partnerships helped Ontario Health Teams respond quickly and effectively to COVID-19, including the planning and delivery of vaccinations across the province.

Ontario has also modernized the legislative framework for home and community care to support more connected care delivery through Ontario Health Teams. On May 1, 2022, the *Connecting People to Home and Community Care Act, 2020* was proclaimed into force, old legislation was repealed, and the new Home and Community Care Services Regulation of the *Connecting Care Act, 2019* came into effect. The new framework will provide the tools required to support the delivery of integrated and responsive models of care so patients can receive services in their homes and communities that better meet their changing needs and keep them connected with their other care providers.

Innovative models of care are also helping to protect hospital capacity and support the goal of more integrated care that provides patients with the care they need in the right place.

Supply chain modernization

The Ministry of Health has continued to work with the Ministry of Government and Consumer Services to support supply chain transformation across the health sector. In collaboration with its partners, the Ministry of Health supports the ongoing development of a clinically informed, integrated supply chain and other actions to support supply chain modernization goals.

Mental health and addictions

In 2021–22, Ontario continued to implement Roadmap to Wellness, its plan to build a comprehensive and connected mental health and addictions service system that will offer Ontarians high-quality, consistent, and coordinated care. The ministry continues to monitor ministry-level KPIs related to mental health and addictions treatment including through metrics related to access to care for mental health patients in crisis. Through Roadmap investments, the government has addressed urgent gaps in care, created new and innovative evidence-based services and enhanced supports in priority areas. The province invested $175 million this year under the plan, and since 2019, has invested $525 million in net new annualized funding for mental health and addictions services and supports.

With Roadmap funding, and additional targeted investments such as through the new Addictions Recovery Fund, Ontario has supported important services in many key areas such as children and youth mental health, addictions treatment, harm reduction , supportive housing, mental health and justice services, eating disorders, culturally safe supports for Indigenous peoples, in-patient hospital beds for people living with serious mental health issues, and more addictions treatment beds in the community addictions sector.

Home and Community Care

Ontario continued to prioritize and make additional investments in home and community care, which has helped to reduce the burden on hospitals and hallway healthcare, while ensuring patients' needs are addressed in the community or in their homes, particularly those with complex conditions. The additional investments in home care starting in 2022–23 includes up to $1 billion over the next three years to stabilize and expand home care delivery. This investment is on top of targeted investments in the workforce, including personal support workers and nurses. The province has continued to track progress on a ministry-level KPI that focuses on the transition between hospital and home care (i.e., wait time from hospital discharge to first home care service) to support integrated care across sectors and ending hallway healthcare.

With a growing and aging population, creating a better, integrated approach to home and community care is essential to supporting a patient-centred health care system. As the province continues to move forward with transforming health care to be more collaborative and patient-focused, home and community care will be a vital part of an integrated health care system and not a standalone service.

Digital Health

The province has continued to implement its Digital First for Health strategy, which is supporting improved access to better and more connected services. Digital health and information management have been key to the ministry's response to the pandemic. Ontario Health Teams, which are instrumental in delivering integrated care to larger and more diverse populations, are helping advance digital health. They are doing this by improving patient and provider access to secure digital tools and implementing virtual care initiatives that are focused on improving patient access and experiences.

Over the last year, the ministry has accelerated progress on a number of ministry-level KPIs, in particular, on improved access to online/digital services and the utilization of virtual care and provided more virtual care options to patients. Online booking appointments continue to expand, and patient records are more easily accessible to patient and providers. Remote care management and virtual care initiatives have enabled effective and safe care to be provided outside of hospitals and emergency departments, and helped reduce face-to-face contact during the COVID-19 pandemic.

Support for French Language Services

The Ministry of Health has continued to provide funding to the following programs through transfer payments and in agreements with ministry partners.

- The regional translation network assists identified and designated transfer payment recipient agencies, boards, commissions, a number of and Public Health Units in the provision of high-quality written material in French to provide direct care to their French-speaking clientele.
- The Medical Interpretation Program delivers medical interpretation services in French by certified interpreters, to communicate medical information on behalf of participants, in a confidential manner.
- The French Language Training Program is an initiative to increase French language capacity of designated and identified Health Service Providers, members of boards, commissions and professional bodies serving designated areas across the province.
- The Canada-Ontario Agreement on French Language Services (COAFLS) is a multi-year collaboration which provides funding to ensure the continued development,

enhancement, and accessibility of French language services for Ontario's Francophone community, in accordance with the *Official Languages Act* and Ontario's obligations under the *French Language Services Act*. The federal government funds up to 50% of the budget of approved projects.

Ontario Health Insurance Plan

To support health system stability and recovery by ensuring patients have continued access to the health care they need throughout the COVID-19 pandemic, the ministry has extended many of the temporary physician-based initiatives previously introduced.

For physicians on the frontlines, the temporary sessional fee codes established to remunerate physician services rendered at eligible COVID-19 assessment centres (including long-term care homes, congregate care settings, and vaccination clinics under prescribed conditions) continue to be available and will remain in place until March 31, 2023.

Hospital-based funding to facilitate the recruitment and flexible deployment of physicians' skills and various premiums to help support surgical recovery will also continue into the spring.

The COVID-19 vaccination fee code enabled the physician vaccine administration channel to ramp up vaccination delivery in primary care settings and community locations in support of Ontario's vaccination strategy. This fee code will remain in place until at least March 31, 2024.

Interprofessional primary care teams mobilized 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 and vaccination clinics, sharing resources and supporting their communities where these services are needed.

A new virtual care funding framework has been agreed to by the ministry and the Ontario Medical Association as part of the 2021 Physician Services Agreement. The temporary virtual care codes will remain in place until the new virtual care funding framework is implemented.

Ministry 2022–23 Strategic Plan

Ontario's Plan to Stay Open includes concrete measures to build Ontario's health care workforce, shore up domestic production of critical supplies, like personal protective equipment and vaccines, and invest in hospitals, long-term care homes and home care. These measures will add nurses, doctors and personal support workers, build hospitals and long-term care beds, and support seniors so they can receive care and stay in the comfort of their own homes longer.

As part of Ontario's commitment to build a stronger health care workforce, the province will invest in programs to recruit and retain health care workers to practice in underserved communities. This will include expanding the Community Commitment Program for Nurses for up to 1,500 nurse graduates each year. The government is also making it easier and quicker for foreign-credentialled health workers to begin practising in Ontario by reducing barriers to registering with and being recognized by health regulatory colleges.

Retaining and hiring more nurses is another strategy Ontario is using to strengthen the health care workforce. The province will provide a lump-sum retention incentive for nurses of up to $5,000 per person and make investments to modernize clinical education for nurses, which will enable publicly assisted colleges and universities to expand laboratory capacity supports and hands-on learning for students.

The Ontario government has introduced a permanent compensation enhancement for personal support workers and direct support workers providing publicly funded services in hospitals, long-term care, home and community care and social services. The permanent compensation enhancement will help to continue these important supports in the long-term recovery from the pandemic and to build a stronger and more resilient health care system.

Ontario's dedicated health care workers are the foundation of the province's health care system. To build on the 11,000 health care workers who joined the system since March 2020, Ontario is accelerating its efforts to expand hospital capacity and build up the province's health care workforce by making investments in 2022–23 to enhance health care capacity including critical care in hospitals.

The Ontario government is also investing more than $40 billion over the next 10 years

in hospital infrastructure, including about $27 billion in capital grants, to create more capacity and address long-standing bed shortages. This includes supporting 52 major hospital projects that will add 3,000 new beds over 10 years.

Additional investments will also support the continuation of over 3,500 acute and post-acute beds in hospitals and alternate health care facilities, as well as hundreds of new adult, pediatric and neonatal critical care beds.

Funding in 2022–23 also includes a 4% increase from the previous year to ensure public hospitals are able to meet patients' needs and increase access to high-quality care and investments to address surgical and diagnostic imaging recovery and support health human resources. Investment in the province's Surgical Recovery Strategy will increase scheduled surgeries, procedures and appropriate diagnostic imaging services with a focus on areas with the greatest reduction in services due to the pandemic. This strategy will also provide funding to hospitals for innovative solutions to address local needs and increase surgeries across the province.

Ontario will continue to work with key stakeholders, subject matter experts and federal, provincial and territorial partners to identify additional initiatives to achieve long-term sustainability of public drug programs. This work will help the people of Ontario access the treatments they need, when they need them. The government is also committed to bringing together an advisory table to explore improvements to access to take-home cancer drugs.

Ontario is investing in additional cancer procedures and drugs, including supporting the specialized Chimeric Antigen Receptor T-cell (CART) therapy to treat patients with different types of leukemia and lymphoma. To further support cancer patients, the government is investing in the Pediatric Oncology Group of Ontario's programs to enhance pediatric cancer care and the Ontario Lung Screening Program to increase lung cancer screening. The province is also making investments to support additional organ and tissue donations, so the people of Ontario spend less time waiting for lifesaving transplant procedures.

Home care supports prevent unnecessary hospital and long-term care admissions and shorten hospital stays. The province is stabilizing and expanding home care over the next three years with additional funding. In 2022–23, the funding is intended to support home care providers to address rising costs and worker retention and recruitment, as well as expand services. Additional funding in community support

services will also stabilize and expand community care programs such as adult day programs, meal services, transportation, assisted living services and caregiver supports.

The province is also continuing to invest in community paramedicine to support programs across the province that complement supports for seniors in the comfort of their own homes.

To support individuals with dementia and their caregivers, Ontario will make investments to support an additional 6,500 people in Ontario each year to live independently within their homes and be engaged in their community.

To build on investments and achievements to date, the Ontario government is making additional investments to continue moving forward with expanding existing mental health and addictions services, implementing innovative solutions and improving access to services. These investments are filling critical gaps and enhancing services in a range of areas, including online behavioural therapy support, child and youth mental health, addictions services, supportive housing, mental health, justice and Indigenous mental health and addictions.

To this end, for 2022–23, the ministry will continue to make progress towards tracking ministry-level KPIs that are representative and reflective of the ministry's strategic priorities and vision for an equitable, integrated, sustainable and modernized health care system, including on the priority areas mentioned above.

Ministry financial information

Table 1: Ministry Planned Expenditures 2022–23 ($M)

Category	Amount ($M)
Total	**77,544,142,892**

Category	Amount ($M)
COVID-19 Approvals	4,386,023,200
Other Operating	62,249,091,192
Capital	1,754,246,400
Total Ministry (Pre-Consolidation)	68,389,360,792
Consolidation Adjustments	9,154,782,100
Total	**77,544,142,892**

Table 2: Total Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22& $	%
Total Including Consolidation & Other Adjustment	**75,355,303,392**	**1,082,270,100**	**1.5**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22& $	%
Ministry Administration Program	98,967,100	(102,100)	(0.1)
Health Policy and Research Program	1,347,400,800	170,450,000	14.5
Digital Health and Information Management	302,341,300	32,373,900	12.0
Ontario Health Insurance Program	24,196,593,600	766,777,800	3.3
Population and Public Health Program	3,415,310,700	(1,771,184,800)	(34.1)
Provincial Programs and Stewardship	2,976,103,900	343,342,900	13.0
Information Systems	243,894,000	75,147,100	44.5
Total Including Consolidation & Other Adjustment	**75,355,303,392**	**1,082,270,100**	**1.5**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22& $	%
Health Services and Programs	34,054,413,600	2,263,369,200	7.1
Total Operating Expense to be Voted	66,635,025,000	1,880,174,000	2.9
Statutory Appropriations	89,392	N/A	N/A
Ministry Total Operating Expense	**66,635,114,392**	**1,880,174,000**	**2.9**
Consolidation Adjustment — Hospitals	4,089,709,100	(145,810,400)	(3.4)
Consolidation Adjustment — Home and Community Care Support Services	22,645,500	(3,084,300)	12.0
Consolidation Adjustment — ORNGE	(21,388,100)	1,761,400	N/A
Total Including Consolidation & Other Adjustment	**75,355,303,392**	**1,082,270,100**	**1.5**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22& $	%
Consolidation Adjustment — Funding to Colleges	(6,430,900)	(3,536,100)	N/A
Consolidation Adjustment — Ontario Agency for Health Protection and Promotion	(14,576,600)	(1,170,400)	N/A
Consolidation Adjustment — Ontario Health	4,656,556,200	(647,074,300)	12.2
Consolidation Adjustment — School Boards	N/A	N/A	N/A
Consolidation Adjustment — Other	N/A	N/A	N/A
Total Including Consolidation & Other Adjustment	**75,355,303,392**	**1,082,270,100**	**1.5**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22& $	%
Consolidation Adjustment — General Real Estate Portfolio	(6,326,200)	1,010,200	N/A
Consolidation Adjustment — Ontario Infrastructure and Lands Corporation	N/A	N/A	N/A
Consolidation Adjustments	**8,720,189,000**	**(797,903,900)**	**(8.4)**
Total Including Consolidation & Other Adjustment	**75,355,303,392**	**1,082,270,100**	**1.5**

Operating Assets

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Ministry Administration Program	1,000	(1,000)	(50.0)
Health Policy and Research Program	4,500,000	N/A	N/A
Ontario Health Insurance Program	13,000,000	N/A	N/A
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	**62,088,000**	**(1,000)**	**(0.0)**
Ministry Total Operating Assets	**62,088,000**	**(1,000)**	**(0.0)**

Capital Expense

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Information Systems	1,000	N/A	N/A
Health Services and Programs	23,066,100	3,850,000	20.0
Health Capital Program	1,711,194,000	107,042,600	6.7
Total Capital Expense to be Voted	**1,734,261,100**	**110,892,600**	**6.8**
Statutory Appropriations	19,985,300	3,736,200	23.0
Ministry Total Capital Expense	**1,754,246,400**	**114,628,800**	**7.0**
Total Including Consolidation & Other Adjustments	**2,188,839,500**	**180,142,800**	**<9.0**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Consolidation Adjustment — Hospitals	414,886,600	58,031,000	16.3
Consolidation Adjustment — Home and Community Care Support Services	2,396,200	(485,500)	(16.8)
Consolidation Adjustment — ORNGE	15,472,400	(874,600)	5.4
Consolidation Adjustment — Ontario Agency for Health Protection and Promotion	9,872,100	15,973,600	N/A
Consolidation Adjustment — Ontario Health	(4,845,200)	(7,130,500)	(312.0)
Total Including Consolidation & Other Adjustments	**2,188,839,500**	**180,142,800**	**<9.0**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Consolidation Adjustment — General Real Estate Portfolio	(3,189,000)	N/A	N/A
Consolidation Adjustments	**434,593,100**	**65,514,000**	**17.8**
Total Including Consolidation & Other Adjustments	**2,188,839,500**	**180,142,800**	**<9.0**

Capital Assets

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Ministry Total Capital Assets	**18,121,400**	**(9,912,900)**	**(35.4)**

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Information Systems	18,121,400	(9,912,900)	(35.4)
Total Capital Assets to be Voted	**18,121,400**	**(9,912,900)**	**(35.4)**
Ministry Total Capital Assets	**18,121,400**	**(9,912,900)**	**(35.4)**

Total Operating and Captial

Votes/Programs	Estimates 2022–23 $	Change from Estimates 2021–22 $	%
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	77,544,142,892	1,262,412,900	1.7

Operating and Capital Summary by Vote

Operating Expense

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Ministry Administration Program	99,069,200	87,809,100	92,671,398
Health Policy and Research Program	1,176,950,800	1,201,422,500	751,764,397
Digital Health and Information Management	269,967,400	258,519,300	231,810,243
Ontario Health Insurance Program	23,429,815,800	23,119,743,900	20,930,781,290
Population and Public Health Program	5,186,495,500	4,637,179,100	1,739,141,398
Total Including Consolidation & Other Adjustment	**74,273,033,292**	**74,525,293,092**	**65,781,645,111**

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Provincial Programs and Stewardship	2,632,761,000	2,692,602,900	2,472,007,389
Information Systems	168,746,900	246,501,400	161,891,429
Health Services and Programs	31,791,044,400	33,080,457,700	34,862,973,539
Total Operating Expense to be Voted	**64,754,851,000**	**65,324,235,900**	**61,243,041,083**
Statutory Appropriations	89,392	112,592	178,346
Ministry Total Operating Expense	**64,754,940,392**	**65,324,348,492**	**61,243,219,429**
Consolidation Adjustment — Hospitals	4,235,519,500	5,062,936,300	326,630,267
Total Including Consolidation & Other Adjustment	**74,273,033,292**	**74,525,293,092**	**65,781,645,111**

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Consolidation Adjustment — Home and Community Care Support Services	25,729,800	24,309,600	78,764,828
Consolidation Adjustment — ORNGE	(23,149,500)	(20,251,300)	(52,776,573)
Consolidation Adjustment — Funding to Colleges	(2,894,800)	(7,620,300)	(5,724,335)
Consolidation Adjustment — Ontario Agency for Health Protection and Promotion	(13,406,200)	(16,024,600)	(75,030,473)
Consolidation Adjustment — Ontario Health	5,303,630,500	4,165,810,500	3,860,583,987
Consolidation Adjustment — School Boards	N/A	N/A	(28,000,000)
Total Including Consolidation & Other Adjustment	**74,273,033,292**	**74,525,293,092**	**65,781,645,111**

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Consolidation Adjustment — Other	N/A	N/A	441,507,438
Consolidation Adjustment — General Real Estate Portfolio	(7,336,400)	(8,215,600)	(6,991,097)
Consolidation Adjustment — Ontario Infrastructure and Lands Corporation	N/A	N/A	(538,360)
Consolidation Adjustments	9,518,092,900	9,200,944,600	4,538,425,682
Total Including Consolidation & Other Adjustment	**74,273,033,292**	**74,525,293,092**	**65,781,645,111**

Operating Assets

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
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	13,000,000	779,710,854
Population and Public Health Program	750,000	809,138,400	10,750,000
Provincial Programs and Stewardship	5,729,400	5,729,400	5,729,400
Health Services and Programs	38,107,600	38,107,600	38,106,600
Total Operating Assets to be Voted	**62,089,000**	**865,975,400**	**834,296,854**
Ministry Total Operating Assets	**62,089,000**	**865,975,400**	**834,296,854**

Capital Expense

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Information Systems	1,000	1,000	N/A
Health Services and Programs	19,216,100	5,001,000	9,548,498
Health Capital Program	1,604,151,400	1,625,451,400	1,695,770,630
Total Capital Expense to be Voted	**1,623,368,500**	**1,630,453,400**	**1,705,319,128**
Statutory Appropriations	16,249,100	16,043,500	15,399,892
Ministry Total Capital Expense	**1,639,617,600**	**1,646,496,900**	**1,720,719,020**
Consolidation Adjustment — Hospitals	356,855,600	397,326,400	221,605,883
Total Including Consolidation & Other Adjustments	**2,008,696,700**	**2,083,425,300**	**1,980,413,907**

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Consolidation Adjustment — Home and Community Care Support Services	2,881,700	2,493,000	3,024,818
Consolidation Adjustment — ORNGE	16,347,000	12,348,900	11,697,207
Consolidation Adjustment — Ontario Agency for Health Protection and Promotion	(6,101,500)	10,919,500	(562,574)
Consolidation Adjustment — Ontario Health	2,285,300	17,029,600	24,295,235
Ontario Infrastructure and Lands Corporation (IO)	N/A	N/A	(372,859)
Consolidation Adjustment — General Real Estate Portfolio	(3,189,000)	(3,189,000)	7,177
Total Including Consolidation & Other Adjustments	**2,008,696,700**	**2,083,425,300**	**1,980,413,907**

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Consolidation Adjustments	369,079,100	436,928,400	259,694,887
Total Including Consolidation & Other Adjustments	2,008,696,700	2,083,425,300	1,980,413,907

Capital Assets

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Information Systems	28,034,300	10,826,500	9,484,170
Total Capital Assets to be Voted	28,034,300	10,826,500	9,484,170
Ministry Total Capital Assets	28,034,300	10,826,500	9,484,170

Total Operating and Captial

Votes/Programs	Estimates 2021–22 $[1]	Interim Actuals 2021–22 $[1]	Actuals 2020–21 $[1]
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	76,281,729,992	76,608,718,392	67,762,059,018

Historic Trend Table

Historic Trend Table

Historic Trend Analysis Data	Actuals 2019–20 $[1]	Actuals 2020–21 $[1]	Estimates 2021–22 $[1]	Estimates 2022–23 $
Ministry Operating and Capital (Pre Consolidation)	55,420,167,928	62,963,938,449	66,394,557,992	68,389,360,792

Historic Trend Analysis Data	Actuals 2019–20 $[1]	Actuals 2020–21 $[1]	Estimates 2021–22 $[1]	Estimates 2022–23 $
Consolidation and Other Adjustments (Operating and Capital)	7,914,363,881	4,798,120,569	9,887,172,000	9,154,782,100
Ministry Total Operating and Capital Including Consolidation and Other Adjustments (not including Assets)	63,334,531,809	67,762,059,018	76,281,729,992	77,544,142,892
Percent change	N/A	7%	13%	2%

Agencies, Boards and Commissions (ABCs)

Agencies, Boards and Commissions	Estimates 2022–23 $	Interim Actuals 2021–22 $	Expenditure Actuals 2020–21 $
Committee to Evaluate Drugs	886,000	360,000	314,914
Consent and Capacity	9,583,091	9,824,524	8,764,327

Agencies, Boards and Commissions	Estimates 2022–23 $	Interim Actuals 2021–22 $	Expenditure Actuals 2020–21 $
Board			
Health Boards Secretariat	4,624,209	4,102,078	3,961,629
Regulatory Board — Colleges (26)	1,570,212	1,508,955	1,578,202
Physician Payment Review Board	N/A	2,737	2,863
Health Professions Appeal and Review Board	2,556,264	2,456,539	2,569,272
Health Services Appeal and Review Board	315,050	288,769	302,020
Ontario Hepatitis C Assistance	80	76	80

Agencies, Boards and Commissions	Estimates 2022–23 $	Interim Actuals 2021–22 $	Expenditure Actuals 2020–21 $
Plan			
Medical Eligibility Committee	N/A	11,254	11,771
Home and Community Care Support Services	3,905,573,572	3,438,475,072	3,244,650,700
Ontario Agency for Health Protection and Promotion	300,517,900	318,969,900	300,561,384
Ontario Health[2]	36,135,975,638	35,310,869,958	36,083,477,980
Ontario Review Board	7,112,700	5,644,300	5,961,529

Ministry of Health organization chart

- Sylvia Jones, Minister
  - Michael Tibollo, Associate Minister, Mental Health and Addictions
  - Robin Martin, Parliamentary Assistant
  - Dawn Gallagher Murphy, Parliamentary Assistant
- Dr. Catherine Zahn, Deputy Minister
  - Peter Spencer, Director, Legal Services
  - Dane Nelson, Director, Policy and Delivery
  - John Whytock, Director, Communications
  - Angela Copeland, Chief Information Officer, Health Services I&IT Cluster
    - Heather Berios, Head, Emergency Health I&IT Solutions & Technology Management
    - Hélène Wong, Director, 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

- Susan Flanagan, 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
- Sean Court, Assistant Deputy Minister, Strategic Policy Planning and French Language Services
  - Robert Francis, Director, Strategic Policy
  - Robert Francis, Director, Policy Coordination and Intergovernmental Relations
  - Director, Research, Analysis and Evaluation (vacant)
  - Hanna Ziada, Director, Indigenous, French Language and Priority Populations
- Dr. Karima Velji, ADM, Chief of Nursing and Professional Practice
  - David Lamb, Director, Capacity and Health Workforce Planning
  - Allison Henry, Director, Health Workforce Regulatory Oversight

- Patrick Dicerni, ADM, Executive Officer, Ontario Public Drug Programs and General Manager of OHIP, OHIP, Pharmaceuticals & Devices
  - Angie Wong, Director, Drug Programs Policy and Strategy
  - David Schachow, Director, Delivery and Eligibility Review
  - Pauline Ryan, Director, Health Insurance
  - Neeta Sarta, Director, Laboratories and Genetics
  - Laura Pinkney, Director, Claims Services
  - Teresa Buchanan, Executive Lead, Physician and Provider Services
  - Nicole Williams, Director, Negotiations
  - Julie Ingo, Director, Provider Services
  - Nadia Surani, Director, Primary Health Care
- Dr. Kieran Moore, Chief Medical Officer of Health, Public Health, Office of Chief Medical Officer of Health, Public Health, & ADM
  - Executive Lead, Public Health (vacant)
    - Robert Lerch, Director, Health Protection and Surveillance Policy and Programs
    - Elizabeth Walker, Director, Accountability and Liaison
    - Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs

- Colleen Kiel, Director, Strategy and Planning
- Director, Immunization (vacant)

- Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
  - Rhonda McMichael, Assistant Deputy Minister, Population Health Initiatives, Population Health Initiatives
    - Teri Lynch, Director, Population Health Initiatives
    - Justine Hartley, Director, Health System Emergency Management/MEOC
    - Fredrika Scarth, Director, Testing Strategy Coordination
  - Tim Lewis, ADM, Vaccine Strategy, Implementation and Performance
    - Marnie MacKinnon, Director, Vaccine Implementation
    - Jodi Melnychuk, Director, Vaccine Planning and Engagement
    - Mike Tedesco, Project Director, Vaccine Customer Service Desk
- Melanie Fraser, Associate Deputy Minister, Health Services
  - Susan Picarello, Assistant Deputy Minister, Emergency Health Services
    - Stuart Mooney, Director, Emergency Health Program Management and Delivery

- Director, Emergency Health Regulatory and Accountability, vacant

- Greg Hein, Assistant Deputy Minister, Digital Health
  - Evan Mills, Director, Digital Health Program
  - Christine Sham, Director, Information Management Strategy and Policy
- Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Analytics
  - Aileen Chan, Director, Health Data
  - Jennifer Bridge, Director, Health Analytics and Insights
  - Kamil Malikov, Director, Health Data Science
- Peter Kaftarian, Assistant Deputy Minister, Hospitals and Capital
  - 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
- Mary Mannella, Director, Mental Health and Addiction Programs

- Amy Olmstead, Executive Lead, Ontario Health Teams
  - Ann Schrager, Director, Home and Community Care
  - Jillian Paul, Director, Integrated Policy and Planning
  - Allison Costello, Director, Implementation and Supports
- Kyle MacIntyre, Assistant Deputy Minister, Health Transformation
  - Taryn Pimento, Director, Project Management Office
  - Jovan Matic, Director, Supply Chain Modernization
  - Renee Mahalanobis, Director, Ontario Health Agency Oversight

Appendix: Annual Report

Overview

Throughout 2021–22, the Ministry of Health has actively supported the government's priority to protect the health and well-being of Ontarians during the global COVID-19 pandemic.

Supported by the advice of the Chief Medical Officer of Health and other public health experts, Ontario has made significant strides in its efforts to fight COVID-19 by

continuing to implement a comprehensive and responsive vaccine distribution plan, which enabled Ontario to achieve one of the highest vaccination rates in the world. By March 2022, more than 90% of Ontarians aged 12 and over had received at least two doses of the vaccine.

The province also took decisive action to respond to the Delta and Omicron variants, implemented a robust and responsive testing strategy, and developed comprehensive plans to gradually reopen the province and manage COVID-19 for the long-term.

The ministry has also continued to move forward with building a connected and integrated health system, addressing hallway health care, improving the patient and caregiver experience, improving the health of all Ontarians, and supporting health care providers.

The ministry's health care modernization efforts have resulted in the creation of new Ontario Health Teams, the ongoing transition of agencies into Ontario Health, the building of more hospital capacity, improvements to home and community care, and the implementation of *Roadmap to Wellness: A Plan to Build Ontario's Mental Health and Addictions System*.

COVID-19 vaccination

COVID-19 vaccination distribution plan

In 2021–22, Ontario made more than $1 billion available to implement a province-wide COVID-19 vaccination plan, which included prioritizing populations in accordance with an ethical framework, advice from the Chief Medical Officer of Health and recommendations from the National Advisory Committee on Immunization (NACI).

In April 2021, Ontario expanded the populations that were eligible to be vaccinated, with an additional focus on reaching individuals in "hot spot" communities (i.e., where COVID-19 was spreading disproportionately) and prioritizing individuals with the highest-risk health conditions. Other priority groups who became eligible early included some primary caregivers, people who lived and worked in congregate settings and certain workers who could not work from home such as elementary / secondary school staff, food manufacturing workers, and high-risk and critical retail workers. Equitable vaccine distribution was supported by community driven efforts

through the High Priority Communities Strategy and a provincial mobile vaccine strategy which contributed to increased vaccination for hardest hit populations.

To further support hot spot communities, Ontario dedicated a percentage of ongoing vaccine allocations specifically for hot spot communities. For example, in May 2021, 50% of vaccine allocations were allocated to hot spots through mobile teams, pop-up clinics, mass immunization clinics, hospitals, primary care, and pharmacies. Ontario also worked with public health units, business groups and large employers to establish employer-operated onsite vaccination clinics.

Accelerated vaccine doses

With a stable and increased vaccine supply, Ontario extended eligibility for first doses of the vaccine to all those aged 12 and older by late May 2021. As a result of this progress and to help stop the spread of the Delta variant, by the end of May 2021, Ontario also began to expand the eligibility for accelerated second dose appointments, prioritizing second doses by age, date of first dose, and to those living in Delta hot spots.

Vaccinating youth 12+

In May 2021, Ontario's COVID-19 vaccine rollout continued with vaccine booking expanded for first doses to include youth aged 12 and older ahead of schedule. In July 2021, Ontario accelerated second dose eligibility to all children and youth aged 12 to 17 to provide them with a strong level of protection against COVID-19, including the Delta variant, and support a safe return to school in September. In February 2022, Ontario expanded booster dose eligibility to youth aged 12 to 17, with appointments to be booked at an interval of six months (168 days) after a second dose.

Operation Remote Immunity

Adults in First Nations, Métis, and Inuit populations, including those living in remote or isolated areas where infection can have severe consequences, were among the first to receive the COVID-19 vaccine. The ministry provided Ornge with one-time funding throughout the pandemic to lead and support the three phases of Operation Remote Immunity.

Operation Remote Immunity (ORI) 1.0, 2.0, and 3.0 were the plans to administer the COVID-19 vaccine in northern and remote First Nation communities and Moosonee.

These plans were developed in collaboration between the Ministry of Health, Ornge, the Ministries of Indigenous Affairs, Solicitor General and Natural Resources and Forestry, federal government partners, northern public health units, First Nation health authorities as well as Nishnawbe Aski Nation (NAN). The most recent phase, ORI 3.0, was the plan to support Sioux Lookout First Nations Health Authority and Weeneebayko Area Health Authority in leading COVID-19 vaccination clinics to administer third doses and pediatric doses in northern First Nation communities. Operation Remote Immunity was completed in February 2022 and in total, ORI COVID-19 vaccine clinics have administered over 42,000 doses.

Last mile strategy

In August 2021, with over 82% of eligible Ontarians aged 12 and over having received one dose of the vaccine and 75% having received both doses, the government implemented a last mile strategy to reach eligible individuals who had yet to receive a first or second dose.

The province and public health units also focused on smaller, community-based, and easy-to-access settings for vaccinations, including mobile clinics, community-based pop-ups, dedicated clinic days for families with people with disabilities, GO-VAXX bus clinics, and townhall meetings in multiple languages. In addition, the province worked with public health units to target areas with low vaccination rates, identified by postal codes, to support localized vaccination strategies and targeted marketing by the province in these areas. The Provincial Vaccine Contact Centre also called Ontarians to encourage them to book vaccination appointments.

Vaccinating children aged 5–11

Following Health Canada's authorization of the pediatric Pfizer COVID-19 vaccine, children aged five to 11 were eligible to receive the vaccine beginning November 23, 2021. Ontario worked closely with public health units, children's hospitals, children's services, and other health experts, to ensure access to vaccines for children aged five to 11, including partnering with the Hospital for Sick Children (SickKids) to develop a confidential, convenient, and accessible vaccine consultation service for children, youth, and their families.

Third doses and booster doses

Based on the recommendation of the Chief Medical Officer of Health and other

health experts, in August 2021, the province began offering third doses of the COVID-19 vaccine to immunocompromised individuals, to complete an extended three-dose primary series and booster doses to seniors in congregate living settings to provide them with an extra layer of protection against the Delta variant.

Ontario continued to gradually expand eligibility for booster doses to all Ontarians aged 12 and over in the following months, prioritizing individuals at the highest risk of severe outcomes from COVID-19.

In December 2021, in response to the threat posed by the Omicron variant, Ontario rapidly accelerated its booster dose rollout by expanding eligibility to all individuals aged 18 and over, as well as shortening the interval from six months to three months following an individual's second dose. Quickly accelerating booster doses was a cornerstone of Ontario's response to protect the province's hospitals and intensive-care units. Ontario took further action to provide additional protection to high-risk settings and continue to safeguard hospitals and ICU capacity by offering second booster (fourth) doses to residents of long-term care homes, retirement homes, Elder Care Lodges, and other congregate care settings by the end of December.

Mandatory COVID-19 vaccination policies

In August 2021, in response to evolving data around transmissibility and to protect vulnerable patients and staff in settings where the risk of contracting and transmitting COVID-19 and the Delta variant was higher, the Chief Medical Officer of Health, issued a directive requiring high-risk settings (hospitals, home and community care service providers, and paramedics) to have a COVID-19 vaccination policy for employees, staff, contractors, students and volunteers.

The Office of Chief Medical Officer of Health also issued instructions requiring other settings to have a COVID-19 vaccination policy, including schools (public and private) and licensed child care operators, licensed retirement homes, women's shelters, certain congregate group homes and day programs for adults with developmental disabilities, children's treatment centres and other services for children with special needs, licensed children's residential settings, the Ontario Public Service and postsecondary institutions.

On September 22, 2021, based on the latest evidence and in consultation with the Chief Medical Officer of Health, Ontario required people to be fully vaccinated and

provide proof of their vaccination status to access certain businesses and settings, to further protect Ontarians and support businesses with the tools they needed to keep customers safe, stay open, and minimize disruptions.

On March 1, 2022, in alignment with Ontario's Roadmap to Reopen, provincially mandated vaccine policies in certain workplaces and settings and proof of vaccination requirements were lifted.

Between March 14 and March 28, 2022, the Office of the Chief Medical Officer of Health lifted the COVID-19 vaccination policy requirements for all remaining settings.

Roadmap to reopen

The Ontario government, in consultation with the Chief Medical Officer of Health, released its Roadmap to Reopen in May 2021, a three-step plan to safely and cautiously reopen the province and gradually lift public health and workplace safety measures based on the provincewide vaccination rate and improvements in key public health and health care indicators.

As key public health and health system indicators continued to improve, including COVID-19 related hospitalizations, COVID-19 related critical illness patients in ICU, and the weekly cases incidence rates, and on the recommendation of the Chief Medical Officer of Health, Ontario moved into Step One of its Roadmap to Reopen on June 11, 2021, and then to Step Two on June 30, 2021, and then to Step Three on July 16, 2021.

With public health and health system indicators stable and proof of vaccination requirements in effect starting on September 22, 2021, in select settings and places, the province, based on the advice of the Chief Medical Officer of Health, cautiously eased capacity limits for several indoor and outdoor settings on September 25, 2021, and again on October 9, 2021, and October 25, 2021.

Managing COVID-19 For the long-term

On October 22, 2021, the Ontario government, in consultation with the Chief Medical Officer of Health, released *A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term*, which outlined the province's gradual approach to lifting remaining public health and workplace safety measures by March 2022. The plan was guided by the ongoing assessment of key public health and health system indicators and supported by local or regional tailored responses to COVID-19.

This plan outlined how Ontario would slowly and incrementally lift all remaining public health and workplace safety measures, over six months. This phased approach was guided by the ongoing assessment and monitoring of key public health and health system indicators.

On November 10, 2021, the Ontario government, in consultation with the Chief Medical Officer of Health, paused the lifting of capacity limits in remaining higher-risk settings as outlined in *A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long-Term*. This was done out of an abundance of caution as the province monitored public health trends.

Responding to the Omicron variant

In late November 2021, Ontario confirmed its first case of the Omicron variant of COVID-19. In order to rapidly identify, trace and isolate COVID-19 and its variants, Ontario temporarily expanded eligibility for provincially-funded COVID-19 PCR testing at all testing centres to ensure individuals returning from or having travelled in countries initially identified as sources of the Omicron variant were tested upon arrival in Ontario.

In line with Ontario's cautious approach, on December 7, 2021, the province extended its pause on the lifting of capacity limits in remaining higher-risk settings where proof of vaccination was required, in order to continue to monitor trends in public health and health system indicators and learn more about the Omicron variant. On December 10, 2021, in light of evolving global evidence around the Omicron variant, the province adjusted its COVID-19 response to delay the proposed lifting of the province's proof of vaccination requirements and strengthen measures, including, but not limited to, continuing to roll out booster doses, enabling symptomatic individuals to use RATs to increase access to testing and rapid diagnosis, enhancing Infection Prevention and Control, and advising Ontarians to limit social gatherings and employers to allow employees to work from home when possible.

Throughout December, Ontario continued to strengthen its response to the Omicron variant of concern by further restricting capacity limits and social gatherings and organized public event limits to reduce growing transmission across the province. Updated personal protective equipment guidance also required N95 respirators for health care workers providing direct care to or interacting with a suspected, probable, or confirmed case of COVID-19.

On January 5, 2022, in response to recent trends that showed an alarming increase in COVID-19 hospitalizations, the Ontario government, in consultation with the Chief Medical Officer of Health, temporarily moved the province into a modified Step Two of its Roadmap to Reopen. Time-limited measures such as further reducing social gathering and capacity limits in certain settings, were implemented to help blunt transmission and prevent hospitals from becoming overwhelmed as the province continued to accelerate its booster dose rollout. As part of the province's response to the Omicron variant, starting January 5, students pivoted to remote learning with free emergency child care planned for school-aged children of health care and other eligible frontline workers.

With key public health and health system indicators starting to show signs of improvement, the Ontario government, in consultation with the Chief Medical Officer of Health, began to cautiously and gradually ease public health measures, starting on January 31, 2022.

As key public health and health care indicators improved or remained stable, the province was able to safely accelerate its reopening timelines in February and March 2022, which led to a gradual removal of most public health and workplace safety measures, including, all social gathering and organized public event limits, capacity limits in all settings, physical distancing requirements, proof of vaccination requirements in order to access certain settings, screening, and mask/face covering requirements in most indoor public places (with exceptions for select settings such as public transit, health care settings, long-term care homes, retirement homes, and other congregate care settings where a face covering or mask would continue to be required). With high vaccination rates and Ontario's COVID-19 situation continuing to improve, most of the province's remaining masking requirements expired as of June 11, 2022.

As the COVID-19 pandemic continues to evolve, the government will move away from an emergency response to manage the COVID-19 situation, to one that is part of day-to-day operations. In addition, public health units can deploy local and regional responses based on local context and conditions.

Testing

In 2021–22, Ontario maintained its comprehensive COVID-19 testing strategy. These testing strategies include: prioritizing lab-based PCR and molecular testing for

vulnerable populations and highest-risk settings; providing access to publicly funded COVID-19 PCR specimen collection in select pharmacies and community laboratory specimen collection centres, including take-home PCR self-collection kits; and expanding rapid molecular testing to select assessment centres and pharmacies across Northern Ontario.

As we transition to a more stable testing infrastructure, laboratory testing and genome sequencing capacities have transitioned to ensure continued appropriateness to the needs of the pandemic, including ensuring timely access to therapeutics. COVID-19 testing is now available at over 800 locations and 25.4 million lab-based PCR tests have been completed as of Sep 2022.

The province has also been widely distributing rapid antigen tests (RATs) since January 2021 through the Provincial Antigen Screening Program (PASP), which is a provincially-scaled program enabling access to free rapid antigen tests for all organizations, businesses, and workplaces that are open in Ontario. As of August 2022, over 147 million RATs had been distributed across Ontario through the PASP.

In December 2021 and January 2022, global supply chain challenges constrained RAT supply in Ontario. The province quickly moved to temporarily prioritize the available RAT supply for our most vulnerable populations living and working in the highest risk settings, including hospitals, long-term care homes, First Nation, Inuit and Metis communities, and public health units to ensure continued access to testing through the Omicron wave. The use case for RATs was also expanded to include use by symptomatic individuals and to support return to work, to reduce staffing shortages in the highest risk settings .

Additionally, during this period, nearly 2 million RATs were distributed free of charge at pop-up testing sites in high-traffic settings. The province also continued to provide take-home PCR self-collection kits to all publicly funded schools for symptomatic students and staff and distributed 11 million RATs to all public schools ahead of the December break to ensure a safe return to the classroom in January.

In February 2022, as Ontario's RAT inventory stabilized, the ministry further expanded access to free RATs to include distribution to the general public for at-home use through the Rapid Antigen Test Public Distribution Program. Since that time, up to 5 million RATs have been available each week through more than 3,200 pharmacy and grocery locations across the province. Up to 500,000 RATs have also been made

available each week for targeted distribution through High Priority Community Lead agencies, primary care hubs and existing local partnerships to support testing access for communities which have been disproportionately impacted by COVID-19 and face barriers to testing. As of August 2022, over 114 million RATs had been deployed through the Rapid Antigen Test Public Distribution Program.

Infection prevention and control hub program

As part of the province's comprehensive plan, *Keeping Ontarians Safe: Preparing for Future Waves of COVID-19*, local networks of Infection Prevention and Control (IPAC) Hubs have been developed across the health system to strengthen IPAC practices in congregate living settings such as long-term care homes, retirement homes, and residential settings funded by the Ministry of Health and partner ministries (e.g., Ministry of Long-Term Care, Ministry for Seniors and Accessibility, Ministry of Children, Community and Social Services, Ministry of Municipal Affairs and Housing).

Over the course of the pandemic, the Hubs were instrumental in educating and training staff to build capacity to mitigate potential future waves, laying the IPAC foundation to be prepared for emerging threats.

Case and contact management

In response to rising case numbers due to the Omicron variant, an additional 200 case managers were onboarded in January 2022 to increase the total number of Provincial Workforce staff to 1,000. As of the beginning of March, the Provincial Workforce has nearly 950 staff and provides case, contact and outbreak management supports to all 34 public health units in the province. A Public Health Ontario/Statistics Canada Initiative also provides 200 staff when surge support is needed for contact tracing.

In late December, due to the rapid spread of the Omicron variant, changes were made to testing eligibility to limit PCR testing to those at highest risk. Case and contact management guidance was updated to limit contact follow-up to high-risk settings and to have cases follow up with their contacts for lower-risk, community cases. These changes were made to focus resources on reaching the most vulnerable and also to enable public health units to prioritize vaccination campaigns. Changes continue to be made to update isolation requirements while maintaining protections in high-risk settings.

COVID-19 therapeutics

The federal government, through the Public Health Agency of Canada and Public Services and Procurement Canada, has been procuring and paying for new therapies that are used for the treatment of COVID-19 due to high global demand.

The Ministry of Health works with health system partners to facilitate access to inpatient and outpatient therapeutics for people at high-risk of severe disease, based on advice from the Chief Medical Officer of Health considering evidence-based guidance from the Canadian Agency for Drugs and Technologies in Health (CADTH) and clinical experts.

The first products approved for the treatment of COVID-19 patients were monoclonal antibodies and antivirals administered intravenously to hospitalized patients (e.g., tocilizumab, remdesivir). In October 2021, St. Joseph's Healthcare Hamilton became the first hospital in Ontario to pilot the administration of monoclonal antibody therapy in an outpatient setting for eligible patients with the introduction of sotrovimab, followed by seven additional sites across the province..

On January 17, 2022, Health Canada approved the first oral COVID-19 treatment, the antiviral Paxlovid. As of September 2022, Ontario has received nearly 300,000 courses of the drug. Consistent with Health Canada and based on the advice of the Science Advisory Table, the province has prioritized eligibility for this treatment to people in the community that are at higher risk of developing severe symptoms, and provided access through over 80 Clinical Assessment Centres that offer one-stop assessment, prescribing and dispensing, as well as through primary care with dispensing at over 4,000 pharmacies across the province, and through referrals to virtual prescribing via 811.

On April 14, 2022, Health Canada approved the first drug for COVID-19 prevention, Evusheld. Evusheld is a combination of two monoclonal antibodies and offers protection against symptomatic COVID-19 infection for at least six months. Evusheld is available to select immunocompromised patients over 12 years old.

To date the federal government has provided the following products:

- Monoclonal antibodies: bamlanivimab, Actemra (tocilizumab), Kevzara (sarilumab), sotrovimab, casirivimab + imdevimab

- Antivirals: Veklury (remdesivir), Paxlovid (nirmatrelvir)
- Preventive long-acting monoclonal antibodies: Evusheld (cilgavimab + tixagevimab)

Personal protective equipment support

The province has further supported pandemic operations by responding to emerging procurement and supply chain issues and leading engagement with health sector stakeholders, while ensuring service continuity, high-quality patient care, and reliable access to personal protective equipment and other critical supplies. The Ministry of Health also partnered with the Ministry of Government and Consumer Services, the federal government and 3M to establish the domestic production of the highly regarded N95 1870+ respirators, securing a long-term supply and enhancing protection for Ontario's frontline workers. In order to further support the gradual ease of public health measures, the province strengthened Ontario's pandemic supply chain and bolstered the stockpile by sourcing 200 million surgical/protective masks annually for five years through four Ontario-based companies. The province also created a secure and reliable source of medical grade nitrile gloves by enabling the construction of a new facility that will provide at least 500 million medical grade nitrile gloves annually for up to 10 years.

Enhancing data driven COVID-19 response

The *Oversight and Planning in Ontario's Health System Act, 2021* supported timely reporting to the ministry of all relevant data from COVID-19 vaccination sites. This information was important to have on record in order to track who receives a vaccine and if/when a subsequent dose should be administered.

The Ministry of Health has implemented the voluntary collection of sociodemographic date (race, ethnic origin, childhood language, official language most comfortable with, total household income, and household size), through the COVID-19 vaccine program. This data is being collected to help the province have a more complete picture of who is being vaccinated and support a more equitable and efficient vaccine rollout across the province.

The Ministry of Health is working to develop an appropriate approach for public reporting on the sociodemographic data it has collected through the COVID-19 vaccine program. It is also exploring options for health system sociodemographic

data collection to support better outcomes for priority populations in Ontario, building on work to date and lessons learned from sociodemographic data collection during the COVID-19 pandemic.

Hospitals

Expanding hospital capacity

Ontario's 2021 Budget invested $1.8 billion in additional investments for hospitals in 2021–2022, to ensure the province's health care system could respond to any scenario. This included funding to create additional hospital beds and an increase of $778 million in operational funding to ensure all publicly funded hospitals received a minimum 1% increase to keep pace with patient needs and increase access to high-quality care for patients and families across Ontario.

As part of Ontario's Action Plan, additional support for Ontario's hospitals included $760 million to help hospitals continue to respond to COVID-19 and an additional $300 million to address wait times for surgeries and procedures.

Surgical recovery

The COVID-19 pandemic placed significant pressures on hospital and health care resources, impacting their ability to do scheduled, non-emergent surgeries and requiring the government to take measures to maximize capacity and ensure that Ontarians can continue to have access to safe, high-quality health care. This included the province investing up to $324 million in 2021–22 in new funding to enable Ontario's hospitals and community health sector to perform more surgeries, MRI and CT scans, and procedures, including on evenings and weekends, as part of a wider, comprehensive surgical recovery plan to provide patients with the care they need. An investment of $300M was announced in the 2022 Ontario Budget, that will continue implementation of the surgical recovery strategy.

To date, this plan supported over 100,000 surgeries, 275,000 MRI and CT scans, 30 new eReferral projects, and 189 Surgical Innovation Fund projects that helped hospitals build capacity to do more surgeries by supporting new equipment and training more operating room and diagnostic imaging staff. Ontario has also continued to invest in long-term system improvements to make the surgical system more efficient, including centralized waitlist management, and work to optimize the

use of operating rooms at key high-volume hospitals. With the 2022 Ontario Budget investment, hospitals will continue to be supported to increase capacity and conduct more surgeries to reduce the number of patients waiting beyond clinical targets for care.

Southlake Regional Health Centre

The ministry invested over $6.5 million to support the expansion of Southlake Regional Health Centre's Adult Inpatient Mental Health Unit. The expansion will add 12 new mental health beds and support spaces, increasing the total inpatient mental health capacity to 28 beds, which will better address the demand for mental health supports and services for patients and families in York Region and Simcoe County.

This expansion will enable the hospital to care for more than 400 additional patients each year. The newly renovated space will include private rooms, more windows with natural light, and common areas to support recovery, ensuring that individuals who need emergency mental health support receive the care they need.

The new Adult Inpatient Unit is expected to be completed in late 2022.

Collingwood

The Ministry of Health invested over $15 million to support the planning and design of the redeveloped Collingwood General and Marine Hospital. Once complete, the hospital's existing aged infrastructure will be expanded and upgraded, improving access to high-quality care for people living in Collingwood and the surrounding areas.

Through this investment, the hospital's aging infrastructure will be redeveloped through a mix of new construction as well as renovations. The redeveloped hospital will include:

- The expansion of key services, including intensive care, emergency, diagnostic imaging, and the operating suite.
- Additional inpatient capacity to allow the hospital to serve more patients and families.
- Renovations to upgrade the existing facility to ensure a comfortable environment for patients to receive care.

This funding is in addition to the $500,000 previously invested to support early capital planning.

Thunder Bay

The ministry invested over $5.2 million to support the planning and design of a cardiovascular surgery program at Thunder Bay Regional Health Sciences Centre. This will mean that for the first time, cardiac surgery will be regularly performed in Northwestern Ontario, helping to address surgical wait times and improving access to lifesaving care, so patients can receive timely, high-quality care, closer to home.

To launch the cardiovascular surgery program, existing space at Thunder Bay Regional Health Sciences Centre will be renovated and expanded to include:

- Additional cardiovascular surgery inpatient cardiac care unit beds;
- A new surgical suite equipped with C-arm imaging technology and recovery area;
- An expanded ambulatory care and pre-admission clinic;
- A new vascular lab; and
- Renovations to medical devices reprocessing and biomedical departments.

By offering these services in Northwestern Ontario, the program will also help to increase capacity and address surgical wait times in other hospitals across the province that currently perform cardiovascular surgeries for patients from Northwestern Ontario.

Windsor and Essex County

Ontario invested $9.8 million to support planning for a new state-of-the-art acute care hospital in Windsor and Essex County. Once complete, the new hospital will add more hospital beds and expand services for the region to ensure individuals and families living in the region have access to high-quality care when and where they need it.

Currently, Windsor Regional Hospital operates two separate acute care campuses in the City of Windsor. Once complete, the new hospital will consolidate and expand acute care services, replacing outdated infrastructure with high tech facilities and supporting better, connected care in the region. Planned services will include cancer care, complex trauma, obstetrics, neurology, and cardiology. The new hospital will also have more single-patient rooms to increase patient privacy and prevent the

spread of infection. Urgent care and outpatient services will remain at Windsor Regional Hospital's Ouellette site to preserve access for patients and their families in downtown Windsor.

Centre for Addiction and Mental Health

The ministry invested over $34.6 million to support upgrades and the addition of new facilities at the Centre for Addiction and Mental Health (CAMH) so they can continue to provide high-quality care and better address the unique mental health needs of patients.

The expansion includes upgrades to the existing forensic services facility and additional indoor and outdoor support spaces. Once completed, the newly renovated space will include dedicated family visitation areas in the inpatient units, enclosed outdoor areas to support recovery, outpatient services, security and building support services. The redevelopment of CAMH's forensic mental health program is the fourth and final part of the hospital's broader redevelopment project. This new funding brings the province's total investment in the project to over $37 million.

South Niagara Hospital

In 2021–22, teams were invited to respond to a request for proposals to design, build, finance, and maintain the new South Niagara Hospital.

Since 2018, Ontario has invested over $23.5 million towards planning the new hospital in Niagara Falls. Currently, Niagara Health operates five separate campuses that serve approximately 450,000 residents across the Niagara region. Once completed, the new hospital will consolidate and expand acute care services, replacing outdated infrastructure with high tech facilities and supporting better, connected care in the region. In addition to emergency, critical care and surgical services, South Niagara Hospital will feature several centres of excellence specializing in stroke, complex care, geriatrics and geriatric psychiatry, and wellness in aging.

To meet growing demand in the region, the new hospital is planned to have 469 beds, which is 156 more beds than the combined total number of beds at Niagara Health's Port Colborne, Fort Erie, and Niagara Falls campuses. Niagara Health will continue to operate the existing facility in St. Catharines along with the Welland campus.

Trillium Health Partners — Peel Region and Etobicoke

Ontario is making the largest single hospital infrastructure investment in the province's history by making a multi-billion-dollar investment to build a new, state-of-the-art Mississauga Hospital and expanding Queensway Health Centre, both of which are part of Trillium Health Partners.

The new, fully redeveloped Mississauga Hospital is anticipated to include one of the largest emergency departments in Ontario and increase the number of operating rooms. The redevelopment plans also include a new inpatient care tower at the Queensway Health Centre to centralize complex continuing care and rehabilitation services for patients.

Ontario is supporting the transformation of the Peel Memorial Centre for Integrated Health and Wellness ("Peel Memorial") in Brampton from a day facility into a new inpatient hospital with a 24/7 Emergency Department. To support the transformation of Peel Memorial into a new hospital, the province will fund the construction of over 250 net new beds at the site. The province also made investments in 2021–22 to expand the urgent care centre to 24/7 operations.

Health Infrastructure Renewal Fund

The province invested $175 million this year through the Health Infrastructure Renewal Fund to support critical upgrades, repairs, and maintenance in hospitals, to help ensure Ontarians can continue to access the care they need in a safe, comfortable environment.

This funding will allow hospitals to address urgent infrastructure renewal needs such as upgrades or replacements of roofs, windows, security systems, fire alarms, and back-up generators. A total of $50 million from the Health Infrastructure Renewal Fund will be used by hospitals for urgent projects, including those that support the health system response to COVID-19, such as upgrading HVAC systems to enhance patient and staff safety, and improving infection prevention and control measures.

Public health units

Ontario has helped expand the capacity of public health units to prevent, monitor, detect, and contain COVID-19 in the province. Since 2020–21, the Ministry of Health has invested over $1 billion in additional funding for public health units to support

and enhance COVID-19 monitoring, case and contact management, and the delivery of the COVID-19 vaccine program at the local level. This increased investment is over and above the funding approved to support public health programs.

Health human resources

Supporting health provider capacity

Emergency programs launched by the government since the start of the pandemic have added over 9,600 health care professionals to the system, of which over 4,300 staff were provided to support high-need hospitals with staffing pressures due to COVID-19. These programs optimized health care workers including the deployment of nursing students and other health care providers-in-training.

As part of these initiatives, in 2021–22, the ministry also prioritized the recruitment of the Nursing Graduate Guarantee program positions in acute care settings with a focus on supporting Ontario's surgical recovery plan and needs in critical care as a result of COVID-19, as well as in long-term care homes to support staffing needs associated with the long-term care staffing plan. This program supported the hiring of over 500 nurses in 2020–21 and more than 1,000 nurses in 2021–22. As of May 2022, 829 nurses were also hired through the short-term Community Commitment Program for Nurses, under which nurses were offered $10,000 in return for a one-year commitment with an employer in need.

Supporting nursing programs

In March 2022, the Ontario government invested $763 million to provide Ontario's nurses with a lump sum retention incentive of up to $5,000 per person. This payment will help to retain nurses across the health sector and stabilize the current nursing workforce and to ensure patients continue to access the health care they need and deserve. Nurses eligible to receive the payment include nurses in hospitals, long-term care and retirement homes, home and community care, primary care, mental health and addictions, emergency services, and corrections, as well as a range of other community based and developmental services including youth justice. Nurses in a management or supervisory role who were redeployed to a direct patient care role will qualify.

The province also invested $35 million to add up to 2,000 additional nursing students

at publicly assisted colleges and universities across the province, for the Fall 2021 and Winter 2022 incoming cohorts.

The *BEGIN Initiative: Bridging Educational Grant in Nursing*, jointly offered by the Ministry of Long-Term Care, the Ministry of Health, and the Registered Practical Nurses Association of Ontario (WeRPN) was launched in February 2022. It is providing tuition and other financial support to personal support workers and registered practical nurses so they can pursue further education to become registered practical nurses and registered nurses respectively. This program will add 1,600 nurses to the home and community care sector and 2,550 nurses to long-term care sector by 2024–25.

The province also collaborated with Ontario Health and the College of Nurses of Ontario (CNO) on initiatives to deploy internationally educated nurses to hospitals and other health care settings to work under the supervision of a regulated health care provider, such as a registered nurse or doctor. As of May 2022, over 1,000 international nurses are working in hospitals and LTC homes to gain the on the ground Ontario experience they need to be licensed to practice as a nurse in Ontario.

To continue supporting nurses and their practice, the government approved scope of practice expansions for nurse practitioners, which will allow them to order CT scans and MRI tests for their patients and to perform a broad range of point-of-care tests, making it easier and more convenient for patients to access the timely care they need.

Adding 13,000 more workers To the health care system

To strengthen the health care and long-term care workforce, Ontario is investing $342 million, beginning in 2021–22, to add over 5,000 new and upskilled registered nurses and registered practical nurses as well as 8,000 personal support workers, as part of the 2021 Ontario Economic Outlook and Fiscal Review.

This helps support the government's commitment to invest up to $1.9 billion annually by 2024–25 to create more than 27,000 new positions for personal support workers, registered nurses, and registered practical nurses in long-term care to meet the direct care commitment of four hours.

Training and support for personal support workers (PSW)

In recognition of the important role that PSW play in Ontario's health and long-term care systems, the government invested $201 million in 2021–22 to train up to 16,200 new PSW in the health and long-term care sectors. This included funding of up to $86 million to train up to 8,000 PSW through private career colleges and district school boards and funding of up to $115 million for an Accelerated PSW Training Program to train up to 8,200 PSW at Ontario's 24 publicly-assisted colleges.

Between Winter 2020 and May 2022, 1,500 PSW were also hired through the short-term PSW Return of Service Program, under which PSW were offered $5,000 in return for a six-month commitment with an employer in need.

Temporary wage enhancement for PSW

In 2021–22, Ontario invested an additional $683 million to extend the temporary wage enhancement for personal support workers and direct support workers. This increase helped attract and retain workers in these critical sectors, to help stabilize, attract, and retain the workforce needed to provide a high level of care during the COVID-19 pandemic.

Personal support workers and direct support workers are essential to the fight against COVID-19 and help ensure that Ontario's most vulnerable patients continue to have access to the high-quality care they need. This wage enhancement was provided to over 158,000 personal support workers and direct support workers who deliver publicly funded personal support services or direct support services in home and community care, long-term care, public hospitals, and social services. This temporary wage enhancement included:

- $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 10,000 eligible workers in public hospitals; and
- $3 per hour for approximately 60,000 eligible workers in children, community and social services providing personal direct support services to those who need assistance with the activities of daily living.

On April 21, 2022, the *Supporting Retention in Public Services Act, 2022* was passed, which enabled a permanent compensation enhancement for personal and direct support service workers.

Volunteers supporting Ontario's vaccination effort

To ramp up capacity to support Ontario's COVID-19 vaccine booster dose rollout, regulatory amendments were made to allow more individuals to safely administer the COVID-19 vaccine, such as retired nurses and physicians, paramedics, dentists, and firefighters. These individuals were able to register through the Health Workforce Matching Portal. Supervision is required by a physician, registered nurse or nurse practitioner, or pharmacist who is present at the premises where the vaccine is administered. Ontarians were also recruited to support the vaccine rollout, by supporting health care providers and others at vaccination clinics across the province, through the Ontario COVID-19 Volunteer Portal. As of May 2022, over 4500 Ontarians have answered the province's call to help boost public health capacity and administer vaccines and get more boosters into arms sooner.

Supporting hospitals through staffing flexibility

In response to the rapid rise in hospitalizations, ICU admissions and the threat to Ontario's critical care capacity during the third wave of COVID-19, the province issued temporary orders to support the redeployment of health service providers and other workers from Ontario Health and Home and Community Care Support Services organizations to address any increased service demands and health human resource shortages within the hospital sector. These orders aimed to maximize system capacity, ensure that hospitals had the resources required to provide patient care and save lives.

Expanding scopes of practice

In November 2021, the government approved regulatory amendments to enable pharmacy technicians to administer the publicly funded influenza vaccine to children two years of age or older under the supervision of a pharmacist. This change in scope of practice gives patients greater choice and convenience in their health care options and may contribute to increased vaccination rates across the province.

In January 2022, continuing its support of health care professionals and their practice, the government approved scope of practice expansions for all nurses to perform a broad range of point-of-care tests. The approval also expands the scope of practice for pharmacists, pharmacy interns, registered pharmacy students, and pharmacy technicians to collect specimens and perform certain point-of-care tests for medication management of certain chronic diseases. In February 2022, the

government approved scope of practice expansions for nurse practitioners to independently order CT scans and MRI tests, and for oral and maxillofacial surgeons to order MRI tests for their patients. These changes will provide patients with better access to CT and MRI scans.

Strengthening workforce accountability

In 2021–22, Ontario passed the *Advancing Oversight and Planning in Ontario's Health System Act,* which further recognized the important role of select health and supportive care staff in delivering high-quality care to patients across the province. The legislation included:

- Establishing a new legislative framework to support greater uniformity of education and training standards for personal support workers and build on their capacity to provide care services to the most vulnerable Ontarians, including children, older adults, and people with disabilities. A new oversight body called the Health and Supportive Care Providers Oversight Authority is being established for the registration of PSW and will have defined roles, responsibilities, and accountabilities. The interim Board of Directors has recently been appointed and is focusing on starting-up the Authority's operations including hiring of the Authority's chief executive officer, legal and other staff needed for set-up that would allow it to participate in the ministry's development of regulations, policies and processes and their implementation by the Authority.
- Regulating physician assistants as new members of the College of Physicians and Surgeons of Ontario, to improve their integration within Ontario's health care system and facilitate quality of care and patient safety.
- Regulating behaviour analysts as a new profession under the College of Psychologists of Ontario, to sustain the quality and safety of care provided to Ontarians.

Modernization

Ontario Health

To deliver on its mandate to connect and coordinate the health care system in efficient and innovative ways, the Ministry of Health and Ontario Health successfully transferred and integrated over 22 government health agencies and organizations into Ontario Health.

Effective April 1, 2021, the Trillium Gift of Life Network (TGLN) and non-patient care functions from the Local Health Integration Networks (LHINs) were transferred to Ontario Health. Following the transfer, to ensure the ongoing stability of services while home and community care transitions into Ontario Health Teams, LHINs began operating under a new business name, Home and Community Care Support Services, to reflect a mandate to provide home and community care services and manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where home and community care services are provided. HCCSS also refers patients, where applicable, to health service providers of home and community care services. Effective December 1, 2021, CorHealth Ontario transferred into Ontario Health to provide strategic leadership to improve cardiac, stroke, and vascular care for Ontarians.

To further system integration, the province has also successfully transferred three programs to Ontario Health to date, including the Digital Health Drug Repository on April 1, 2021, the Integrated Assessment Record (IAR)/Common Assessment (CA) program on September 1, 2021, and the Health Care Navigation Services (HCNS) program on October 27, 2021. As of January 2022, the ministry has also successfully assigned oversight of 22 transfer payment agreements (TPAs) to Ontario Health, including 14 mental health and addictions-related TPAs, six TPAs for Regional Security Operation Centres (RSOCs) established by Ontario Health, and two digital TPAs (Electronic Child Health Network and OntarioMD). Together, these transfers and assignments provide leadership and expertise as a single centralized agency, and support sustainability in the health care system.

Ontario Health now has accountability for over 1,600 Service Accountability Agreements (SAAs) and provincial leadership for numerous clinical programs including cancer, renal, palliative, cardiac, stroke and vascular care, as well as the operations for organ and tissue donation and transplantations.

Ontario Health continues to provide centralized accountability and oversight for the health care system, ensure health care dollars are used more efficiently by streamlining administrative processes, improve clinical guidance and support for health care providers to enable better quality for patients, and advance digital-first approaches to health care (i.e., virtual care).

Ontario Health teams

In partnership with Ontario Health, the province announced nine new Ontario Health Teams (OHT) in 2021/22. With the addition of these new teams, the province has a total of 51 Ontario Health Teams which, at maturity, will care for 95% of the province's population. Ontario has invested a total of more than $36 million to support teams in 2021–22.

The nine new Ontario Health Teams are:

- Hastings Prince Edward OHT in Hastings and Prince Edward Counties;
- Great River (formerly Upper Canada, Cornwall and Area OHT) OHT in the United Counties of Stormont, Dundas and Glengarry, City of Cornwall, Akwesasne, parts of Russell Township and rural Southeast Ottawa;
- Ottawa West Four Rivers OHT in North Grenville, West Ottawa, Northern Lanark County, and Arnprior, McNab and Braeside;
- Ottawa Valley (formerly Network 24) OHT in the majority of Renfrew County and the Township of South Algonquin in Nipissing District;
- Grey-Bruce OHT in Grey and Bruce Counties;
- Barrie and Area OHT in Barrie and surrounding areas;
- Elgin OHT in Elgin County;
- North Simcoe OHT in Midland, Penetanguishene, Tiny and Tay Townships, and Christian Island; and
- Windsor Essex OHT in Windsor Essex.

Ontario Health Teams include providers and organizations across the health and community sectors, including primary care, hospitals, home and community care, mental health and addictions services, long-term care, and many others.

Working across the entire continuum of care throughout the pandemic, Ontario Health Teams have supported a suite of initiatives that include leading local vaccine rollouts, supporting long-term care homes and other congregate care settings, distributing personal protective equipment, staffing assessment centres, and leveraging virtual care.

The Ontario government will continue working with its health and community care partners until Ontario Health Teams are fully established across the province and

everyone is supported by an Ontario Health Team..

Innovative models of care

The ministry launched new 9-1-1 models of care that now cover 33 municipalities across the province. These new models of care pilots are ensuring paramedics have more options to provide safe and appropriate treatment for patients while helping to protect hospital capacity as the province continued to respond to the third wave of COVID-19.

Under the innovative patient care model pilots, eligible palliative care patients and those experiencing mental health and addictions challenges can receive appropriate care by the paramedic directly or in the community as appropriate. The patient will remain in ultimate control of the care they receive and can at any time request to be taken to the emergency department.

The pilot projects will be in place for one year, after which they will be evaluated to assess outcomes, identify where program adjustments may be needed, and how to implement new models of care throughout the province.

Mental health and addictions

Expanding access to critical services

As part of *Roadmap to Wellness*, Ontario invested $175 million in 2021–22 in new annualized funding to enhance and expand mental health and addictions services. This funding is addressing critical gaps in care, developing innovative solutions, and enhancing services in a range of 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 addictions services, including bed-based services and day/evening treatment; and,
- Increased supports for Indigenous peoples, families, and communities.

Funding for children and youth

As part of the $175 million, the ministry invested up to $41.8 million in 2021–22 in community-based child and youth mental health services. This funding will stabilize and expand existing services, including the child and youth mental health Secure Treatment Program that serves the province's most vulnerable children and youth, and will provide targeted investments in specialized mental health supports for children and youth with moderate to complex mental health and addiction treatment needs. It will ensure child and youth clients can receive in a timely manner the appropriate care in the right setting, improving outcomes and avoiding hospital admission.

Children and youth eating disorders

As part of the $175 million, the ministry invested $11.1 million in new annual funding for the eating disorders care continuum that the ministry has allocated in 2021–22. This funding supports the goal of reducing wait times and preventing deaths, particularly among children and youth with eating disorders.

In addition, as the incidence and severity of children and youth with eating disorders has risen sharply since the COVID-19 pandemic began, the ministry invested an additional $8.1 million in one-time funding through FES to support specialized care for children and youth diagnosed with eating disorders. This funding supported 14 additional inpatient surge beds as well as 10 additional day treatment spaces at four pediatric hospitals: Children’s Hospital Eastern Ontario, Hospital for Sick Children, Children’s Hospital London, and McMaster Children’s Hospital.

Ontario also invested an additional $5.8 million in one-time funding to expand specialized pediatric mental health and eating disorders services at The Hospital for Sick Children (SickKids). This funding will support the expansion of outpatient programs, enabling SickKids to provide approximately 40,000 additional clinical hours and help SickKids work towards their target wait time of one month for outpatient mental health services, so more patients can receive the care they need earlier and before needing to be admitted to the hospital.

Supporting children and youth in Northwestern Ontario

The ministry provided more than $1 million in additional annual funding specifically targeted at improving access to core and specialized mental health and addictions

services for children and youth in Northwestern Ontario. This funding will help reduce waitlists and address the extensive wait times for services across the region. These investments, which will also support culturally appropriate services for Indigenous children and youth, are expanding and enhancing community-based mental health supports including funding for Firefly, community-based child, youth and family service agencies, the Children's Centre Thunder Bay and Sioux Lookout First Nations Health Authority.

Community mental health

Community mental health services have traditionally focused on serving people with serious mental illness. But recent investments are expanding the reach of community mental health to include other populations. For example, investments such as Ontario's Structured Psychotherapy program offer publicly funded cognitive behavioural therapy to people with anxiety and depression. The government is also investing in internet-based Cognitive Behavioural Therapy, creating mobile mental health clinics and investing in supports for individuals with a dual diagnosis (e.g., mental health challenges and developmental disabilities).

Ontario Structured Psychotherapy (OSP)

The ministry is investing in the development and expansion of the OSP program, the first program of its kind, providing access to evidence-based Cognitive Behavioural Therapy (CBT) and related approaches to Ontarians with depression, anxiety, and anxiety-related conditions, with no out-of-pocket costs. The OSP program employs a network model with 10 network lead organizations (NLOs) and over 130 service delivery sites that are primarily community health service organizations, to ensure provision of high quality, evidence-based care no matter where services are accessed.

Community mobile mental health addictions clinics

The ministry is investing in five mobile mental health and addictions clinics in five areas across the province that have been identified as in need of improved access to MHA services. These mobile clinics will provide mental health and addictions services directly to individuals living in the remote, rural, and underserved communities across Ontario reducing the need for people to travel to find services and helping to meet more clients in more places.

Mental health and justice

In 2021–22, Ontario invested an additional $17.3 million to address the mental health and addiction needs of justice-involved individuals at various stages. Priority investment areas will continue supporting police services who are responding to mental health crisis calls, as well as the integrated continuum of services for people being released from correctional centres, including supportive and transitional rehabilitative housing and safe bed programs.

Supportive housing

Ontario invested an additional $13.5 million to support a wide range of supportive housing needs, including supporting those with mental health and addictions issues who were in a hospital to transition to the community, rent supplements, and the modernization of Homes for Special Care through Community Homes for Opportunity. Priority investments are increasing the number of supportive housing units to transition alternative level of care clients from hospital into supportive housing in the community and decreasing pressures on the higher-cost hospital system. These investments are also maintaining the ministry's current number of units, increasing funding for rent supplements, and better integrating the Homes for Special Care program into the community sector.

Indigenous supports and services

Addressing the mental health needs of Indigenous peoples continued to be a significant priority in 2021–22. Targeted investments have allowed for a dedicated focus on the needs of Indigenous peoples alongside broader system investments focused on the needs of all Ontarians. In October 2021, as part of the $175 million in *Roadmap* funding for 2021–22, the province announced new annualized funding of more than $16 million devoted to cross-government investments in Indigenous services in areas such as child and youth mental health, addictions treatment and community programming. This funding expanded culturally safe and Indigenous-led mental health and addictions services for Indigenous people, families and communities, living both on and off-reserve.

Investments in addictions services

In 2021–22, as part of the $175 million in new annualized funding, Ontario is investing $32.7 million in new base funding for addictions services and supports. The funding

will help to enhance access to evidence-based, high-quality addictions services for all Ontarians, including people who use opioids. These investments are also addressing urgent gaps in care, including hospital-based Addiction Medicine Consultation Services that connect people to care in the community, Rapid Access Addiction Medicine (RAAM) clinics, and youth wellness hubs, which are filling a major gap in developmentally appropriate youth substance use services.

Addictions Recovery Fund

In addition to the *Roadmap to Wellness* annualized investments, in 2021–22, Ontario is investing $90 million over three years through the new Addictions Recovery Fund to expand addictions services and increase the number of treatment beds across the province. This funding will help thousands of Ontarians access specialized services for mental health and addictions treatment, including in rural, Northern, and Indigenous communities.

This investment will support 396 new addictions treatment beds for adults who need intensive supports, helping to stabilize and provide care for approximately 7,000 clients per year. Investments in other addictions services and supports include new Youth Wellness hubs, Mobile Mental Health Clinics, police-partnered Mobile Crisis Response Teams and additional community supports.

Responding to opioid use

In addition to new funding for addictions treatment through Roadmap to Wellness and the Addictions Recovery Fund, the ministry funds other services on the substance use care continuum, including harm reduction programs, Consumption and Treatment Services (CTS), the Ontario Naloxone Program and the Ontario Naloxone Program for Pharmacies.

In March 2022, the Ontario government approved a new Consumption and Treatment Services site in Peterborough, operated by Fourcast, a community-based addictions treatment provider in Peterborough. Since 2019, Ontario has approved a total of 17 Consumption and Treatment Services sites in 10 communities across the province. This model of service saves lives by preventing overdose deaths and connecting individuals who need it to addictions treatment, mental health services, primary care, and social services.

Mental health supports for health care workers

Ontario is investing $12.4 million over two years to provide existing and expanded mental health and addictions supports for all frontline health care workers across the province, including in the acute care, long-term care, and home and community care sectors.

The COVID-19 pandemic has had a significant impact on health care workers' mental health. particularly frontline healthcare workers. This funding provides continued rapid access to expanded and new treatment options and supports specifically focused on the needs of this workforce. These services include both resources for individuals and resources for organizations. Resources for individuals include self-directed resources available through the five partner hospital websites as well as, online peer discussion groups to learn coping strategies and build resilience, and confidential one-to-one support from a clinician for those who have higher level concerns including expanded access to a network of clinical psychologists through the Ontario Psychological Association (OPA). For organizations, the ministry is also investing in workplace mental health training that can be accessed through the Canadian Mental Health Association-Ontario Division (CMHA) that provides self-directed eLearning modules and in-person and virtual live workshops targeting leaders, clinical and non-clinical staff on topics encompassing mental health such as managing stress in the workplace, fostering trauma-informed workplaces, burnout and recovery, and embracing mental health.

Ontario is partnering with five hospitals (the Centre for Addiction and Mental Health (CAMH) in Toronto, St. Joseph's Healthcare in Hamilton, The Royal Ottawa Centre for Mental Health in Ottawa, the Waypoint Mental Health Centre in Penetanguishene and the Ontario Shore Centre for Mental Health Sciences in Whitby), the Canadian Mental Health Association, Ontario Division, and the Ontario Psychological Association to offer these mental health and addictions supports.

Virtual mental health and addictions resources: Internet-based Cognitive Behavioural Therapy and Breaking Free Online

In 2021–22, Ontario continued to invest in Internet-based Cognitive Behavioural Therapy (iCBT), providing $23.6 million to support access to virtual cognitive behavioural therapy through two vendors, LifeWorks and MindBeacon. An additional $12M was also invested in FY2022–23 to continue iCBT services until September 30th, 2022. Since launching in May 2020 to address the growing need for virtual mental

health services due to the COVID-19 pandemic, over 137,600 clients have enrolled in the program.

The province is also investing $2.5 million in 2022–23 for Breaking Free Online (BFO), a virtual addictions support program that provides Ontarians 16+ access to tools to develop strategies and skills to change harmful behaviours and improve lifestyle to support recovery and help prevent a relapse. As of August 21, 2022 over 3,700 clients have enrolled and are actively engaged with BFO since launch on June 14, 2021. Ontarians can register at www.breakingfreeonline.ca (http://www.breakingfreeonline.ca/) and have free access to programming and resources for two years. Mental health and addictions service providers can also register their patients for this service.

Home and community care

Home care services

Home care services in Ontario address the needs of people of all ages, including seniors, frail elderly, persons with physical disabilities and chronic diseases, children, and others, who require ongoing health and personal care to live safely and independently in the community. Home care services include nursing, personal support and homemaking, therapies and other professional services provided at home, at school or in the community. Home care services support Ontarians to live safely in their communities, reducing pressure on other health care settings.

In 2021–22, the government provided $100 million in new base funding to expand home care services and address costs of care delivery.

In addition, the Ontario government is investing $1 billion more over three years to stabilize and further expand home care. As part of this investment, in 2022–23, the government provided $117M to support financial sustainability of the home care service delivery through contract rate increase for nursing, personal support services and therapies. This funding will help address the rising costs of home care delivery and challenges related to the home care workforce supply and working conditions. This funding is in addition to the $548.5 million over three years announced in November 2021 to expand home care services, support additional staff including personal support workers (PSWs) and connect patients to the services they need. In 2022–23, the funding could support up to an estimated 28,000 post-acute surgical

patients and up to an estimated 21,000 patients with complex health conditions every year by providing an estimated:

- 400K nursing visits;
- 125K nursing shift hours;
- 71K therapy visits including physiotherapy, occupational therapy, and speech language pathology;
- 1.7M hours of personal support services; and
- 150K for other types of home care visits.

These investments will allow patients to return home to recover after their surgeries or receive home care when they have complex health conditions. This investment also helps to ensure that hospital beds are available for those who need them the most.

The LHINs are now operating under a new business name, Home and Community Care Support Services (HCCSS), to reflect a mandate to provide home and community care services and manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where home and community care services are provided. HCCSS also refers patients, where applicable, to health service providers of home and community care services.

Community services

In 2022–23, the government provided a base funding increase of $33.25 million to stabilize and expand community services — which includes Community Support Services, Acquired Brain Injury Services, and Assisted Living Services in Supportive Housing. The ministry also continued its $20 million one-time investment in community paramedicine, to complement home and community supports.

Effective April 1, 2021, the health system planning and funding (i.e., non-patient care) functions from the 14 Local Health Integration Networks (LHINs) were transferred to Ontario Health, including the responsibility for funding community services.

Home care for children and youth in Champlain region

In September 2021, the delivery of home care services for children and youth in the

Champlain region was transferred from Home and Community Care Support Services Champlain to Children's Hospital of Eastern Ontario (CHEO), a pediatric health care and research centre in Ottawa. This transfer, the first of its kind in Ontario, moves pediatric home care out of administrative silos and will embed it with providers across the continuum of care.

This transfer enables an innovative local approach to integrate pediatric home care with other services, simplifying the health care journey for children and youth in need of services, such as short-term nursing visits or ongoing care at home and school. This integration embeds home care with pediatric-focused partners and help build a network of services around children that can quickly be accessed based on a patient's needs.

While still in its early stages, this transformation will help break down long-standing barriers to connecting care for patients in alignment with Ontario's efforts to modernize the health system by bringing together health care providers and organizations to work as one coordinated team.

Supporting palliative and hospice care

In December 2021, the Minister of Health tabled the Ontario Provincial Framework for Palliative Care. The Framework was developed in consultation with key system partners. The Ministry of Health is currently working with the Ministry of Long-Term Care and Ministry for Seniors and Accessibility to implement the framework.

To continue providing high-quality, compassionate end-of-life services and care throughout the COVID-19 pandemic, the ministry invested up to $23 million in hospice residences across the province in 2021–22. This funding helps Ontarians receive the respect, dignity and care they deserve at every stage of their lives, while ensuring the province's hospices have the tools they need to continue to provide high-quality care.

Hospice palliative care plays a vital role in Ontario's health care system, providing people with additional options for high-quality end-of-life care outside of hospitals. The province provides an annual investment of over $74 million for palliative care in hospices and quality improvement initiatives led by key system stakeholders. The government also funds palliative care in other settings, such as primary care, hospitals, and long-term care.

Community Infrastructure Renewal Fund

Through the Community Infrastructure Renewal Fund, Ontario invested $7.6 million to to support key repairs, upgrades, and maintenance for 63 community health service providers across the province. This funding will enable health system partners to address urgent infrastructure needs and ensure that Ontarians can continue to access the care they need in safe, comfortable environments.

Ontario Drug Programs

Treatment for cystic fibrosis

In 2021–22, Ontario began providing coverage for Trikafta, the latest treatment option for cystic fibrosis to become available under its publicly-funded drug program. This will give patients more access to effective and life-changing treatments for cystic fibrosis. In addition to Trikafta, Orkambi and Kalydeco are drugs in this class to treat cystic fibrosis that are currently funded through the Ontario Drug Benefit (ODB) program.

Glucose monitoring

Starting November 30, 2021, FreeStyle Libre 2 became the second flash glucose monitor to be funded for Ontarians who manage their Type 1 and Type 2 diabetes with insulin. The FreeStyle Libre 2 system belongs to a group of glucose monitoring systems called flash glucose monitors and is the second flash glucose monitor to be funded under the Ontario Drug Benefit (ODB) program. Providing access to this innovative technology for diabetes care will help patients living with diabetes who are at higher risk for hypoglycemia to more conveniently and easily monitor their blood glucose levels and day-to-day health.

Traditional blood glucose meters require individuals to take blood samples using finger pricks. With a flash glucose monitor such as the FreeStyle Libre 2, individuals with diabetes can quickly review their real-time glucose reading by using a reader or smartphone app to scan a sensor worn on the back of the upper arm. This also enables people to check their blood glucose more easily, which can lead to better health outcomes in the long-term and help prevent health emergencies.

Assistive Devices Program

Starting March 14, 2022, eligible Ontarians with type 1 diabetes can receive Assistive Devices Program funding for a real-time continuous glucose monitoring system, which includes the related supplies. Eligible individuals include those with type 1 diabetes who are most at risk of severe hypoglycemia or who are unable to recognize, or communicate about, symptoms of hypoglycemia.

A real-time continuous glucose monitoring system includes an alarm that will notify the individual, their family member, or their caregiver of decreasing glucose levels, enabling them to take timely action that can help prevent health emergencies.

This funding implements a recommendation from Health Quality Ontario (now part of Ontario Health) to publicly fund real-time continuous glucose monitoring systems for some individuals with type 1 diabetes. Funding follows a review of the evidence for clinical benefit and cost-effectiveness, and negotiations with the manufacturers to ensure that Ontarians are receiving the best possible value.

Seniors prescriptions and dental care

Ontario updated the income eligibility thresholds for the Ontario Seniors Dental Care Program and the Ontario Drug Benefit Program's Seniors Co-Payment Program to allow more of Ontario's most vulnerable seniors to have access to dental care and affordable prescription medications.

In 2019, the Ontario government launched the Ontario Seniors Dental Care program to provide free routine dental care for eligible low-income seniors across the province. The Seniors Co-Payment Program enables low-income seniors to access the medications they need with no annual deductible and a reduced co-payment for each prescription. Starting August 1st, 2021, eligibility thresholds for both programs were updated to reflect cost of living increases in Ontario and align with income support programs for seniors. Income thresholds were updated for single Ontarians aged 65 and over, from $19,300 to $22,200, and for couples with a combined annual income, from $32,300 to $37,100. This was expected to allow approximately 7,000 more seniors to access the Ontario Seniors Dental Care Program and 17,000 more seniors to access the Seniors Co-Payment Program in fiscal year 2021–2022.

Flu immunization

In 2021–22, the Ontario government launched one of the largest flu immunization campaigns in the province's history. Ontario invested over $89 million to purchase

over 7.6 million flu vaccine doses, which is approximately 1.4 million more doses than the previous influenza season. This includes a total of 1.8 million doses specifically for seniors.

To protect the most vulnerable, Ontario's initial supply of flu vaccine was prioritized for long-term care home residents and hospital patients beginning in September, with flu shots made available for seniors and others most at risk for complications from the flu in October. In November, the flu shot was made available for all Ontarians through doctor and nurse practitioner offices, participating pharmacies, and public health units.

Digital health

The province's Digital First for Health strategy is central to the ministry's efforts to deliver on its priorities, including the ministry's commitment to end hallway health care. Digital First for Health is working to allow patients and providers to reap the benefits of technology by making health care simpler, easier, and more convenient to access and deliver.

Ontario Health is working with the ministry to support the implementation of the strategy by working in partnership to streamline existing digital health delivery partners, ensure operational continuity of digital health assets, support the digital health needs of Ontario Health Teams, protect the privacy, security of patient health information, and encouraging advancement of digital supports for integrated care. Digital tools and information management have been key to the ministry's response to the COVID-19 pandemic. During COVID-19, the adoption of virtual care has accelerated, as patients have received routine health services through video while allowing patients and providers to practice safe physical distancing. More than 30,000 physicians have provided more than 81 million virtual care services since the start of the pandemic to over 10.9 million patients facilitated by provincial funding and OHIP insured temporary virtual care fee codes.

As part of the COVID-19 response the ministry has also supported the rapid implementation of regional and provincial virtual care initiatives. These projects provide patients with a variety of options to safely access health care services during the pandemic for example through using devices in the home to transmit clinical data back to providers or to share wound photos or pain scores. During fiscal year 2021–22, the following impact was made:

- More than 7,900 COVID-19 and other vulnerable patients were enrolled for remote care monitoring, ensuring that they could receive appropriate care and reducing the risk of infection for frontline health care workers.
- To help avoid emergency department overcrowding, 14 projects were funded to enable patients to access urgent care virtually for appropriate lower acuity health issues or concerns to avoid unnecessary in-person ED visits. In 2021–22, over 23,300 unique patients have been served.
- More than 10,100 patients were enrolled in virtual surgical transition programs, enabling surgical patients to connect with their clinicians from their own homes and addressing hospital capacity and surge challenges related to COVID-19.
- 26 projects targeted at front-line home and community care service providers including First Nations, urban Indigenous organizations, community agencies and home care service provider organizations were funded to enable important supports like virtual palliative care and virtual seniors' programs during the pandemic.
- The Ministry of Health and Ontario Health are also providing financial support to Ontario Health Teams and health service providers to support online appointments. As of June 2022, 28 proposals have been received, which will enable approximately 3 million Ontarians to book an appointment online with their health care provider.

Beginning in 2021–22, the ministry also began supporting the adoption of virtual care in primary care teams within Ontario Health Teams in alignment with the province's Health System Response, Recovery and Transformation Plan. Work continues on a number of other initiatives, including the strategic management of Ontario's health data, enhancing patients' digital access to their personal health information, clinical information sharing, electronic medical records, and health data integration.

Key performance indicators

The Ministry of Health is committed to delivering Ontario's plan to end hallway health care and build more capacity for a connected and integrated health care system centered around the needs of patients. A key part of this plan is measuring the province's progress on 14 ministry-level key performance indicators as well as a diverse set of program-level measures. These KPIs are related to government-directed and ministry-identified priorities. Listed below are four examples of KPIs that the ministry is tracking annually and the most recent performance results of each

measure. The four sample ministry-level KPIs listed below enables tracking of progress towards strategic ministry outcomes and priorities, such as ending hallway health care, access to virtual care, access to mental health and addictions services, etc.

Outcome Measure #1 — Daily average number of inpatients receiving care in hallway health care beds

- The ministry is working to end hallway healthcare, and to ensure that all patients receive timely access to high-quality health care. There was a daily average of 926.0 inpatients receiving care in hallway healthcare beds for FY 2021–22.

Outcome Measure #2 — Percentage of Ontarians who had a virtual visit

- The ministry is setting expectations through the Ontario Health Team model and modernizing virtual care billing frameworks to remove outdated barriers to virtual care. The percentage of Ontarians who have had a virtual visit in the last 12 months jumped from 9.5% in 2019–20 to 73.2% in 2021–22 (for the period of November 2021 – February 2022), far exceeding its target of 30% by 2022–23. The impact of COVID-19 on service/care patterns has accelerated the achievement of the target.

Outcome Measure #3 — Alternate Level of Care (ALC) rate

- The ministry is working with Ontario Health and hospitals to address capacity and ALC challenges (creating capacity across the continuum; supporting growing demand for hospital services; and ensuring appropriate patients' transition. The ALC rate is progressing favourably from 16.6% in FY 2020–21 to 14.3% in FY 2021–22; the drop may be related to COVID-19 response.

Outcome Measure #4 — Improving timely access to care for mental health patients in crisis

- The percentage of repeat emergency department visits for mental health and substance abuse has decreased from 26.87% in 2020–21 to 25.86% in 2021–22, slightly below its target of 26.82%. Target reflects consistent year-over-year increase resulting from an higher demand for services due to the pandemic. This growth rate of the target is anticipated to have diminishing growth due to impacts of MHA Roadmap to Wellness investments from 2019–20 to the end of 2021–22, including the ongoing parallel work with Ontario Health Teams to enhance coordinated access.

In addition to the 14 government-directed and ministry-identified KPIs, the Ministry of Health tracks outcomes and outputs measures at the program level and reports on them through quarterly report backs and other in-year submissions to support evidence-based decision making.

Table 3: Ministry Interim Actual Expenditures 2021–2022

Ministry Interim Actual Expenditures 2021–22[3]	
Item	**Amount ($M)**
COVID-19 Approvals	6,977,584,100
Other Operating	58,346,764,392
Capital	1,646,496,900
Total Ministry	**66,970,845,392**
Consolidation Adjustments	9,637,873,000
Total	**76,608,718,392**
Staff Strength[4] (as of March 31, 2022)	3,187.5

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Footnotes

- [1] ^ 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 2022 Ontario Budget.
- [2] ^ Ontario Health includes funding flowed from the Minstry of Long-Term Care. In 22–23, the estimated amount to be flowed to Ontario Health from the Ministry of Long-Term Care is $4,743,762,400.
- [3] ^ Interim actuals reflect the numbers presented in the 2022 Ontario Budget for the Health Sector.
- [4] ^ Ontario Public Service Full-Time Equivalent positions.