Ontario Health Annual Report

2024/2025

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Ontario Health

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Ontario Health 2024/25 Annual Report

A Message from Ontario Health's Board Chair and President & CEO

This year marks a milestone in Ontario Health's journey — five years of transformation, collaboration and deep commitment to the health and well-being of the people of Ontario.

Since Ontario Health's creation in 2019, we've focused on our health care system integration mandate by bringing coordination, connection and clarity to a complex health landscape. What began as a bold vision to unify 22 organizations has evolved into an integrated agency, supporting care across the province. Thanks to the tenacity of our team members and health system partners, we are making progress toward a connected, efficient and equitable health care system. Over this past year, we have delivered better access, quality of care and outcomes for the people of Ontario.

In cancer screening, we expanded access to improve early detection. The age to begin breast cancer screening has been lowered to 40 with nearly one million more people now eligible. In addition, the introduction of human papilloma virus (HPV) testing as the primary method for cervical cancer screening is enabling earlier detection, reducing unnecessary procedures and streamlining transitions in care. These changes reflect more proactive and effective cancer prevention for Ontarians.

Primary care is a cornerstone of our transformation into a more integrated health care system. With coordinated leadership and targeted investments, Ontario Health has supported the launch and expansion of team-based primary care across the province. These multi-disciplinary teams will increase access to comprehensive care, especially in underserved communities. Together with Ontario's Primary Care Action Team, we are working toward a goal of connecting every person in Ontario to a primary care team.

Our efforts on surgical performance have led to reduced waits for individuals and smoother operations for the health care system. Regional performance management and targeted investments reduced waitlists for surgeries over the past year. Hospitals have expanded capacity with provincial recovery funding reducing 'long-wait' volumes. These improvements are supporting clinicians in meeting an increasing demand due to a growing and aging population in Ontario.

These achievements are more than operational milestones; they are practical and meaningful improvements in the lives of Ontarians. Ontario Health remains sharply focused on a health care system that is inclusive, resilient and ready to meet evolving needs.

Dr. Catherine Zahn
Board Chair, Ontario Health

Matthew Anderson,
President & CEO, Ontario Health

Introduction

Ontario Health's mandate is to connect, coordinate and modernize our province's health care system to ensure the people of Ontario receive the best possible patient-centred care, when and where they need it. Ontario Health oversees health care planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities.

Ontario Health is the first point of contact for health service providers and delivery organizations. We monitor their performance, hold them accountable to outcomes and allocate government resources and funding based on provincial priorities and funding models, adjusting as needed to reflect performance, value and evolving community needs.

Ontario Health is a board-governed agency of the Government of Ontario and is guided by a mandate from the Minister of Health. Governed by a Board of Directors, the chair of the board is accountable to the Minister of Health.

The Government of Ontario sets policy direction and funds Ontario's health system. Ontario Health is the government's principal clinical and health system advisor and operator who leads operations, planning, performance management and implements government priorities. We conduct system-level engagement with patients, residents, caregivers and health system delivery organizations.

We are committed to being open and transparent. Core governance documents clarifying our role, responsibilities and direction from government (memorandum of understanding between the Minister of Health and Chair of Ontario Health; accountability agreements; letters of direction and strategic priorities) can be accessed at ontariohealth.ca.

Ontario Health atHome

To support a more seamless and patient-centred home care experience, the *Convenient Care at Home Act, 2023* came into effect on June 28, 2024. This legislation amalgamated 14 Home and Community Care Support Services organizations into a single, unified service organization: Ontario Health atHome.

Ontario Health atHome is also a board-governed Crown agency. Ontario Health atHome's Board is accountable to the Ontario Health Board, and through the Ontario Health Board, also accountable to the Ministry of Health. Our two organizations work in close partnership to give people access to more effective and better integrated care.

Legal Framework, The Connecting Care Act, 2019

The *Connecting Care Act, 2019* outlines Ontario Health's role and governance structure. Ontario Health's responsibilities include implementing provincial health strategies, managing system operations, supporting mental health and addictions, overseeing digital health, promoting care integration and respecting community diversity, including obligations under the *French Language Services Act* and engagement with Indigenous communities.

Mission, Vision and Values

Our vision: Together, we will be a leader in health and wellness for all.
Our mission: To connect the health system to drive improved and equitable health outcomes, experiences and value.
Our values: Integrity, Inspiration, Tenacity, Humility, Care.

Quintuple Aim

Our work delivering world-class health care services is also guided by the Quintuple Aim.

2024/25 Annual Business Plan

Ontario Health's Annual Business Plan is the planning document that sets out our overarching goals, priorities and key activities. The 2024/25 Annual Business Plan is aligned with our strategic priorities, our legislative objectives, our mandate letter from the Ministry of Health and our strategic priorities letter from the Ministry of Long-Term Care. The plan is also informed by the Ontario Government's Plan to Stay Open: Health System Stability and Recovery, and Your Health: A Plan for Connected and Convenient Care, and its three pillars: The right care in the right place; faster access to care; and hiring more health care workers.

The 2024/25 Annual Business Plan identifies seven multi-year priorities:

1) Reduce health inequities
2) Advance the right care in the right place
3) Advance faster access to care
4) Support health care workers
5) Enhance clinical care and service excellence
6) Maximize system value by applying evidence
7) Strengthen Ontario Health's ability to lead

This annual report reflects on our first five years and highlights progress made together with our partners from April 1, 2024 to March 31, 2025. The report is aligned to the above priorities.

Our First Five Years

Ontario Health has made significant strides in creating a more integrated, efficient and equitable health care system in our first five years. Our accomplishments were achieved during a remarkable time in Ontario's history: a three-year pandemic and an ambitious push to recover that followed. Our success was enabled by the clear direction and oversight of our board of directors, the tenacity of our leaders and team members, the commitment of our health system partners, as well as government investments and the guidance and focus of the Your Health: A Plan for Connected and Convenient Care. Together, and with the government of Ontario's support, we have advanced health care for millions of people in Ontario.

Ontario Health brought together 22 organizations under one umbrella, creating a unified health entity and advancing our health system integration mandate. This consolidation has reduced silos and enabled us to adopt a province-wide lens on system management and flow.

We achieved approximately $500 million in savings through base budget reductions and finding efficiencies, which included consolidation of realty, contracts and leadership positions. Many new provincial programs and organizational costs were funded from within, including the Mental Health and Addictions Centre of Excellence, critical care, pediatrics, primary care and salary market adjustments.

The COVID-19 pandemic tested our health care system like never before, and Ontario Health's provincial leadership enabled a system-wide response that would not have been previously possible. Working with provincial, regional and local partners, we actively managed the system through planning, coordination and implementation. Notable achievements include establishing the first province-wide laboratory network capable of processing 100,000 tests per day and conducting more than 28 million COVID-19 tests, consistently exceeding turnaround targets.

Through provincial and regional Incident Management System structures, Ontario Health facilitated more than 3,000 patient transfers to ensure critical care availability and supported the creation of a provincial pediatric system to monitor and enhance performance during the pandemic. Our unified approach saved thousands of lives, demonstrating the resilience and adaptability of the health system.

Ontario Health has driven clinical excellence through established programs in cancer, renal, cardiac, stroke and vascular care, while introducing new programs to bolster access, coordination and quality in mental health and addictions, pediatrics, emergency services and genetics. The Mental Health and Addictions Centre of Excellence, the first of its kind in Ontario, coordinates mental health and addiction services, with a focus on depression, anxiety-related disorders, eating disorders, schizophrenia and substance use. Since the Ontario Structured Psychotherapy Program launched in 2017, more than 100,000 Ontarians have accessed this free, evidence-based service.

Our emergency services program, another first, provides oversight and coordination to maintain and improve access and performance across the province. These advancements reflect Ontario Health's commitment to addressing the evolving needs of Ontarians and providing high-quality, timely care.

We have made meaningful progress transforming the health system to enable more connected and coordinated delivery of care. The launch of Health811 has provided 24/7 access to health information and services, supporting more than one million patient encounters. Also of note, the development of Ontario's first provincial cyber security operating model established a strong foundation for safeguarding personal health information and protecting access to care.

Ontario's health care system has faced growing pressures, with a 10 per cent increase in population and a sharp rise in older adults (from 15% to 20% of the population). Ontario Health has responded with innovative solutions and measurable results. Volumes and outputs have increased in nearly all major service areas. Notable achievements include a 40-fold increase in same-day hip and knee replacements and significant reductions in lower-acuity emergency department visits. These successes demonstrate the effectiveness of upstream initiatives and system-wide transformation.

Equity has been a cornerstone of our approach, with frameworks and strategies like the Equity, Inclusion, Diversity and Anti-Racism Framework, the Black Health Plan, the First Nations, Inuit, Métis and Urban Indigenous Health Framework, and French Language Services Strategy embedded into all we do. Today, Ontario Health serves as the single point of accountability for engaging providers, residents, delivery organizations and the government.

Progress to date serves as a foundation for our 2025/26 year. As we mark this milestone, we remain focused on delivering timely, high-quality and equitable care for all Ontarians.

2024/25 Highlights

1. Reducing Health Inequities

Ontario Health is committed to reducing health inequities by improving health care access, experiences and outcomes. To do so, we must understand and respond to the distinct needs of communities. Our work focused on First Nations, Inuit, Métis and urban Indigenous communities; Black communities; equity-deserving, high-priority populations and communities with geographic disparities in access to care; and the Francophone population.

Highlights of our impact together to reduce health inequities include:

- **More culturally safe palliative care**: $2.4 million in funding was allocated to 26 Indigenous organizations to support self-determined and culturally safe community palliative care programs.
- **More equitable Black health access**: The Black Health and Social Services Hub supported over 2,500 individuals in accessing care, with primary care being a key access point for more than 500 clients, resulting in approximately 1,000 interactions across the community of Peel.
- **More inclusive provider training**: Expanded training in gender-affirming and 2SLGBTQIA+ care through Rainbow Health Ontario led to more than 4,000 completions of the 2SLGBTQ+ Foundations Course and more than 80 facilitator-led sessions.

1.1 Improve equitable outcomes and experiences for First Nations, Inuit, Métis, urban Indigenous (FNIMUI) and equity-deserving communities

FIRST NATIONS, INUIT, MÉTIS AND URBAN INDIGENOUS PEOPLES

- In January 2025, Ontario Health and the Anishinabek Nation signed a relationship protocol, formalizing a commitment to enhance health and wellness for the 39 Anishinabek Nation member First Nations, promoting cultural safety and quality health care access.

- $2.4 million in funding was allocated to 26 Indigenous organizations to support self-determined and culturally safe community palliative care programs. Early impacts identified that funding enabled more community members to receive culturally safe end-of-life care in their homes and equipped local providers with the training to offer this care.

- Frontline providers in Indigenous communities completed culturally appropriate palliative care education; approximately 80 providers completed 40 hours of virtual training, attended in-person Learning Essential Approaches to Palliative Care (LEAP) education and, together with care partners and Indigenous community members, participated in four webinars.

- 12 Indigenous liaison positions were funded within Indigenous organizations and communities we currently have relationships with. These roles are intended to increase capacity in those communities and organizations, and support collaboration with Ontario Health on Indigenous health initiatives.

- The Indigenous Tobacco Program hosted 180 workshops (including commercial tobacco, vaping and cannabis cessation and commercial tobacco use prevention with youth) with Indigenous and non-Indigenous partners.

- Ontario Health West completed the first West Region Indigenous Health Strategy, co-designed with more than 144 Indigenous health leaders and community members. Together, we identified five strategic petals: taking relational approaches to advancing Indigenous health; braiding Indigenous and western health systems; investing in Indigenous health in Indigenous hands; improving Indigenous data collection, analysis, quality and governance; and advancing Métis health in the West Region.

- The surgical hospitals in the North West Region established a region-wide central intake for diagnostic imaging referrals — the first region-wide approach in the province. To facilitate a more seamless patient journey between the provincial and federal health systems for First Nations patients, Ontario Health worked with partners to ensure Indigenous Services Canada nurses could access both federal travel subsidies and the new diagnostic imaging pathway, helping remove cost barriers to care.

BLACK COMMUNITIES

- We helped more than 4,600 Black Ontarians access culturally appropriate care, including screening, preventive services and referrals for social and mental health and addictions supports. This was done through culturally responsive prevention models, health promotion and wellness clinics, which advance equitable health outcomes for Black communities. We also hosted several wellness fairs across Ontario to provide screenings and increase access to preventive care services for Black communities.

- The Black Health and Social Services Hub supported over 2,500 individuals in accessing care that improves health and well-being. Primary care has been a key access point for more than 500 clients, resulting in approximately 1,000 interactions across the community of Peel.

- We expanded access to high-quality care for individuals with sickle cell disease by opening five new dedicated clinics across Ontario. We also implemented the Sickle Cell Disease Quality Standard, developed e-reports to monitor access and outcomes and hosted a sickle cell disease community of practice. Emergency department wait times decreased by 23 per cent for people with sickle cell disease when comparing FY 2024/25 with 2023/24.

- Ontario Health expanded access to culturally appropriate care by establishing navigator roles in London and Hamilton focused on Francophone-Black communities. A Francophone-Black Health navigator was hired in London and a mental health and addictions navigator was onboarded in Hamilton to support Black children and youth.

FRANCOPHONE POPULATIONS

- We continued to support major priorities such as Health811, Ontario Health Teams (OHTs), the Ontario Structured Psychotherapy Program and the provincial community paramedicine program to ensure access to services in French and engagement with the Francophone community.

- We continued to identify and support health providers working to offer services in French. In the East Region, two requests for designation were filed and are under review by the Ministry of Health and the Ministry of Francophone Affairs.

- The West Region launched the revised Francophones and Cultural and Linguistic Sensitive Care training, which now includes a provincial lens; a total of 2,349 people had registered as of March 31, 2025, an increase of 30 per cent since April 1, 2024.

- Ontario Health East is co-designing a provincial model to improve remote care for Francophone patients in underserved urban, rural and remote communities. In partnership with Centre de santé communautaire de l'Estrie, a 2024/25 pilot enabled clinician referrals to St. Joseph's Continuing Care Centre remote care monitoring program. The program helps prevent emergency visits, supports transition from hospital to home for geriatric patients and provides French-language support. Next steps include refining patient pathways, optimizing program duration and expanding partnerships to broaden impact, especially for underserved areas.

- In Toronto Region, we allocated funding through the Black Health Plan to a project with the Centre for Addiction and Mental Health to increase access to mental health and substance use services for French-speaking Black youth and their families and caregivers.

2SLGBTQIA+ COMMUNITIES

- We launched the Gender-Affirming Care Quality Standard to more than 500 health service providers and system partners to enhance care for gender-diverse adults, while expanding access to youth-focused mental health and gender-affirming services through 13 new community-based programs. In parallel, we strengthened provider capacity through collaboration with Rainbow Health Ontario, resulting in more than 4,000 completions of the 2SLGBTQ+ Foundations Course and over 80 facilitator-led sessions to build clinical and cultural competence. These efforts collectively advance equitable, affirming care across the health system.

- We released the 2SLGBTQIA+ Engagement Toolkit and expanded inclusivity training, with more than 2,500 course completions and more than 600 clinician consultations across Ontario to strengthen health system capacity to deliver inclusive, affirming care and reduce barriers for 2SLGBTQIA+ patients.

HIGH PRIORITY COMMUNITIES

- The Ministry of Health continued to invest in Locally Driven Population Health Models, advanced through the influence of community ambassadors. For the first time, this approach was expanded to the North East and North West Regions, helping bring equity-focused planning to rural and remote areas.

- We established more than 1,200 new partnerships across 10 sectors that represent high priority communities, with 1.5 million community engagement interactions. More than 6,200 patients in these sectors were referred to primary care, over 8,000 people to cancer screening, over 4,300 people to mental health or addiction supports. Nearly 10,000 individuals directly received wraparound services.

- We launched an equity-integrated patient experience survey by embedding 20 sociodemographic questions into the Your Voice Matters: Healthcare Experience Survey; this will be introduced across 11 OHTs in 2025/26. We implemented the Core Sociodemographic Data Standard across 11 clinical programs at Ontario Health — such as the Ontario Lung Screening Program. This data will generate equity-informed insights to drive more inclusive, data-driven improvements in patient care and system planning.

- We developed our second Multi-Year Accessibility Plan, which sets out 21 strategies and actions we will take from 2025 to 2029 to support more accessible services and information for everyone. The plan will guide us in building a future where barriers are continuously identified and removed, and where equity and accessibility are at the heart of our organizational culture.

REFUGEE AND ASYLUM-SEEKING POPULATIONS

- We provided more than 4,600 refugees and asylum claimants across Ontario with access to comprehensive, culturally responsive primary and preventive health care. This included treatment for chronic and infectious disease, mental health and trauma services, pediatric and women's health care, and cancer and diabetes screening. Care was delivered in more than 27 languages and supported by more than 2,300 social service referrals.

1.2 Improve access to supportive care in housing

- We engaged local housing corporations and municipalities to better understand current models of care and opportunities to strengthen health supports in housing across Ontario. These conversations are informing a shared definition, scope and coordinated approach to health and housing, including how data can support more effective planning. This work is now a core pillar of the Alternate Level of Care strategy for 2025/26, aligning with broader system priorities to improve transitions and support people where they live.

1.3 Advance whole person care experiences and outcomes

- The Generic Patient-Reported Experience Measure pilot concluded in March 2025, achieving a 73 per cent completion rate and revealing key insights into automation needs for implementation in primary and community care settings. In March 2025, new patient and provider surveys were launched to support and assess the performance of 12 OHTs identified for acceleration. Within the first two weeks, 134 responses were collected. These efforts provide valuable lessons for expanding the collection of patient-reported experience measures across Ontario.

- Patient-Reported Outcome Measures (PROMs) have been implemented within Integrated Care Pathways for chronic obstructive pulmonary disease (COPD), heart failure and lower limb preservation across 14 OHTs. In addition, PROMS are being collected from heart failure and COPD patients receiving care through Best Care across Ontario. This effort advances person-centred care and enhances the evaluation of integrated care's impact on patient outcomes.

2. Advancing the Right Care in the Right Place Through Transforming Care with the Person at the Centre

Ontario Health continued to drive performance and work with patients, providers and partners to advance initiatives that will support Ontarians ability to receive high quality, equitable care in the right place at the right time.

Highlights of our impact together to advance the right care in the right place include:

- **More access to primary care:** 66 new or expanded primary care teams within Ontario Health oversight served over 260,000 patients.
- **More home care access**: The hospital-to-home program expanded to a total of 26 sites that provided home care to approximately 7,800 individuals.
- **More integrated care**: 25 OHTs are involved in supporting integrated clinical pathway implementation, and more than 5,110 patients received best practice care in the heart failure and COPD pathways.

- **More access to safe, high-quality care online**: Health811 answered over 60,000 patient calls, chats and symptom assessment checks each month.
- **Fewer avoidable emergency department visits**: More than 31,800 patients connected to nurse practitioners through regional virtual urgent care clinics, with only four per cent referred to emergency departments.

2.1 Primary health care

- All 66 new or expanded Interprofessional Primary Care Teams funded in 2024/25 under Ontario Health oversight began delivering care, serving a total of 257,861 patients by March 31, 2025.

- We provided health human resources analyses and forecasting to the Primary Care Action Team to support connecting all Ontarians to a primary care provider by 2029.

- We developed measurement and planning frameworks to advance primary care action:
  - The Primary Care Performance Measurement Framework, which reflects key strategic primary care priorities, including a common set of measures for Interprofessional Primary Care Teams (IPCTs).
  - The Primary Care Capacity Planning Framework, which provides a foundation to attach more people to primary care and enhance access to team-based care.

- We developed a consistent provincial performance and quality support process for team-based primary care models under Ontario Health oversight (community health centres, family health teams and nurse practitioner-led clinics).

- In October 2024, we integrated Ontario Health's direct-to-clinician primary care data reporting into a single offering: MyPractice Primary Care Plus, which now includes Screening Activity Report data and has 9,700 active users.

2.2 Mental health and addictions care

In 2024/25, more people accessed essential care for mental health and addiction support:

- 23,222 clients enrolled in the Ontario Structured Psychotherapy Program to receive care for depression and anxiety, a 27 per cent increase over the past fiscal year.
- 2,052 clients accessed services at mobile mental health and addictions clinics supporting early intervention to rural and underserved areas.
- 1,561 health care workers accessed support and resources through the Healthcare Worker Wellness Program.
- Between August 2019 and March 31, 2025, 77,000 young people received care through 21 youth wellness hubs. Of these, 50 per cent screened positive for serious substance use-related concerns.

- We supported the Ministry of Health with the conversion of nine provincially funded consumption and treatment service sites to Homelessness and Addiction Recovery Treatment (HART) hubs.

- We issued operational direction in December 2024, requiring all community mental health and addictions providers to submit data to the Mental Health and Addictions Provincial Data Set by December 2026, an essential step to improving access to care and accountability for quality. By fiscal year end, 79 health service providers (66% of the in-scope market share by individuals served) were submitting data; 32 health service providers received funding to support client management system migrations to enable compliance.

- We developed an asset inventory of provincially funded organizations and mental health and addiction services in Ontario. This helps to locate and quantify services supporting the development of an evidence-based methodology for capacity planning.

2.3 Home and community care

- We signed an accountability agreement with Ontario Health atHome in September 2024 to create one central body to support home and community care services across the province and to support new models of integrated home care delivery. This partnership ensures strong alignment with provincial health system strategies and enables coordinated planning and delivery. By working together, we are laying the foundation for a more connected and responsive home care system that better meets the needs of Ontarians.

- As part of Ontario Health's plan to address the fall-winter surge in 2024/25, we developed an implementation plan for hospital-to-home expansion aligned to alternate level of care hotspots, leading to 13 new and 13 expanded existing integrated home care delivery sites. By year end, approximately 7,800 individuals across all hospital-to-home sites.

- We recruited 220 community organizations to participate in implementing the Palliative Care Adult Community Model of Care (target 180). Organizations benefitted from more than 1,900 palliative care-focused coaching/mentoring sessions.

2.4 Long-term care and aging

- To support adults with responsive behaviours in long-term care (LTC), new base funding of over $11 million was allocated to Behavioural Supports Ontario to hire and maintain more than 100 full-time-equivalent care providers across the province; more than $270,000 was made available for training and equipment. Additionally, 65 new Behavioural Support Unit beds were also funded, providing access to this important resource in three LTC homes in the West and North East Regions.

- Over $43 million of allocated funding supported more than 400 LTC homes and organizations with over 1,800 projects aimed at improving access to equipment (e.g., diagnostic equipment, select treatment equipment and supplies) and increasing specialized staffing and services. The goal is to prevent unnecessary transfers to hospital, including admissions, and to enable better transitions from hospitals to LTC homes.

- Approximately $4 million was invested in nurse-led outreach teams (NLOTs) in underserved communities to support residents with access to care within their LTC homes. From this investment, seven NLOTs had the opportunity to hire additional staff to increase direct support and care to residents, while some NLOTs purchased additional equipment and supplies. Targeted training and education saw around 20 NLOTs access resources to increase the capacity of their nursing staff. Ontario Health partnered with the Ontario Caregiver Organization to connect over 250 organizations (across hospitals, LTC homes, primary care providers/OHTs and homecare providers) to the support-hub team. More than 60 organizations across the province are actively preparing, implementing or improving essential care partner practices and programs.

- We continued to collaborate with LTC homes and the Ministry of Long-Term Care to mitigate the risk of home closures due to fire code non-compliance. All homes not yet compliant have committed to being so by June 2026.

2.5 Access and flow

- We continue to work with system partners to ensure people receive the right care in the right place. This includes understanding local capacity and discharge barriers, and supporting collaborative, patient-centered discharge planning. A 10 per cent reduction in Alternate Level of Care volumes over FY 2024/25 was achieved through targeted initiatives funded by the Ministry of Health and the Ministry of Long-Term Care, demonstrating continued focus on improving access, patient flow and system capacity.

- All Ontario Health regions have mobilized emergency department avoidance strategies, including implementing nurse practitioner-led virtual urgent care clinics, launching pediatric diversion clinics across the regions, mobilizing pediatric High-5 clinics in high-priority areas, and expanding access to 74 integrated primary care teams in the highest priority areas across the province.

- We successfully re-invigorated the home-first approach, aligned with Alternate Level of Care leading practices. This was supported by the release of the 2024 provincial operational direction and engagement with hospitals, Ontario Health atHome, community paramedicine providers and regional partners.

2.6 Integrated care delivery

- To improve integration, access, patient outcomes and experience, we launched seven Home Care Leading Projects. These projects test and evaluate various OHT-led innovative home care models, including those in primary care, palliative care, community crisis and targeted neighbourhoods. Results from these projects will inform broader home care modernization efforts.

- A standardized performance framework was implemented with the initial 12 OHTs to measure the progress of advancing clinical priorities including primary care attachment, chronic disease management, cancer screening and Alternate Level Care. The initial 12 OHTs is a group of OHTs chosen to accelerate their work. They are now leveraged as a subset of leading OHTs consulted on various implementation topics.

- Ontario Health allocated funding to 25 OHTs to support ongoing Integrated Clinical Pathway (ICP) implementation and over 8,300 patients received evidence-based care in the heart failure and chronic obstructive pulmonary disease (COPD) pathways. OHTs implementing integrated clinical pathways have demonstrated positive local impact, resulting in:
    - 9 of 16 heart failure teams saw a reduction in congestive heart failure admissions
        - Two OHTs implementing the heart failure ICP reported significant improvement over the past 12 months: OHT #1 reported 245 fewer hospital admissions and 71 fewer ED visits among enrolled patients; OHT #2 saw 111 fewer hospital admissions and 301 fewer ED visits among enrolled patients.
    - 11 of 12 OHTs saw a reduction in COPD hospitalizations.
    - Lower-Limb Preservation ICP funding focused on preventing lower-limb amputations. Across 12 OHT-led demonstration programs, more than 5,300 patients were assessed and screened for amputation risk. Those at medium, high or urgent risk were quickly connected to the right care provider based on locally developed lower-limb preservation pathways. In Northwestern Ontario, patients avoided more than 143,000 kilometres of travel over 18 months by receiving virtual wound care in their communities using smart-glasses technology. 8 of 11 OHTs realized a reduction in lower-limb amputations.

- Patient-reported outcome measures were implemented alongside integrated clinical pathways to support symptom identification and management and identify opportunities to improve patient care. 4,359 patient-reported outcome measures assessments were completed, providing actionable insights for symptom management at the point of care.

- 9 of the initial 12 OHTs successfully launched local chronic disease prevention and management models to enhance screening, diagnosis and proactive condition management. OHTs have also established models that support enhanced access to care for unattached and underserved patients and are working to support greater integration of existing chronic disease management supports in community and primary care settings, working towards reducing patient symptom burden, emergency department visits and hospitalizations.

- Four OHTs implemented a model for delivering the Preventive Care Program. This program will help to improve access and navigation to health coaching, cancer screening, diabetes screening, social supports and primary care for improved health outcomes (e.g., preventing the onset and/or progression of chronic disease) in communities at high risk of developing chronic diseases.

- Multi-year transfer payment agreement funds were issued for all OHTs, enabling them to advance policy direction set out in OHTs: The Path Forward and better integrate care in their communities.

2.7 Chronic disease care

- In partnership with the Ministry of Health, we developed plans to expand our disease registry beyond cancer to include other chronic diseases. This step will help Ontario Health better detect, monitor and manage more health conditions earlier, supporting prevention and improving long-term outcomes for Ontarians.

- We onboarded nine new primary and community-based sites to deliver the Preventive Care Program. Prevention specialists facilitated the development of 3,083 preventive care plans and 6,499 connections and referrals to further preventive care services (e.g., approximately 4,200 breast screening conversations for people ages 40 to 49 between October 2024 and March 2025). This expansion has helped address gaps in the North and West Regions, resulting in improved access and preventive services for equity-deserving and Indigenous communities.

2.8 Ontarians' access to digital information and services

- Health811 answered over 60,000 monthly patient calls, chats and symptom assessment checks. Satisfaction scores for both call and chat exceeded 90 per cent; 94 per cent of calls were answered within 60 seconds.

- We updated Health811 with two key improvements: the launch of the Health811 Ontario Breast Screening Program sub-program and the OHT Content Management system, which enables patients to access content specific to their OHT.

- 46,247 virtual visits were completed where patients were connected to nurse practitioners through regional virtual urgent care clinics, with only four per cent referred to emergency departments. The East Region Virtual Care Clinic saw over 20,000 visits in 24/25. The clinic can offer services in French and has capabilities to service patients from First Nation and Indigenous communities. The clinic continues to focus on patients both attached and unattached with episodic needs, but also supporting those with complex primary care needs.

3. Advancing Faster Access to Care Through Health System Operational Management, Coordination, Performance Measurement and Management and Integration

Our foundational focus on health system operational management, coordination, performance measurement and management and integration continues. Ongoing system supports and issues management is routine; we work closely with the Ministry of Health, the Ministry of Long-Term Care and our delivery partners.

Highlights of our impact together to advance faster access to care include:

- **More skilled emergency care**: Emergency Department (ED) Nursing Recruitment, Retention and Workforce Planning Program delivered ED training to 6,363 nurses from 107 of 117 hospital corporations.
- **More coordinated surge planning**: We hosted over 30 tabletop exercises and consulted with nearly 1,000 health service providers across the province to prepare for the fall/winter surge.
- **More digital referrals**: 1.24 million eReferrals were sent, and 810 new clinicians were onboarded to the eReferral system, improving digital access to specialist services while procurement of a new solution progressed.
- **More connected transitions of care**: Through Project AMPLIFI, 525 LTC homes and 82 hospitals are now digitally integrated, supporting data flow for over 90,782 patient transfers between hospital and LTC systems.

3.1 Emergency care and surge responses

- We saw a 76 per cent reduction of ED shift closures in FY 2024/25 compared to the previous year.
- We delivered an ED nursing curriculum to 6,363 nurses from 107 of 117 hospital corporations through the ED Nursing Recruitment, Retention and Workforce Planning Program.
- We developed the ED Leading Practices Toolkit in collaboration with 25 high-performing EDs. The toolkit is a single resource for hospital and ED leaders to assess initiatives that have been implemented in Ontario EDs that have demonstrated improvement. It also serves as an educational resource to support new hospital and ED leaders and teams in understanding key concepts related to ED performance and flow.
- We launched the ED Performance Scorecard, now available to all hospitals reporting through the Emergency Room National Ambulatory Care Reporting System initiative.

- We established governance that defines program accountabilities, roles and responsibilities for the ED Pay for Results Program and launched regional governance oversight with supporting materials for hospitals. The Pay for Results Program expanded to include 87 out of 88 small volumes sites across Ontario.

- In hospitals that received funding for EDs through the Pediatric Recovery Initiative and where the initiative resulted in an ED registration, the 90th percentile time to physician initial assessment for pediatric patients was, on average, 10 per cent lower between July and December 2024 compared to the same months in 2022. The 90th percentile overall ED length of stay for pediatric patients in these hospitals was, on average, 7 per cent lower during the same period in 2024 compared to 2022.

- Focussing our efforts on establishing a strong foundation of provincial and regional emergency management and surge response, Ontario Health hosted more than 30 tabletop exercises and consulted with close to 1,000 health service providers across the province to plan for fall/winter surge.

- The 2024/25 fall and winter respiratory surge in Ontario peaked later and was more severe than expected, with the flu lasting longer than anticipated and putting extended pressure on the health system into March. Despite this unprecedented strain, the system performed with few service reductions.

- We are increasingly being viewed as a key player in coordinating support for emergencies affecting provincial health care delivery. Acting as a connector between health service providers, including the Ministry Emergency Operations Centre, the Provincial Emergency Operations Centre and relevant ministries, we helped ensure health services were in place for approximately 2,053 evacuees during floods and water quality emergencies. We coordinated support and communications for the fallout from natural disasters, major telecommunication and software disruptions affecting health service providers and disruptions to the supply chain and other hospital supports.

- We supported the delivery of a highly successful respiratory syncytial virus (RSV) immunization program (using the nirsevimab immunizing agent and ABRYSVO vaccine) during the past season, significantly mitigating the impact of the RSV epidemic curve in infants.

- We established a productive partnership with the Office of the Chief Medical Officer of Health and Public Health Ontario, to plan and promote immunization programming and targeted communication to support health care professionals regarding their personal vaccination status.

- Through a partnership with Critical Care Services Ontario, new Ontario Health provincial clinical leads were embedded in program strategy and delivery, bringing renewed clinical perspectives to longer-term program planning and delivery. Broad partner engagement occurred in foundational initiatives to enable effective critical care delivery (including updates to the Adult Levels of Care Criteria and to the Life or Limb Policy), which will be implemented to improve capacity, access and flow in 2025/26.

3.2 Integration of diagnostics and surgical care

- Regional performance management efforts helped reduce long-wait surgical cases by approximately 15,000 over the past year. Through continued Ministry of Health investment of $100 million in 2024/25 of incremental surgical recovery funding (a provincial initiative launched in 2021/22 to improve access and reduce wait times for prioritized surgical procedures), we supported the expansion of additional surgical capacity in hospitals. This investment, combined with other long-waiter strategies, supported the continued reduction in patients waiting beyond clinically recommended targets in the province. Long-wait patient cases decreased below 60,000, surpassing our target.

- We advised the ministry on key requirements for the development and evaluation of its calls for applications process to expand magnetic resonance imaging (MRI)/computed tomography (CT) and gastrointestinal endoscopy services in integrated community health centres. We also advised the ministry on the development of the call for applications to expand orthopaedic surgeries in integrated community health service centres.

- Through our administration of funding, the pediatric surgical sector made improvements by effectively stabilizing the long-waiter list curve. Prior to the announcement of allocation of Pediatric Recovery Initiative funding, the curve had seen a significant increase of 18.4 per cent from summer 2022 to summer 2023. Following the funding in November 2023 through to January 2025, the pediatric long-waiter volume was successfully controlled and plateaued, with a decrease of 6.9 per cent.

- Our increased funding for imaging contributed to higher adult and pediatric volumes for both MRI and CT services. Since 2021/22, we worked with delivery partners to identify capacity for 50 new MRI machines in 43 hospitals. As of March 2025, 32 machines are operational, with more continuing to come online.

3.3 Provider access to digital tools

- We are driving increased utilization of digital tools that are designed to reduce the administrative burden and ensure people receive faster access to the right care in the right place. In 2024/25 1.24 million e-Referrals were sent, and 810 new clinicians were onboarded to the (existing) e-Referral solution, providing primary care providers with improved digital access to specialist services.

- An additional 1,039 health care sites can now access the Ontario Laboratories Information System viewer for more timely and comprehensive access to lab results; 2,394 new eConsult users were onboarded for timely access to specialist advice.

- We released the Central Intake Technology Request for Proposal**,** which will allow more standardized and cost-effective technology to be implemented for central intake hubs across the province. We also established an expert panel and completed clinical, technical and operational principles to set the foundation for more equitable access to digital imaging, orthopedics, cataracts and other services.

- The provincial Electronic Health Record (EHR) stores a range of patient data contributed by different types of health care organizations across the province. Providers in a patient's circle of care can then view records as they deliver care to their patients. In 2024/25, we have both enhanced the completeness of data included in the EHR and increased the adoption and use of this data by clinicians. This fiscal year, 11 new hospitals started contributing patient data to the provincial clinical data repository. The contribution of hospital-based lab data reached 100 per cent, meaning a patient's lab results from any eligible Ontario hospital are accessible to health care providers through the EHR. In 2024/25 alone, more than 1,000 health care facilities gained access to view health information through provincial clinical viewers. Currently, 341,000 health care providers are registered users of the provincial clinical viewers.

3.4 Digital and data system integration, standardization and security

- Our Cyber Security Centre developed and operationalized a cyber critical controls tracker. This will help hospitals measure their cyber security maturity and then build roadmaps to support the progression of cyber security capabilities aligned with established maturity targets.

- We continued to lead provincial efforts to establish and strengthen health data standards that support secure, standardized data-sharing across the system in alignment with national and international guidelines.

- We refreshed health data standards for the province's acute and community care Clinical Data Repository, which then enabled more hospitals and community care organizations to contribute to the EHR.

- Through Project AMPLIFI, 525 LTC homes and 82 hospital information systems were digitally integrated to share information between the hospital system and the point of care systems used in LTC. To date, this program has supported data flow for more than 90,782 patient transfers.

3.5 Use of data and analytics services

- We worked closely with the Information and Privacy Commissioner and the Ministry of Health to align on the path forward to achieving a harmonized data authority. A harmonized data authority model ensures health data is collected, managed and used in a consistent and coordinated way across the province. This means faster access to health insights, more seamless care and better decision-making across the health system.

4. Supporting Health Care Workers Through Health System Operational Management, Coordination, Performance Measurement and Management and Integration

We advanced efforts to strengthen the health care system by expanding training, recruitment and retention initiatives for health care workers across the province. We focused support for providers and collaborative planning, helped build workforce capacity, improved access in underserved areas and enhanced system integration and performance.

Highlights of our impact together to support health care workers include:

- **More training opportunities:** 13,102 personal support worker (PSW) students received financial support to complete their clinical placements in LTC and home and community care. Over 6,000 days of clinical training in Northern Ontario were provided to medical residents, helping to build capacity and attract physicians to high-need areas.
- **More physician coverage:** More than 31,000 days of physician coverage in rural and Northern communities through locum programs helped fill critical physician staffing gaps and ensure continuity of care.
- **More health care workers recruited:** Over 2,200 nurses and nearly 2,400 PSWs were recruited into high-need areas, strengthening the health workforce in LTC, home care and other priority settings across the province.

4.1 Workforce training and optimization

- In 2024/25, Ontario Health allocated funding to provide financial support to over 11,000 PSW students. The PSW Incentive Program helped them complete their clinical hands-on training in LTC and home and community care settings.

- To help hospitals across Ontario perform more surgeries, we directed $13 million through the Surgical Pathway Training Fund. This money was used to train and upgrade the skills of health care providers so they could work in operating rooms, cancer treatment and medical imaging.

- The Northern Ontario Resident Streamlined Training and Reimbursement Program gave medical residents more than 6,000 days of hands-on training in Northern Ontario. This not only helped build clinical skills but also encouraged new doctors to consider working in areas with the greatest need.

- We began building a health human resources (HHR) knowledge hub. This online resource will leverage a library of resources, as well as webinars and discussion groups, to share useful information and best practices focused on popular topics. A prototype has already been created to help shape the final version of the hub.

4.2 Recruitment, retention and distribution

- In 2024/25, we helped provide more than 31,000 days of physician coverage in rural and Northern communities through three locum programs: The Emergency Department Locum Program, the Rural Family Medicine Locum Program, and the Northern Specialist Locum Program. This support helped fill critical physician resourcing gaps and ensured people in these areas could continue to access care.

- In 2024/25, Ontario Health's physician locum programs provided nearly 5,000 days of physician coverage to Indigenous Health Systems, ensuring continuity of care for Indigenous communities, particularly in remote Northern regions where these services are often the only accessible source of health care. This support played a critical role in preventing service disruptions.

- We continued to strengthen Ontario's nursing and personal support workforce. Through the Community Commitment Program for Nurses more than 2,200 nurses including registered nurses, registered practical nurses and nurse practitioners, were recruited into high-need communities and health care organizations. The PSW Incentive Program brought nearly 2,400 PSWs into LTC and home and community care roles.
- We also supported internationally educated nurses in becoming licensed to practice in Ontario. Nearly 1,700 internationally educated nurses gained supervised practice experience through the Supervised Practice Experience Partnership. Nearly 9,100 inactive or internationally educated nurses received financial support to cover exam and registration costs, helping them move closer to licensure.

4.3 Integrated capacity planning

- In 2024/25, we created new tools to better track health workforce trends across the province. This includes an HHR dashboard that shows timely data on program performance, staffing agency use and job vacancies for registered nurses, registered practical nurses and PSWs in hospitals and LTC homes.

5. Enhance Clinical Care and Service Excellence

We continued to advance our clinical programs while further improving access, quality and innovation within clinical areas of cancer, renal, cardiac, palliative care, transplant services and genetic services.

Highlights of our impact together to enhance clinical care and service excellence include:

- **More access to genetic counselling:** New funding and care models supported about 14,200 additional genetic counsellor-led assessments since 2023/24, helping more people get the care they need.
- **More access to cancer screening:** The Ontario Breast Screening Program began offering breast screening to people aged 40 to 49, giving about one million more people the option to self-refer. The Ontario Cervical Screening Program introduced the HPV test as the new screening method for cervical screening.
- **More access to cancer care:** 19,000 more patients in 2024/25 received systemic treatment with funding expanded, adding 113 new treatment regimens and reviewing 234 clinical trials. Nearly 2,000 more patients received radiation therapy in 24/25 due to increased use of ultra-hypofractionation.
- **Improved renal care for complex conditions**: 6,091 people across all 27 Regional Renal Programs received multidisciplinary glomerulonephritis care, a model ensuring these patients have access to timely, team-based care.
- **More innovated organ transplantation:** The Trillium Gift of Life Network (TGLN) and hospital partners launched Canada's first use of abdominal normothermic perfusion, a technology that preserves and improves organ function before transplant, resulting in seven successful donors and 17 organ transplants.
- **More cardiac procedure volumes:** Catheter ablation procedures for atrial fibrillation (irregular heart rhythm) doubled from 2,027 in 2021/22 to approximately 4,240 in 2024/25.

5.1 Expand provincial genetic services

- We made several advancements in genetic testing and disease prevention to improve diagnosis, treatment and access to care:
  - New funding and care models supported an estimated 14,200 additional genetic counsellor-led assessments since 2023/24, helping more patients get the care they need.
  - We expanded access to exome sequencing for patients with rare and inherited conditions, helping them get earlier and more precise diagnoses.
  - We introduced new multigene panels for inherited heart conditions like cardiomyopathy and arrhythmia, along with clinical guidance. This helps with diagnosis, treatment planning and identifying risks for family members.
  - New genetic tests for pediatric solid tumors, low-grade/infantile gliomas and high-grade gliomas are giving care teams better tools to diagnose and manage these cancers.
  - We introduced genetic testing for chronic lymphocytic leukemia to guide treatment decisions for patients whose disease progresses after first-line therapies.
  - We signed agreements with five sites to expand the use of gcConnect, a tool that helps non-genetics clinicians order appropriate genetic tests.
  - Our launch of a new data collection program at four pilot sites will track demand, capacity and wait times for genetic counsellor-led assessments. This is the first step in gathering the data needed to improve access and service planning, with more sites to be added in the future.

5.2 Improve access and quality in cancer care

Together with our health care system partners, we made significant progress in expanding access to cancer screening, improving treatment options and supporting equitable care across the province.

- Expanded Screening Programs
  - The Ontario Breast Screening Program was expanded to offer breast screening to people aged 40 to 49, giving nearly one million more people the option to self-refer. To support informed decision-making, we developed educational materials, available in more than 30 languages, for health care providers and the public. These resources include information on personal risk, screening benefits and harms, and the impact of race, ethnicity and Indigeneity on breast cancer outcomes. People without a primary care provider can get support from trained navigators at Health811 or prevention specialists at select locations. Ontario Health also created the Ontario Breast Screening Program Locations and Mammogram Wait Times page to enable Ontarians to locate screening sites based on proximity, language, accessibility, mammogram appointment wait times and availability to find a location that best fits their needs and preferences. Additionally, to support breast screening for trans people in Ontario, Ontario Health developed tailored guidance for both trans-feminine and trans-masculine populations at average risk.

- The Ontario Cervical Screening Program introduced the HPV test as the new test for cervical screening and for follow-up testing in colposcopy. The new cervical screening test is better at preventing cervical cancer, reduces unnecessary repeat testing and supports timely discharge from colposcopy, benefiting about five million Ontarians. New resources available in more than 30 languages were developed to educate the public about this change. The program also introduced a phased rollout of self-collected HPV testing at 11 primary care sites across the province, including two Indigenous sites.
- To support expanded access to people at high risk for lung cancer, the Ontario Lung Screening Program added five new hub hospitals and two spoke sites, raised the recommended screening stop age to 80 from 74, and introduced a risk re-assessment policy. To help reach underserved communities, screening sites used outreach strategies and developed and shared public awareness materials in more than 30 languages. Ontario Health developed a sociodemographic data collection framework and updated its information management system to initiate data collection and submission based on site/organizational readiness.

- Improved Access to Cancer Diagnostics and Treatment
  - We distributed new agreements to 38 hospitals for record-level reporting of diagnostic imaging guided procedures to improve quality and performance tracking, while also improving reporting efficiency and administrative burden for sites.
  - We launched two new positron emission tomography (PET) centres in Kingston and Oshawa to ease system pressure and improve access to local care.
  - Since we expanded prostate-specific membrane antigen PET imaging for initial staging and recurrent prostate cancer in late 2023, wait times have dropped by 60 per cent and capacity has increased by 867 patients.
  - We implemented new and updated tumour biomarker tests across pediatric and adult cancers.
  - We introduced public funding for three new chimeric antigen receptor (CAR) T-cell therapy indications, with patient volumes increasing from 162 in 2023/24 to an estimated 230 in 2024/25.
  - Nearly 2,000 more patients received radiation therapy in 24/25 due to increased use of ultra-hypofractionation (a way of delivering radiation therapy where a larger dose is given in fewer treatments than traditional radiotherapy), with 1,600 more patients treated within target wait times compared to 23/24.
  - To financially support hospitals in delivering evidence-based cancer treatments and increasing access to high-quality treatments for patients, 113 new treatment regimens were added and 234 clinical trials were reviewed for funding. As a result, 19,000 more patients received systemic therapy in 2024/25 compared to the previous year.
  - To support patients/care partners and providers with accurate, timely, easy-to-use information regarding systemic treatment, 87 new drug monographs and patient information documents were added to the Systemic Treatment Drug Formulary website, along with updates made to an additional 446 documents. Gender-inclusive language related to pregnancy/lactation was updated in 251 Systemic Treatment Drug Formulary documents.

- Provincial Drug Reimbursement Programs implemented 20 new drug indication pairings, which were funded with an average time to listing of 80 days. This exceeds previous targets and improves upon results from prior years, giving patients faster access to new and effective treatments. Notably, funding for epcoritamab for lymphoma was implemented in a record 26 days from the date of the national agreement.
- In December 2024, Ontario became the first province in Canada to publicly fund PLUVICTO, a radioligand therapy for advanced prostate cancer that slows disease growth and increases survival time. Ontario also led the development of national standards for safe delivery of radiopharmaceutical therapies.
- The VISTA program, a virtual psychiatry pilot for cancer patients in Northern Ontario, launched successfully with strong patient satisfaction.
- Ontario Health published CAR T-cell safety guidance, including the T-cell Engaging Antibodies Wallet Card and clinical guidelines, to support safe delivery of this emerging therapy.
- The Diagnostic Medical Equipment Grant allocated $41.8 million to 15 radiation treatment facilities to replace aging equipment and ensure access to high-quality care.

5.3 Improve access and quality in renal care

- Ontario Renal Plan 4, released in January 2025, outlines how Ontario Health, Regional Renal Programs and health system partners will work together to improve care for people with chronic kidney disease and reduce its impact on individuals and the health system.

- As of the end of 2024/25, 6,733 people across all 27 Regional Renal Programs were receiving multidisciplinary care for glomerulonephritis, a complex and leading cause of kidney failure. This is a 106 per cent increase since 2019/20. This model ensures these patients have access to timely and team-based care.

- We continue to support programs that help to reduce the financial burden of dialysis for patients:
  - 379 Ontarians received more than 5,600 hemodialysis treatments while outside the country.
  - 88 rural and remote patients received grants to help with travel or relocation costs for home dialysis training.
  - The Home Dialysis Assistance Program provided funding to Regional Renal Programs to support home dialysis assistance for 647 patients doing home hemodialysis or peritoneal dialysis. By year-end, 20 Regional Renal Programs were approved to offer this program; 15 for assisted peritoneal dialysis and for assisted home hemodialysis.

- We developed the first provincial Kidney Transplant System Plan, which will drive improvements in kidney transplantation in Ontario and is set to launch in 2025/26. The plan was created with input from the Integrated Kidney Transplant Forum and will guide improvements across the transplant journey.

- Beginning April 1, 2024, Ontario transitioned from the CKD-EPI 2009 estimated Glomerular Filtration Rate (eGFR) equation to the race-free CKD-EPI 2021 equation. The new CKD-EPI 2021 equation does not discriminate against any group while maintaining precision and is just one step the Ontario Renal Network is taking to address health inequities in kidney care experienced by Black people in Ontario. Ontario's community laboratories and most hospital laboratories have implemented the new equation.

- We expanded chronic kidney disease and risk factor (diabetes and hypertension) screening in Indigenous communities. Six Regional Renal Programs are now offering this screening, with more than 250 individuals screened across the province.

5.4 Increase life-saving organ and tissue donations and transplants

- Trillium Gift of Life Network (TGLN) continued its work to raise public awareness and encourage Ontarians to register consent for life-saving organ donation. The Ontario public demonstrated their support through gifts of 339 organ donors, 2,025 ocular donors, 218 multi-tissue donations and 110,396 new donor registrations.

- TGLN launched a new annual awareness initiative in collaboration with the Canada Revenue Agency. Ontario taxpayers can now opt-in to receive information about donation and transplantation from TGLN. In November 2024, TGLN executed its first email campaign to more than 2.1 million Ontario taxpayers.

- The Tissue Program implemented anterior skin recovery in January 2025, increasing skin yield for the Sunnybrook Skin Bank by approximately 25 per cent.

- A Rapid Deceased Donation Protocol was established to prevent lost donation opportunities by reducing the number of families that do not support donation due to the length of the time required from consent to organ recovery. Since its launch, the number of families declining donation due to time concerns has dropped by four per cent.

- TGLN and hospital partners launched Canada's first use of abdominal normothermic perfusion, a technology that preserves and improves organ function before transplant and aims to optimize the number of organs recovered from an organ donor. In 2024/25, this resulted in seven successful donors and 17 organ transplants.

- The first case of heart donation in Canada following determination of death by circulatory criteria was successfully implemented by TGLN and its partners in 2024/25, opening the door for a potential expansion in the donor pool. Over the past year, TGLN worked in close collaboration with U.S. transplant teams, leveraging innovations in technology for ex-vivo heart perfusion. This collaboration provided tremendous learning and mentoring for Ontario heart transplant surgical teams as they watched these recoveries by experienced U.S. teams. In total, there were eight hearts successfully recovered and transplanted from Ontario donors. This represents 13 per cent of the total number of hearts recovered and transplanted from deceased donors last fiscal year.

- In December 2024, TGLN and Canadian Blood Services launched the Interprovincial Organ Sharing Kidney initiative. This program increases transplant opportunities for highly sensitized patients (those who are harder to match due to specific antibody profiles) by expanding across other provinces. In Ontario, about 1,000 people are waiting for a kidney transplant, including 164 highly sensitized patients, with wait times ranging from two to five and a half years depending on blood type.

- Ontario introduced a new liver priority scoring system, Model for End-Stage Liver Disease 3.0, for adult and pediatric patients on the liver transplant waitlist. The new calculation aims to provide a more equitable and accurate predictor of mortality in patients with cirrhosis, including additional variables to enhance prediction accuracy and addressing sex disparity.

- The Kidney Transplant Performance Measurement Pilot launched provincially in April 2024, creating a provincial system to track and improve transplant performance. Ongoing engagement with stakeholders will guide future expansion to other organ areas.

- When TGLN's Organ Allocation Transplantation System was launched in 2022, integration with hospital electronic health record systems was a key area of focus. This work aims to modernize the clinical information platforms of the transplant system. In 2024/25, TGLN successfully launched integration at one hospital site and one Human Leukocyte Antigen lab site as part of a phased implementation. This initiative will improve quality and safety in patient care and support hospital partners by decreasing clinical risk, enhancing workflow efficiency by reducing duplicate data entry and improve timeliness of patient data received in the Organ Allocation Transplantation System.

- A new organ transportation model was introduced in partnership with Ornge. In select regions, ground transportation is now used instead of air when appropriate. Using ground transportation where possible will preserve system capacity for cases where air transportation is most critical, ensuring organs are transported safely and efficiently and reduce cost to the health care system. Since January 2025, this model has been used for 17 donors, saving approximately $200,000 in system costs.

5.5 Improve access and quality in cardiac, vascular and stroke care

- We continued to support cardiac surgical recovery which led to a decrease in the Wait 2 (the time between a decision to proceed with a procedure and the actual surgery) waitlist queue. A $3.3 million investment from the Ministry of Health will further strengthen and stabilize the provincial cardio-perfusion health human resources shortage over the next three years.

- With targeted base funding from the Ministry of Health, access to catheter ablation for atrial fibrillation (irregular heart rhythm) has more than doubled since 2021/22, increasing from 2,027 to approximately 4,240 procedures in 2024/25.

- Coronary Computed Tomography Angiography (CCTA) is a heart imaging test using a CT scan to create detailed 3D images of the heart's arteries. It helps doctors see if the heart arteries are narrowed or blocked by plaque buildup, which can lead to heart disease. Access to CCTA has improved due to an additional $2.5 million incremental base funding from the Ministry of Health in 2024/25. In addition, more patients are receiving timely access as noted by a growth of 40 per cent more Priority 3 (frequent symptoms and/or recurrent visits) and nine per cent Priority 4 (stable symptomatic patients) cardiac CTs compared to 2023/24.

- Since the release of a guidance document in late 2023 aimed at improving fast access to carotid endarterectomy, 83 per cent of these procedures have been done within the provincial target of 14 days from the decision to treat. This is an increase in timely access of 13 per cent over the first year following guidance release. (Carotid endarterectomy is a surgery to remove plaque buildup in the carotid artery, which can lead to recurring stroke in people who have had a mini-stroke or mild stroke.)

- In collaboration with the Ministry of Health, we have made it easier for vascular programs in Ontario to continue to do minimally invasive repairs of aortic aneurysms that need custom made devices by implementing two new funding lines to the non-cardiac vascular aortic aneurysm repair quality-based procedure.

- We reviewed and updated endovascular thrombectomy (the mechanical removal of a blood clot in the brain) hospital service delivery requirements to reflect provincial consensus and best practice to promote high-quality standard of hyperacute stroke care.

- A new Telestroke hospital went live at Brockville General Hospital in summer 2024, bringing the total number to 32. Of these, 26 sites (81%), along with all 11 endovascular thrombectomy hospitals, are now using the medication tenecteplase for thrombolysis.

- Using a provincial procurement pricing agreement (established in 2022), approximately 60 per cent of all hospitals providing hyperacute stroke care have adopted the RAPID AI software for computed tomographic perfusion (CTP) imaging. This software helps to quickly identify patients who may be eligible for endovascular thrombectomy (EVT). As more hospitals begin using the software, more patients in Ontario are being identified as likely candidates to receive this advanced stroke treatment.

- We developed a framework and process to support hospitals interested in expanding specialized acute stroke services.

- We finalized Ontario’s first clinical guidelines for chronic limb-threatening ischemia completed for distribution in the spring. These guidelines will support the delivery of high-quality care to people with advanced peripheral artery disease.

- We developed the Common Core Standards for the five most common vascular ultrasound exams and released the standards to vascular programs and diagnostic imaging facilities across Ontario. The goal of these standards is to support consistent and high-quality vascular ultrasound imaging across the province.

5.6 Transform and improve access and quality in palliative care

- We are continuing to strengthen palliative care across the province through models of care in both hospital and community settings.

- In the community, implementation of the Adult Community Model of Care is well underway. As of the end of 2024/25, 223 community organizations joined the initiative, exceeding the annual target of 180 by 23 per cent. Early outcomes from this work include more meaningful involvement of patients and caregivers in care decisions, care that better reflects individual preferences and goals, especially in LTC homes, earlier identification of palliative care needs and timely interventions, stronger connections with regional initiatives and community supports, improved comfort among providers in having goals-of-care conversations, more culturally appropriate care, with positive feedback from patients and families, and increased provider pride in delivering care that respects cultural values. The Adult Hospital Model of Care has been approved and is set to launch in 2025/26.

- In April 2024, the new Maison de l'Est, an expansion of Hospice Care Ottawa, was officially opened in the Ottawa—Vanier area and includes eight new hospice residence beds dedicated to supporting end-of-life services for Francophone communities. The establishment of the Maison de l'Est embodies a commitment to the Francophone community and its care needs by honouring the Francophone language, culture, traditions and values.

5.7 Expand Ontario Laboratory Medicine Program

- To support evidence-based decision-making in laboratory medicine, we successfully recruited 70 medical scientific experts to participate in the Ontario Laboratory Medicine Program expert panels, strengthening the province’s capacity to guide evidence-based decision-making in laboratory medicine.

- We developed a Point-of-Care Testing (POCT) Framework through extensive clinical consultation. This framework will guide the creation of quality management standards for all community care settings where POCT is used.

- A new Tests of Provincial Significance Framework was also developed with input from clinical experts. We have identified the first set of tests to be prioritized in 2025/26. This framework will help improve the quality and consistency of lab testing across the province by enabling better monitoring and coordination, ultimately supporting smoother patient care across the health system.

6. Maximize System Value by Applying Evidence

Our approach to system and clinical transformation focuses on continuously strengthening our core capabilities, such as data, quality, reporting and value identification, to maximize system value by applying evidence.

Highlights of our impact together to maximize system value include:

- **More quality improvement:** We released two new quality standards and updated seven quality standards. More than 1,000 Quality Improvement Plans were submitted by 99.7 per cent of eligible organizations, demonstrating strong engagement from hospitals, LTC homes and primary care teams in improving care. We also completed eight final health technology assessments and associated funding recommendations for the ministry. Topics included tuberculosis, cancer, mental health, chronic pain, women's health, sleep disorder and asthma.
- **More practice improvement:** To offer practice ideas for improvement, we released 442 MyPractice reports and OurPractice reports for general medicine and 346 MyPractice reports for general surgery and for orthopedic surgery.

6.1 Advance high-quality and safe care through evidence and continuous quality improvement

- We published health technology assessments and public funding recommendations for eight innovative technologies, including fractional exhaled nitric oxide (FeNO) testing for asthma diagnosis and management, pelvic floor muscle training for stress urinary incontinence and pelvic organ prolapse, plasma-based comprehensive genomic profiling (CGP) DNA assays for non-small cell lung cancer, single-exposure, dual-energy subtraction flat panel X-ray detectors, peripheral nerve stimulation for chronic neuropathic pain, interferon gamma release assay testing for latent tuberculosis infection, magnetic resonance-guided focused ultrasound (MRgFUS) neurosurgery for treatment-resistant obsessive-compulsive disorder (OCD), and noninvasive vagus nerve stimulation for the treatment of cluster headache and migraine.

- In 2022, tuberculosis was the second leading cause of death from infectious disease globally. Many individuals infected with Mycobacterium tuberculosis carry the bacteria in a latent form, known as latent tuberculosis infection (LTBI), which can progress to active disease. In alignment with our commitment to equitable and evidence-based care, we recommended interferon gamma release assay (IGRA) testing for LTBI, to support early detection and prevention (pending Ministry of Health approval).

- To improve access to precision medicine, we recommended funding for plasma-based comprehensive genomic profiling (CGP) DNA assays for patients with non-small cell lung cancer who have an insufficient tissue sample or difficult-to-reach tumour tissue and for those who are otherwise unable to undergo tissue biopsy (pending Ministry of Health approval).

- We assessed and recommended the use of peripheral nerve stimulation for adults with chronic neuropathic pain, recognizing its potential to improve pain, function and quality of life for patients who have exhausted conventional treatments (pending Ministry of Health approval).

- We advanced the evaluation of emerging technologies by assessing single-exposure, dual-energy subtraction flat panel x-ray detectors and MRgFUS neurosurgery for treatment-resistant obsessive-compulsive disorder, supporting innovation in diagnostic imaging and mental health care.

- We evaluated and recommended against public funding for noninvasive vagus nerve stimulation (nVNS) for cluster headache and migraine, using a health technology assessment to guide evidence-based decision-making.

- We released new quality standards on gender-affirming care for gender-diverse people (care for adults) and insomnia disorder. We also updated seven quality standards on palliative care, major depression, heavy menstrual bleeding, dementia care for people in hospitals and LTC homes, dementia care for people living in the community, vaginal birth after caesarean and osteoarthritis.

- In alignment with our health equity strategic priorities, we posted informational documents for clinicians and patients regarding the use of race-neutral equations to interpret spirometry testing results for people with COPD.

- In Ontario, delirium is a leading cause of hospital-acquired harm, affecting 20 to 40 per cent of adults hospitalized for medical and surgical care. Each year, approximately 12,000 people also experience a hip fracture. In partnership with system partners, we focussed on quality standard implementation for these priority topics to address variations and gaps and inequities in care, experiences and outcomes.

- The Evidence2Practice (E2P) program integrates evidence-based digital decision support tools into clinical systems including electronic medical records in primary care and Hospital Information Systems in acute care. To date, the program has provided tool access to over 4,190 clinicians in primary care, including more than 2,200 family physicians and 440 nurse practitioners for the topics of heart failure, anxiety and depression, type 2 diabetes and COPD. In acute care, over 11,053 clinicians across 21 sites have accessed E2P enhancements, with 33 implementations completed, focusing on heart failure, anxiety and depression, type 2 diabetes and sickle cell disease. Tools and enhancements are available province-wide and free-of-charge to all primary care and acute care providers.

- We released two new eReports on delirium and on hip fracture, which give clinicians access to quality indicators and data at both the hospital and regional levels. These eReports are available to ONE ID members (individuals delivering care with secure access to digital health services) and Ontario Health team members through our Health System Report platform.

- To identify variations in practice and to offer practice ideas for improvement, we released 442 MyPractice reports and OurPractice reports for general medicine, along with 346 MyPractice reports for general surgery and orthopedic surgery.

- We received more than 1,000 quality improvement plans (QIPs) from 99.7 per cent of hospitals, LTC homes and interprofessional primary care organizations in 2024/25, demonstrating strong sector-wide commitment to improving quality of care in areas that matter most to people: access and flow, safety, equity and patient, resident and client experience. The QIPs are used to align provincial and local priorities and support system-wide quality improvements. This included targeted efforts such as using QIP data to strengthen emergency department performance, aligning hospital quality indicators with existing programs like Pay for Results, and expanding core quality measures to LTC and primary care. To support this work, we introduced a new Power BI QIP dashboard that provides regional teams with real-time data to guide performance management discussions with health service providers.

- We recommended funding three new clinically approved indications/procedures for robotic surgery (pending Ministry of Health approval): rectal cancer, lung and mediastinal cancer tumours, and transoral oropharyngeal cancer surgery.

6.2 Strengthen system supports and accountabilities

- In collaboration with the Ministry of Health, we released a hospital benchmarking tool to help hospitals better understand and review their financial and operational performance. The tool will help Ontario Health identify and refine the indicators and flags, which will then allow hospitals to compare their results with peers. It will continue to evolve to support hospital performance monitoring and improvement and identify opportunities for sharing best practices in the sector.

- Service accountability agreements for hospitals, LTC and multi-sector organizations were extended to March 31, 2026. The agreements enable ongoing collaboration between Ontario Health and health service providers to advance key health system operations and initiatives and to drive ongoing improvements.

7. Strengthen Ontario Health's Ability to Lead

The effectiveness and strength of Ontario Health's team is a key enabler and is central to the success of the province's health care system. We make investments in our workforce and organization a top strategic priority. An engaged workforce and effective organization are essential to support the achievement of our vision, mission and strategic priorities.

Highlights of our work to strengthen our ability to lead include:

- **More engaged team members**: With an 83 per cent response rate, the 2024 Employee Engagement Survey provided valuable insights that informed 28 sessions engaging more than 475 team members, demonstrating a commitment to listening to and acting on team feedback and leading to several improvements including to the Performance Development Program.
- **More equity-driven support for team members:** Nearly 800 team members engaged in eight employee-led Communities of Inclusion which provide safe and supportive spaces for team members to connect around shared identities and lived experiences. The second phase of the Communities of Inclusion Mentorship Program offered equity-deserving team members with structured mentorship and leadership development opportunities.

7.1 Continue enhancing Ontario Health's organizational effectiveness through a strong, engaged, connected, diverse and accountable workforce

- We are strengthening policies, processes and procedures to maintain the trust of our team members.

- We are creating a culture that aligns with our values by ensuring all team members feel part of the organization's vision and mission, nurturing a high-performing organization. As a result of our 2024 Employee Engagement Survey, we developed the Ontario Health Employee Engagement Action Plan, which identifies 17 key initiatives to be delivered over a two-year period, with the goal to enhance employee experience and drive a One Ontario Health culture.

- We launched the New Hire Pre-Onboarding Toolkit, Onboarding Toolkit, and New Hire Buddy Program to support people leaders throughout the new hire integration and onboarding process.

- We refreshed the Learning and Development Policy, Compensation Policy, Respectful Workplace Policy & Program and the Occupational Health and Safety Policy.

- We launched Wellness Program quarterly campaigns, including communications, webinars and other related initiatives, with more than 1,000 team members participating. In partnership with TELUS Health, we developed and facilitated mental health education sessions for key groups supporting the organization.

- Almost 800 Ontario Health team members participated in eight Communities of Inclusion, which provides dedicated time for team members to organize events that raise organizational awareness of equity.

- We completed a second phase of the Communities of Inclusion Mentorship Program, reaffirming our commitment to professional and leadership development of equity-deserving team members. Across the organization, mentees from equity-deserving communities were provided structured mentorship and networking opportunities, fostering professional growth and inclusive leadership pathways.

7.2 Support the government's plans for supply chain centralization

- We continued to work with the Ministry of Health and Supply Ontario to support supply chain excellence across the health sector, and to clearly define roles and responsibilities through a Collaboration Framework Agreement, including collaboration on our planned procurements and reporting on our demand plan.

- Working with Supply Ontario, we continued to support increased data sharing regarding procurement spending through monthly demand planning meetings, procurement data on U.S. vendors and strategies for managing key vendors, such as those in the renal program and radiation therapeutics.

- We continued to seek endorsement from Supply Ontario for procurements on go-to-market strategies, in which Treasury Board approval is required, to drive alignment and improved decision-making.

Our Team and Core Operations

At Ontario Health, our operating model begins with the people we serve: patients, families, long-term care residents, community clients, caregivers, volunteers and diverse populations including First Nations, Inuit, Métis, urban Indigenous, 2SLGBTQIA+, Francophone, Black communities and people living with disabilities. We are focused on ensuring everyone in Ontario receives the best quality health care.

We work in close partnership with a broad range of health system organizations including hospitals, primary care providers, long-term care homes, public health units, mental health and addictions services, home and community care and social service agencies. Through these relationships, and by leveraging clinical expertise and digital innovation, we are improving access, outcomes and experiences across the health system.

Ontario Health operates through three core functions:

Regions
Our six regional teams coordinate the province's health system, from strategic planning, funding flow to day-to-day tactical delivery through 1,400 agreements with health service providers, ensuring accountability for health care delivery. With their deep understanding of local needs and regional differences, the regional teams lead system transformation and integration. Ontario Health's regions drive improved system performance through regular performance reviews, by providing guidance on strategies and sharing best practices to address service delivery challenges, with the aim of ensuring equitable access to high quality health care within local communities.

Population Health and Clinical Care
Our clinical programs, such as cancer, renal, cardiac, vascular and stroke, define what good care looks like across Ontario. By setting standards and sharing best practices, these programs help ensure quality and consistency no matter where care is delivered.

Enterprise and System Enablement
Our enterprise and system enablement team, including equity, legal, strategy, communications, digital and human resources, is the engine of Ontario Health. This is where we implement strategies, including funding agreements, develop digital tools to support clinical practice and analyze data to improve system performance.

Together, this model ensures we deliver on our promise to modernize and transform health care in Ontario, improving outcomes, connecting services and enabling better care for all.

Our People

Our team is made up of talented and highly skilled individuals who connect and coordinate our province's health care system and inspire the system to put people first. Our goal is to improve the health and well-being of all.

Ontario Health's Workforce: Year-Over-Year Staffing Summary

Ontario Health's workforce has seen a modest increase over the past three years commensurate with achieving new or expanded health care priorities and accountabilities from the government. This has included resources to deliver a new primary care program focused on connecting every Ontarian to a primary care provider; expanding access to screening programs; the establishment of an emergency services program and implementation of the ED Peer-to-Peer initiative; health human resources to recruit and place frontline clinicians to maintain services; resources to implement the Digital First for Health strategy, including Patients Before Paperwork; expansion of the Central Waitlist, and development of a coordinated provincial mental health access model. Additionally, rising donor volumes have driven the need for more clinical staff to support organ and tissue donation.

- As of March 31, 2025, there were 3,264.5 full-time equivalents (FTEs), which included 13.6 Executive FTEs. Full-time equivalent growth from March 31, 2024 to March 31, 2025 was 7.5 per cent (215.9 FTE).

By comparison:

- As of March 31, 2024, there were 3,099.5 FTEs, which included 12.6 Executive FTEs
- As of March 31, 2023, there were 2,883.6 FTEs, which included 13.6 Executive FTEs

The creation of one unified Ontario Health resulted in the reduction of 42 executive positions in its first three years.

Engagement and Relationship Building

At Ontario Health, building meaningful relationships is at the heart of how we work, connect and grow alongside the communities we serve. Over the past year, this commitment has come to life through meaningful partnerships, co-designed solutions, and a deep respect for the diverse voices that make up Ontario's health system.

We continued to build and nurture respectful relationships with First Nations, Inuit, Métis and urban Indigenous partners in ways that honour culture, autonomy and self-determination. From signing a new Relationship Protocol with the Anishinabek Nation to supporting the development of the province's first Indigenous-led hospice, our work is guided by trust, reciprocity and a shared vision for wellness. Through meaningful engagements, we co-developed plans that reflect Indigenous priorities, while investing in local leadership, culturally safe palliative care and community-based navigators who are transforming care. We are committed to continuing to work closely with First Nations, Inuit, Métis and urban Indigenous leadership to align priorities and, with established Indigenous health tables, to seek guidance and build health system capacity to address Indigenous needs respectfully, transparently and in a culturally safe manner.

For Francophone communities, we strengthened access to care in French through new training, designation support and the creation of a multi-agency hub in Sarnia-Lambton. We've also expanded cultural and linguistic sensitivity training and supported Francophone Black youth through targeted mental health initiatives. This year, a Francophone Ontario Health team member was elected co-chair of the Mental Health and Addictions French Language Services Network, helping shape strategic priorities for French Language Health Services in partnership with the Centre for Addiction and Mental Health (CAMH) and other stakeholders. In the West region, a dedicated committee of 2SLGBTQIA+ Francophone stakeholders guided inclusive engagement strategies, informed by a community survey whose findings were shared in early 2025. These efforts reflect our commitment to advancing equitable, and culturally and linguistically appropriate care for Francophone Ontarians.

At the heart of all this work is a steadfast belief that patients and caregivers are not just recipients of care, they are partners in shaping it. Our patient engagement priorities are rooted in inclusion, transparency and shared decision-making. We are creating more opportunities for patients, families and caregivers to co-design programs, influence policy and guide system transformation. Through advisory councils, lived experience networks and community-led initiatives, we are listening more deeply and acting more meaningfully, ensuring that care is not only clinically effective, but also compassionate, personalized and grounded in what matters most to people.

Our approach to relationship building is rooted in humility, collaboration and a belief that lasting change happens when we lead together. As we look ahead, we remain inspired by the strength of our partners and the possibilities we can unlock together.

Operational Table[1]

(April 1, 2024 – March 31, 2025)

Introduction and Key Themes

Ontario Health is a data-driven, evidence-based organization. We track how the health system is performing using indicators set out in our Accountability Agreement (AA) with the Ministry of Health. This agreement, which is updated every three years, will be refreshed in 2025 to focus on what matters most to people in Ontario.

Each year, we outline key performance outcomes and measures in our Annual Business Plan. These are used to create an enterprise scorecard that aligns with system priorities and sets clear targets.

We also track performance indicators that align with Your Health: A Plan for Connected and Convenient Care. These indicators help us stay accountable and focus on areas that will improve care for people in Ontario. As part of this work, we've updated our indicators to move beyond those focused on COVID-19 recovery and to remove those with reporting delays. These refreshed measures help us set meaningful targets and drive improvements across the system.

The table below outlines outcomes against key performance metrics for fiscal year 2024/25.

***AA – Accountability Agreement KPI**
****ES – Ontario Health Enterprise Scorecard KPI**
Please note, all findings have been validated as of June 11, 2025.

Performance Measurement 2024/25	**Aim** (Target as established for FY 24/25) **Trend** *(against 23/24)*	**24/25 Performance Outcome**	**Comments**
Area of Focus: Primary Care			
New & Expanded Teams **ES	24/25 Aim: 66 Trend (against 23/24): N/A	66 new and expanded teams	As of March 31, 2025, all 66 IPCTs within Ontario Health oversight were operational (defined as seeing at least one new patient) and the overall target of patients served was achieved.

[1] List of measures to be retired when Accountability Agreement is updated this year: % of patients with 4+ ED visits for mental health and addictions, proportion of virtual to in-person primary care visits, number of unique patients accessing Ontario Health supported online virtual care, % of people in Ontario who had a virtual visit in the last 12 months, % of COVID-19 tests completed withing two days, % of tests completed compared to pre-pandemic (Fecal, Pap, Mammogram), wait time for hip/knee surgery (% within recommended target wait time), total number of surgeries performed for adult cancer and non-cancer, the average number of inpatients receiving care in unconventional spaces or ER stretches per day within a given time period.

Performance Measurement 2024/25	**Aim** (Target as established for FY 24/25) **Trend** *(against 23/24)*	**24/25 Performance Outcome**	**Comments**
Number of Patients Served/Attached in the New and Expanded IPCTs *AA	24/25 Aim: 250,600 Trend (against 23/24): N/A	269,035 patients	In 2024/25, we successfully expanded access to interdisciplinary primary care services to serve 269,035 patients, exceeding the target. The number of active family physicians/general practitioners in the province increased, leading to more Ontarians receiving primary care services than ever before. Health811 services and pharmacist assessments also contributed to the increased access to primary health care services.
Area of Focus: Mental Health & Addictions			
Ontario Structured Psychotherapy Program (OSP) Program Enrolment *AA	24/25 Aim: 19,968 Trend (against 23/24): Improved (18,351)	23,222 enrolments	Access to structured psychotherapy services through the Ontario Structured Psychotherapy (OSP) program supports care for those with depression and anxiety. The program exceeded the annual target for OSP enrolment, serving 23,222 patients, which is 16% higher than the performance aim. Initiatives that have contributed to the success of this metric include communication strategies to reach primary care clinicians and nurses from both the Centre of Excellence and our Network Lead Organizations, the new volume-based funding model and support for waitlist assessment and planning.
Ontario Structured Psychotherapy Program (OSP) Reliably Improved – All Clients *AA	24/25 Aim: 47% Trend (against 23/24): Stable (50%)	50%	This measure tracks clinical client/patient outcomes. It is the rate of individuals considered 'reliably improved' following enrolment in the OSP program. This program exceeded its target, achieving 50% in 2024/25. Improvement targets continue to be met even as program enrolment grows and exceeds enrolment aims. Initiatives that have contributed to the success of

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
			this indicator include evidence-based training for OSP clinicians, new workshops for training OSP clinicians, and diligence from the Network Lead Organizations to tailor services to their clients while maintaining consistent care for all clients. Clinical outcomes have remained steady on average despite demands from enrolment, indicating a positive impact to clients who have accessed services.
Ontario Structured Psychotherapy Program (OSP) Wait Times: Overall Wait (High Intensity Services Only) *AA	24/25 Aim: Maintain or improve median wait time from previous fiscal years Trend (against 23/24): Stable (75 days)	77 days	The OSP performance was relatively stable with a median wait time of 77 days at the end of March 2025. There were periods throughout the year where it was less than 75 days in the prior year.
Area of Focus: Emergency Department			
Total ED Length of Stay (All Visits) *AA	24/25 Aim: N/A Trend (against 23/24): Worsened (11.7 hours)	11.8 hours	Timely access to EDs is critical to addressing health care needs of Ontarians. At the end of 2024/25, ED length of stay was reported at 11.8 hours. This is a slight increase compared to 2023/24 (11.7 hours). Performance was impacted by factors including seasonal respiratory illnesses and the acute care system operating consistently above 100% occupancy, which impeded patient movement out of the ED. Addressing ED wait times will be a focus for Ontario Health in 2025/26 with targeted interventions to support performance improvements.

Performance Measurement 2024/25	**Aim** (Target as established for FY 24/25) **Trend** *(against 23/24)*	**24/25 Performance Outcome**	**Comments**
90th Percentile Wait Time to Physician Initial Assessment *AA	24/25 Aim: 4 hours Trend (against 23/24): Worsened (4.5 hours)	4.6 hours	For FY 24/25, 90th percentile wait time in Ontario EDs was 4.6 hours, a slight increase compared to 2023/24 (4.5 hours) Physician initial assessment time (PIA) is a key performance indicator (KPI) reflecting ED flow and efficiency. It's a measure of how long patients wait for assessment and care by the ED physician. Wait times to PIA impacts ED care quality, safety and the patient experience. In March 2025, the 90th percentile wait time in Ontario EDs was 4.6 hours. This is a 12.5% major deviation against the year-end target of four hours. Performance was impacted due to seasonal respiratory illnesses and acute care system operating above 100% occupancy, impacting patient movement out of the ED and assessment of new patients. We developed the ED Leading Practices Toolkit & ED Self-Assessment Checklist, to be released in Q1 2025/26, to provide the regions and hospitals with the resources and tools to evaluate and improve ED performance. The ongoing expansion of the Pay for Results Program to small and rural EDs by the end of Q2 2025/26 will bring all EDs into the operational model and standardize ED KPIs.
Area of Focus: Health and Human Resources			
PSWs Hired in LTC/HCC via PSW Incentive Program **ES	24/25 Aim: 1350	2,390	The ability to provide quality care hinges on having the health and human resources to support meeting care needs of

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
	Trend (against 23/24): Improved (+1,101)		patients in a timely manner. Recruitment of PSWs through the PSW Incentive Program exceeded the 2024/25 target; 2,390 PSWs were hired.
Number of Internationally Educated Health Professionals Integrated/Recruited into the Health Care System*AA	24/25 Aim: 1,500	1,664	We continue to effectively generate health system capacity through the licensure of nurses trained abroad. The Supervised Practice Experience Program exceeded its annual target and recently achieved a milestone of 5,000 completions since program inception. As Ontario has a finite pool of internationally educated nurses, annual decreases in Supervised Practice Experience Program participation are expected.
	Trend (against 23/24): Decreased (-105)		
Number of Days of Physician Coverage Provided to Communities in Need *AA	24/25 Aim: 20,000	31,353	Throughout 2024/25, the use of Ontario Health's Emergency Department Locum Program, Northern Specialist Locum Program and Rural Family Medicine Locum Program were critical for mitigating challenges associated with physician unavailability in Ontario's small, rural and Northern communities and hospitals, and for maintaining access to health care services for those populations. Locum coverage days exceeded the 2024/25 annual target in November 2024.
	Trend (against 23/24): Increased (+4,491)		
Area of Focus: Organ and Tissue Donation and Transplantation Services (TGLN)			
Growth in New Donor Registrations *AA	24/25 Aim: 200,000	110,396	At the end of 2024/25, new donor registrants reported at 110,396 and did not meet the performance aim of 200,000. Overall, registration growth was negatively impacted by fewer gross registrations, coupled with increases in registration withdrawals. TGLN continued its work to raise public awareness and encourage Ontarians to register consent for life-saving organ
	Trend (against 23/24): 141,782 Worsened		

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
			donation. TGLN implemented a new annual initiative to increase public awareness and donor registrations. In collaboration with Canada Revenue Agency, Ontario taxpayers can opt-in to receive more information about donation and transplantation from TGLN. As part of this initiative, TGLN distributed awareness emails to 2.1 million Ontarians in 2024/25.
Number of Deceased Organ Donors from Ontario *AA	24/25 Aim: 385 Trend (against 23/24): Worsened (-41)	339	At the end of 2024/25, the number of deceased organ donors reported was below the performance aim of 385. The decline in organ donations for 2024/25 can be attributed to several factors: for one, a notable decrease in donation after neurological determination of death (DNC) donors compared to donation after circulatory death (DCC) donors. Typically, DNC donors have a higher consent rate, so this shift impacted overall donation numbers. Also, an increase in family overturns for registered consent decision, and a rise in the number of medically unsuitable donors post-consent (particularly among those whose organs were recovered but ultimately not transplanted. Collectively, these factors led to a reduction in total donor volumes. While TGLN cannot positively influence the medical suitability of potential donors, there is always a strong focus on understanding consent performance and providing appropriate coaching, mentoring and training in support of leading practices when working with families. A Rapid Deceased Donation Protocol has been established

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
			by TGLN in collaboration with Provincial Organ Working Groups. The aim is to prevent lost donation opportunities by reducing the number of families that do not support donation due to the length of the time required.
Area of Focus: Cancer Screening & Cancer Care Programs			
Radiation Ready to Treat to Treatment Within Clinically Recommended Wait Target (%) **ES	24/25 Aim: 85% Trend (against 23/24): Improved (80.2%)	83.2%	The Ready to Treat to Treatment wait time indicator monitors for any inappropriate delays, and supports quality improvement efforts locally and provincially. The timelines are to ensure that patients can receive treatment within a reasonable time frame to avoid impacts to outcomes. Ready to Treat within clinically recommended wait target improved from 23/24, achieving 83.2% at Q4 24/25. Although radiation therapist and medical physicist shortages created challenges, performance was maintained and the volume of patients treated with radiation was increased through increased use of hypofractionation: a 4% increase in new treated cases (patients) occurred between 2023/24 and 2024/25. Frequent engagement with centres to address performance issues has been effective. The escalation process and re-referrals also helped mitigate some pressure.
Radiation Referral to Consult Within Clinically Recommended Wait Target (%) **ES	24/25 Aim: 85% Trend (against 23/24): Stable (81%)	81.1%	Radiation Referral to Consult Wait Times capture whether patients consult with a radiation oncologist within a reasonable time frame in order to avoid impacts to outcomes. The Referral to Consult Wait Time indicator monitors for any inappropriate delays and supports quality improvement

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
			efforts locally and provincially. In Q4 2024/25, 81.1% of patients received consult within recommended wait times. Although slightly below the performance aim for the fiscal year, this measure has tracked relatively close to the performance aims for Q3 and Q4. To alleviate pressures, six new radiation oncologist positions were created, and re-referrals were made to other centres.
Screening Participation Rate – Colorectal *AA	24/25 Aim: 65% Trend (against 23/24): Stable (61.1%)	60.7%	Measuring colorectal cancer screening participation is important, as regular colorectal cancer screening can reduce colorectal cancer mortality and incidence by detecting cancer at early and more treatable stages and identifying and removing precancerous polyps. In Q4 of 2024/25, 60.7% of screen-eligible people were up to date with a colorectal test (either a fecal immunochemical test (FIT), a flexible sigmoidoscopy or colonoscopy); this metric was slightly below the performance aim of 65%. Performance on this indicator was relatively static when compared to the previous year (61.1% in 2023/24 Q4). In 2024/25 Q4, 9,846 more people were up to date with colorectal screening since 2024/25 Q3. Note that FIT is an at-home test, and this indicator measures participation in FIT in the past two years, colonoscopy or flexible sigmoidoscopy in the past 10 years.
Screening Participation Rate – Cervical (Ages 25-69) *AA	24/25 Aim: 60% Trend (against 23/24): Stable (61.1%)	60.6%	Measuring cervical screening participation is crucial, as cervical screening using cytology (Pap test) can lead to early detection of pre-cancerous lesions before they

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
			develop into cervical cancers. Regular cervical screening is important because it significantly reduces cervical cancer incidence, morbidity and mortality. In 2024/25 Q4, 60.6% of screen-eligible people were up to date with cervical screening (cytology test or HPV test) and met the performance aim of 60%. Performance of this indicator was relatively static when compared to an equivalent quarter of the previous year (61.1% in 2023/24 Q4); however, the number of people who were up to date with cervical screening had increased by 6,346 since 2024/25 Q3.
Screening Participation Rate – Breast (Ages 50-74) *AA	24/25 Aim: 65% Trend (against 23/24): Improved (60.9%)	61.1%	Breast cancer screening is critical for early detection and better outcomes for patients. In 2024/25 Q4, 61.1% of screen-eligible people ages 50-74 were up to date with breast cancer screening (mammogram); this metric was slightly below the performance aim of 65%. Performance on this indicator improved from the equivalent quarter of the previous year (60.9% in 2023/24 Q4) despite the expansion of breast cancer screening to ages 40-49 in 2024/25 Q3. In 2024/25 Q4, 1,447 more people ages 50-74 were up to date with breast cancer screening since 2024/25 Q3. Note that the Ontario Breast Screening Program (OBSP) expanded to people ages 40-49 on Oct. 8, 2024; eligible people can self-refer to the OBSP for a mammogram (i.e., a referral from a primary care provider is not required). This indicator measures participation over a 30-month period for eligible people ages 50-74.

Performance Measurement 2024/25	**Aim** (Target as established for FY 24/25) **Trend** *(against 23/24)*	**24/25 Performance Outcome**	**Comments**
Area of Focus: Access and Flow			
ALC: Open Volume (Transition Care Unit (TCU) Adjusted) – Total *AA **ES	24/25 Aim: 3,933 Trend (against 23/24): 4,185 Improved	3,991	It is critical that patients receive the right care in the right place. Reducing the number of patients designated ALC across the province and moving them to the services they require helps increase inpatient care capacity. It also supports more appropriate use of beds and improves patient flow across the health care continuum. While ALC volumes continued to grow over the course of the year, the fiscal year ended with meeting the provincial target of 3,933. Several factors contributed to the decline in ALC volumes during March 2025, including significant efforts across hospitals, Ontario Health atHome and partner health service providers, as well as strong support from regional teams, and the subsiding impact of the fall/winter surge. In response to the surge, Ontario Health effectively leveraged Home First (aligned with ALC leading practices) through the release of the 2024 provincial operational direction and subsequent engagement with hospitals, Ontario Health atHome, Community Paramedicine Providers and regional partners.
Number of ALC Open Volume Waiting for LTC Placement	24/25 Aim: No target set Ideal direction: Decreasing Improved compared with previous year (23/24 results)	2024/25 (as of March 31, 2025) = 1,649 2023/24 (as of March 31, 2024) = 2,204	Comparing March 2025 and March 2024 data shows a decrease in the number of patients in designated ALC waiting for placement in LTC. This indicator is an important measure of system level pressures. It shows how many patients remain in hospital

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
			despite no longer needing hospital care, due to limited access to long-term care.
Number of Applicants Waiting in the Community in Crisis for LTC Placement	24/25 Aim: No target set Ideal direction: Decreasing Worsened compared with previous year (23/24 results)	2024/25 (as of March 31, 2025) = 3,026 2023/24 (as of March 31, 2024) = 2,659	Comparing of March 2025 and March 2024 data shows an increase in the number of applicants waiting in the community in crisis for LTC placement. This indicator also points to the lack of available LTC beds and the challenge for the home and community care sectors to provide the volume and range of services required for frail individuals living in the community. This situation is exacerbated by the growing frailty of the Ontario population and the re-prioritization of patients designated ALC on the LTC waitlist as crisis, which has resulted in more placements into LTC from hospitals and fewer from the community.
Area of Focus: Digital			
Ontarians: Number of Total Health811 Interactions (Including Chats, Calls, and Health Assessments) Corresponds to 2425-OMB-588 *AA	24/25 Aim: N/A Trend (against 23/24): Stable (823,548 total interactions)	708,574	Health811 provides access to safe, high-quality care, connecting patients to a registered nurse to avoid unnecessary visits to the emergency room. Volumes remained steady throughout 2024/25 with quarterly total interactions ranging from 171,000 to 183,746. This supports ED divergent care for non-urgent visits. The change from 2023/24 and 2024/25 reflects the shift to Health811-alternative digital care options (e.g., private virtual walk-ins, regional urgent care clinics and pharmacy prescribing).
Total Number of Electronic Referrals and Consults in Ontario *AA	24/25 Aim: N/A Trend (against 23/24): eReferrals 23/24: 881,727 Improved	Total eReferrals: 1,234,321 Total eConsults: 121,970	The primary focus in FY24/25 was to drive meaningful active use (3+ interactions within 90 days) of eConsult and eReferral through continued change

Performance Measurement 2024/25	Aim (Target as established for FY 24/25) **Trend** *(against 23/24)*	24/25 Performance Outcome	Comments
	eConsults 23/24: 115,712 Improved		management support carried out by deployment teams. These efforts contributed to a significant increase in referrals and consults sent compared to FY23/24.
System: Number of Authorized Users to Access a Provincial Viewer *AA	24/25 Aim: N/A Trend (against 23/24): Improved (327, 460)	341,638 Authorized users	A growing number of clinicians across the continuum of care are incorporating access of patient data via the provincial viewers into their workflows. Pharmacists are the most recent clinician group eligible to access the viewers and much of the growth this year is attributed to this group. Primary care providers continue to be the other major group showing growth.

*Home care outcomes and performance metrics can be found in Ontario Health atHome's 2024/2025 Annual Report.

Risk Identification and Mitigation

In 2024/25, Ontario Health advanced our commitment to fostering a risk-aware culture across the organization, positioning risk as a strategic enabler for our board, senior leadership team and team members through the continued implementation of our Enterprise Risk Management (ERM) framework. Key accomplishments include:

- Development of Key Risk Indicators (KRIs) to enhance board oversight and align with the Enterprise Information Framework.
- Modernization of the Enterprise Risk Management framework by integrating the Three Lines of Defense Model, which defines roles and responsibilities for internal controls, risk oversight and independent assurance while updating risk appetite and tolerance thresholds to reflect Ontario Health's risk landscape.
- Operationalization of the enterprise Business Continuity Management System to strengthen organizational preparedness and resiliency in the face of significant business and health system disruptions.

Likelihood Legend

Assessment	Level	Description	Probability
Rare	1	Risk event is very unlikely to occur in most circumstances.	<10%
Unlikely	2	Risk event is unlikely to occur in normal circumstances.	11% – 30%
Possible	3	Risk event may occur in certain circumstances.	31% – 50%
Likely	4	Risk event is likely to occur in most circumstances.	51% – 90%
Almost Certain	5	Risk event will occur in normal circumstances.	>91%

Impact Legend

Assessment	Level	Description
Insignificant	1	A risk event that, if it occurs, will have little or no impact on achieving outcome objectives.
Minor	2	A risk event that, if it occurs, will have negligible/inconsequential impact on achieving desired results, to the extent that one or more stated outcome objectives will fall below goals but well above minimum acceptable levels.
Moderate	3	A risk event that, if it occurs, will have limited impact on achieving desired results, to the extent that one or more stated outcome objectives will fall well below goals but above minimum acceptable levels.
Major	4	A risk event that, if it occurs, will have an extensive impact on achieving desired results, to the extent that one or more stated outcome objectives will fall below acceptable levels.
Critical	5	A risk event that, if it occurs, will have an excessive impact on achieving desired results, to the extent that one or more stated outcome objectives will not be achieved.

RISK: CYBER SECURITY

As we continue to advance and rely on digital health platforms and infrastructure to enable the delivery of patient-centred care, the organization was subject to increasing cyber security threats, resulting in potential operational, financial, legal and reputational impacts and downstream effects on patient care. In response, we implemented a plan to advance standardized elements to cyber security programs that will ultimately drive ongoing advancement in collective cyber security maturity across the province.

Likelihood and Impact
Likelihood: **Likely**, given the controls and cybersecurity program in place but challenged by the persistent and evolving external threat landscape.

Impact: **Critical**, given the impact on various aspects of Ontario Health business and partners.

Mitigation
Ontario Health conducted regular reviews and validations of our privacy and security programs. A robust cyber security program was in place, incorporating people, process and technology controls to prevent, detect and respond to cyber threats, complemented by continuous sharing of cyber intelligence with partners. A Zero Trust Architecture approach continues to be implemented to allow the organization to counter evolving threats.

We established a provincial cyber security operating model in partnership with the Ministry of Health and the Ministry of Public and Business Service Delivery and Procurement. The model aims to enhance collective cyber security resilience in the provincial health care sector and support all health service providers across the province. Local Delivery Groups were formed to establish cyber security shared services and support health service providers in their region.

RISK: Health System Capacity
Ontario's health system continued to experience sustained capacity pressure arising from annual respiratory surges, population growth and demographic shifts. As patient volume and complexity continued to rise, health human resources capacity and health system access and flow challenges were noted as some of the underlying systemic issues contributing to capacity pressures.

Likelihood and Impact
Likelihood: **Likely**, given the complexity and systemic nature of the risk.
Impact: **Critical,** given direct impact on timely, equitable and appropriate patient access to health care in Ontario.

Mitigation
We supported the Ministry of Health and Ministry of Long-Term Care in executing Your Health: A Plan for Connected and Convenient Care. Some highlights include:

- Investments in primary health care to support new and expanded Interprofessional Primary Care Teams and other strategies to expand access to primary health care.
- Improving system access and flow by implementing cross-sectoral and community-focused interventions to improve patient flow and reduce the number of ALC patients in acute and post-acute care hospitals.

- Preventing emergency department closures due to HHR challenges by deploying capacity balancing techniques within and across hospitals, expanding the ED Peer-to-Peer Program, leveraging new education investments, mentorship and guidance and experiential learning opportunities to maximize the impact of medical and nursing learners and implementing locum programs to ensure clinicians were deployed, particularly in rural and northern settings.
- Stabilizing and increasing the health workforce capacity through targeted HHR infrastructure and knowledge sharing supports, such as greater integration of internationally educated health professionals, working with professional regulatory colleges to support streamlined registration for health professionals seeking licensure, spreading and scaling innovative approaches to care, directing new funding to support critical areas and prioritizing the equitable distribution of HHR in rural, northern and remote Ontario communities.
- Reducing waitlists by deploying funding to maximize surgical volumes, exploring partnerships to augment capacity (particularly for low acuity procedures), identifying opportunities for surgical innovation and enhancing reporting processes to support health service provider planning.
- Advising the Ministry of Health and Ministry of Long-Term Care on broader HHR capacity needs across health sectors through the implementation of an HHR data strategy, with a particular focus on hospitals, primary care, home and community care, long term-care and mental health and addictions services.
- Addressing LTC capacity challenges by working with the Ministry of Long-Term Care to deliver recruitment and retention programs, support initiatives to stabilize and increase bed capacity, such as Hospital to Home, Home First and ALC diversion strategies and supporting LTC home applicants and other seniors in the community by facilitating access to the most appropriate care setting.

RISK: Health System Resiliency and Emergency Management

In recent years, we significantly increased operational resiliency by improving Ontario Health's ability to resist, absorb, recover or adapt to emergent business disruption events both within the organization as well as those experienced by health service providers and other delivery partners across the province. Business disruption events took many forms, including natural disasters, infectious diseases, cyber incidents, supply chain disruptions and disruptive geo-political scenarios, such as tariff impacts on economies and industries. The health system needed to be prepared for such scenarios to minimize the impact on health service delivery and patient care across the province.

Likelihood and Impact

Likelihood: **Possible**, given the large range of external factors with the ability to affect business operations of Ontario Health and/or health service providers across the province.
Impact: **Critical**, given the potential disruption that could be caused to health service delivery and patient care.

Mitigation
We continued working with the ministries and provincial partners on health emergency management priorities, including readiness for seasonal respiratory pathogens, chemical, biological, radiological or nuclear events and ongoing response and recovery to health system emergencies and disruptions.

We further operationalized and matured Ontario Health's Enterprise Business Continuity Management System through internal cross-functional coordination, incident and emergency management training and simulations, ensuring ongoing operations of its most time-sensitive services, capacity development, as well as continued to support health service providers and communities in planning for and responding to major business disruption events.

RISK: Primary Care Action Plan
Supported by the government's $2.1 billion investment, the Ontario Primary Care Action Team announced the plan to connect two million more people to a publicly funded family doctor or primary care team within four years, which will achieve the government's goal of connecting everyone in the province to a family doctor or primary care team. Achieving this goal will improve health outcomes for the population, particularly for those at most risk of inequitable outcomes such as equity-deserving communities, First Nations, Inuit, Métis, and urban Indigenous communities and people with complex medical needs without access to regular primary care providers.

The health system capacity (as flagged in an earlier risk) could have an impact on implementing primary care attachment goals.

Likelihood and Impact
Likelihood: **Possible**, given that the likelihood of the health system capacity risk.
Impact: **Major**, given the importance of primary care attachment goals.

Mitigation
We worked closely with the Ministry of Health and the new Primary Care Action Team to address these challenges. Ontario Health, Ministry of Health and the Primary Care Action Team have set up workstreams to address each of the challenges identified. As part of mitigation efforts, Ontario Health provided stabilization funding to all Interprofessional Primary Care Teams in 2024/25, supporting their operational readiness and continuity of care delivery.

RISK: Artificial Intelligence
Artificial intelligence (AI) for health is an area of growing importance, with vast potential to advance clinical innovation, improve health service delivery and drive operational efficiencies. In the evolving landscape of modern health care systems, AI applications provide valuable solutions to improve both individual clinical health outcomes and support broader population health management initiatives. Failure or delay by Ontario Health to adopt and appropriately implement AI-related infrastructure, governance and solutions posed the risk of missed opportunities for both Ontario Health and the provincial health system, with a risk that Ontario's performance lagged that of other jurisdictions that were nimbler and more aggressive in their adoption of AI. This risk of inaction was balanced by a careful approach to the development and adoption of AI-related capacities, policies, and solutions that realize benefits while preserving public trust, privacy and promoting shared responsibility for proactive risk management.

Likelihood and Impact
Likelihood: **Likely**, given the proliferation of rapidly evolving AI tools and technologies, along with our drive to innovate and improve operational efficiency.
Impact: **Major**, given the widely recognized potential for AI in health and our pivotal role in promoting its provincial uptake and appropriate use.

Mitigation
We worked with provincial partners, including the Ministry of Health, to advance the equitable provincial adoption of high-value AI solutions for health and to build AI readiness across sectors and organizations. We also enhanced and evolved Ontario Health's data governance structures to embed and ensure clear governance, oversight and risk management for AI and AI-related use cases, in alignment with the Government's *Responsible Use of Artificial Intelligence Directive* and other applicable legal and privacy requirements. To strengthen oversight and trust, we introduced mechanisms for greater transparency and accountability, including the launch of a comprehensive Enterprise AI Inventory, a central system to track, monitor and govern AI solutions across their lifecycle and the development of enterprise-wide AI policy and guidelines to set clear guardrails for safe and effective use across the organization. With this balanced approach, we continued to advance strategies to ensure the transparent, responsible and accountable use of AI to harness our considerable provincial health data assets in pursuit of achieving our strategic objectives.

Ontario Health's AI Use Cases

As part of our commitment to the responsible and transparent use of AI, our organization acknowledges the importance of publicly sharing AI use cases. Since the *Responsible Use of Artificial Intelligence Directive* and related guidance were issued in December 2024, we have established targeted working groups aimed at developing the necessary governance structures, risk management frameworks and operational processes to ensure that AI technologies are developed and deployed ethically, securely and in alignment with public expectations.

With the directive, we are taking a phased approach to AI implementation, which includes conducting internal assessments, engaging with stakeholders and aligning with the provincial directive on responsible AI use. We are committed to publishing information about our AI use cases to ensure that disclosures are comprehensive and meet the high standards people in Ontario expect from responsible and trustworthy AI deployment.

Governance

Ontario Health Board of Directors

The Connecting Care Act, 2019 states the Agency shall consist of no more than 15 members appointed by the Lieutenant Governor in Council.

The Board, as of March 31, 2025, consisted of seven members whose terms with original start and end dates are set out below. Dr. Catherine Zahn is the Chair.

Board Members	Appointment Date	Current Term Expires	Remuneration	*Board Meeting Attendance
Zahn, Catherine (Chair)	March 7, 2024	March 6, 2027	$24,850	All
Bernier, Jean-Robert	April 9, 2020	April 8, 2026	$0	All
Flynn, Thomas	November 9, 2023	November 8, 2025	$0	All
Fraser, Neil	January 11, 2024	January 10, 2026	$5,600	All
Hawton, Lynda	November 25, 2021	November 24, 2027	$5,865	All
Hunt, Caroline	July 13, 2023	July 12, 2025	$4,600	Absent Nov 2024
Kernaghan, Gillian	March 13, 2022	March 12, 2028	$4,131	All
Allan, Elyse	March 7, 2019	March 6, 2025	$5,875	Absent Sep 2024
Tsaparis, Paul	March 7, 2019	March 6, 2025	$5,100	All
Aspin, Jay	March 7, 2019	March 6, 2025	$7,062	All
Moss, Jackie	March 7, 2019	March 6, 2025	$4,300	All

Total remuneration paid to members of the Board of Directors during the 2024/25 fiscal year amounted to $67,383.
* Board Meetings are held in June, September, November, December, February and March.

Analysis of Financial Performance

Ontario Health achieved a balanced operating position in the 2024/25 fiscal year, ensuring that expenses incurred to fulfill the agency's mandate, totalling $45.3 billion, remained within the funding provided by the Ministry of Health and the Ministry of Long-Term Care.

Transfer payments to health service providers accounted for 88.1 per cent or $39.9 billion of the total expenditure. This is an increase of $4.4 billion over budget, driven by the new payments to Ontario Health atHome. The bulk of the $39.9 billion in transfer payments supported hospitals, community health service providers, as well as Ontario Health atHome, cancer and screening services, renal and transplant services, cancer drug reimbursements, and community mental health and support services. Transfer payments to long-term care providers constituted 10.1 per cent or $4.6 billion of the total expenditure, a decrease of $0.6 billion from the budget. Direct program delivery expenses were lower than budgeted by $48 million, driven by decreased digital spending and savings in IT infrastructure, as well as delays in program implementations.

The actual funding and expenditure surpassed the budget, as Ontario Health received ministry funding letters to support various programs and initiatives within the 2024/25 fiscal year, after the approval of the budget by the Board of Directors.

Information on transfer payments by health service provider sectors is provided in Note 16 of the Financial Statements. Schedule 2 of the Financial Statements provides detail for the Office of the Patient Ombudsman.

Abbreviations

AI – Artificial Intelligence

ALC – Alternate Level of Care

CAC – Clinical Assessment Centre

CSOM – Cyber Security Operating Model

ED – Emergency Department

EIDA-R – Equity, Inclusion, Diversity and Anti-Racism

FIT – Fecal Immunochemical Test

FLS – French Language Services

FNIMUI – First Nations, Inuit, Métis and urban Indigenous

HEIA – Health Equity Impact Assessment

HHR – Health Human Resources

HSI – Health System Insights

HSP – Health Service Provider

IHU – Indigenous Health Unit

LTC – Long-Term Care

OATS – Organ Allocation and Transplant System

OHT – Ontario Health Team

PET – Positron Emission Tomography

PSW – Personal Support Worker

QBP – Quality-Based Procedure

QIPs – Quality Improvement Plans

SAA – Service Accountability Agreement

TGLN – Trillium Gift of Life Network

WTIS – Wait Time Information System

Ontario Health Annual Report 2024/2025

Ontario Health
525 University Ave., Toronto, ON M5G 2L3 ontariohealth.ca

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Document disponible en français en contactant info@ontariohealth.ca

ISSN 2563-574

Ontario Health

Financial Statements

March 31, 2025

Ontario Health

June 25, 2025

Management's Responsibility for Financial Information

Management of Ontario Health is responsible for the integrity, consistency, objectivity and reliability of the financial statements. The financial statements have been prepared by management in accordance with Canadian public sector accounting standards and, where appropriate, include amounts based on management's best estimates and judgements. Estimates and assumptions are based on historical experience, current conditions and various other assumptions believed to be reasonable in the circumstances.

Management is responsible for establishing and maintaining a system of internal controls designed to provide reasonable assurance that the financial records are relevant, reliable and accurate, and that assets are properly accounted for and safeguarded. Internal audits are conducted to assess management systems and practices, and reports are issued to the Finance, Audit and Risk Committee.

Ontario Health's Board of Directors, through the Finance, Audit and Risk Committee is responsible for ensuring that management fulfilled its responsibilities for financial reporting and internal controls. The Committee meets regularly with management and the Office of the Auditor General to satisfy itself that each group had properly discharged its respective responsibility, and to review the financial statements before recommending approval by the Board of Directors. The Committee is also responsible for reviewing our internal controls, and advising the directors on auditing matters and financial reporting issues.

The Office of the Auditor General, appointed by our legislation has audited the financial statements in accordance with Canadian generally accepted auditing standards, as stated in their Independent Auditor's Report. The Office of the Auditor General has full and unrestricted access to the Audit Committee to discuss their audit and related findings.

On behalf of Ontario Health Management,

Matthew Anderson,
Chief Executive Officer

Elham Roushani, BSc, CPA, CA
Chief Financial Officer

Office of the Auditor General of Ontario
Bureau du vérificateur général de l'Ontario

20 Dundas Street West, Suite 1530,
Toronto, Ontario, M5G 2C2

20, rue Dundas Ouest, bureau 1530,
Toronto (Ontario) M5G 2C2

416-327-2381
www.auditor.on.ca

INDEPENDENT AUDITOR'S REPORT

To Ontario Health

Opinion

I have audited the financial statements of Ontario Health, which comprise the statement of financial position as at March 31, 2025, and the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Ontario Health as at March 31, 2025, and the results of its operations, changes in its net debt and its cash flow for the year ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Toronto, Ontario
June 25, 2025

Shelley Spence, FCPA, FCA, LPA
Auditor General

Statement of Financial Position

As at March 31, 2025
(in thousands of dollars)

	2025 $	2024 $
Financial assets		
Cash	356,672	514,106
Due from the Ministries (note 4)	1,256,783	1,296,662
Due from Health Service Providers (note 5)	668,345	719,593
Accounts receivable (notes 6 and 21)	52,979	45,763
Total financial assets	**2,334,779**	**2,576,124**
Liabilities		
Due to the Ministries (note 7)	1,197,741	1,183,701
Due to Health Service Providers	1,090,043	1,241,117
Accounts payable and accrued liabilities (notes 8 and 21)	66,527	53,896
Unearned revenue (note 9)	32,613	132,264
Obligations under capital leases (note 10)	21,296	3,652
Post-employment benefits other than pension plan (note 11)	1,307	1,542
Deferred capital contributions (note 12)	7,087	15,207
Total liabilities	**2,416,614**	**2,631,379**
Net debt	**(81,835)**	**(55,255)**
Non-financial assets		
Tangible capital assets (note 13)	27,307	19,116
Prepaid expenses (note 14)	55,664	37,275
Total non-financial assets	**82,971**	**56,391**
Accumulated surplus	**1,136**	**1,136**

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

Approved by the Board of Directors

Dr. Catherine Zahn
Chair, Board

Lynda Hawton
Chair, Finance, Audit & Risk Committee

Statement of Operations and Accumulated Surplus

For the year ended March 31, 2025
(in thousands of dollars)

	2025 Budget $	2025 Actual $	2024 Actual $
Revenues			
Government transfers – Ministry of Health	36,192,076	40,644,667	35,028,475
Government transfers – Ministry of Long-Term Care	5,154,608	4,585,694	5,029,286
Amortization of deferred capital contributions	8,246	8,120	10,550
Other revenue and grant funding (note 15)	34,323	30,533	9,522
Total revenues	**41,389,253**	**45,269,014**	**40,077,833**
Expenses (note 16)			
Transfer payments:			
Transfer payments to Health Service Providers	35,401,345	39,900,728	34,313,560
Transfer payments to Long-Term Care	5,153,956	4,585,045	5,029,186
Operations:			
Direct program delivery	785,213	736,906	688,987
Corporate services	35,124	33,031	30,960
Occupancy	10,319	9,464	11,044
Patient Ombudsman (schedule 2)	3,296	3,840	4,096
Total expenses	**41,389,253**	**45,269,014**	**40,077,833**
Operating surplus	**-**	**-**	**-**
Accumulated operating surplus			
Operating surplus for the year	**-**	**-**	**-**
Accumulated operating surplus, beginning of year	1,136	1,136	1,136
Accumulated operating surplus, end of year	**1,136**	**1,136**	**1,136**

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

Statement of Changes in Net Debt

For the year ended March 31, 2025
(in thousands of dollars)

	2025 Budget $	2025 Actual $	2024 Actual $
Net debt, beginning of year	(55,255)	(55,255)	(71,128)
Operating surplus	-	-	-
Changes in non-financial assets:			
Acquisition of tangible capital assets (note 13)	-	(22,201)	-
Disposal of tangible capital assets (note 13)	-	19	14
Amortization of tangible capital assets (note 13 and 16)	9,343	13,991	12,550
Acquisition of prepaid expenses (note 14)	-	(110,556)	(79,320)
Use of prepaid expenses (note 14)	-	92,167	82,629
Changes in non-financial assets	**9,343**	**(26,580)**	**15,873**
Net debt, end of year	(**45,912**)	**(81,835)**	**(55,255)**

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

Statement of Cash Flows

For the year ended March 31, 2025
(in thousands of dollars)

	2025 $	2024 $
Cash flows from operating activities:		
Operating surplus	-	-
Adjustments for non-cash items:		
Amortization of tangible capital assets	13,991	12,550
Amortization of deferred capital contributions	(8,120)	(10,550)
Loss on disposal of tangible capital assets	19	14
Changes in working capital items:		
(Increase) decrease in due from the Ministries	39,879	(163,138)
(Increase) decrease in due from Health Service Providers	51,248	(201,536)
(Increase) decrease in accounts receivable	(7,216)	(9,368)
(Increase) decrease in prepaid expenses	(18,389)	3,309
Increase (decrease) in due to the Ministries	14,040	217,216
Increase (decrease) in due to Health Service Providers	(151,074)	88,734
Increase (decrease) in accounts payable and accrued liabilities	12,631	8,567
Increase (decrease) in non-pension post-retirement benefits	(235)	(158)
Increase (decrease) in unearned revenue	(99,651)	(42,009)
Net cash flows from (used in) operating activities	(152,877)	(96,369)
Cash flows from capital activities		
Acquisition of tangible capital assets	(22,201)	-
Net cash flows from (used in) capital activities	(22,201)	-
Cash flows from financing activities		
Payments on obligations under capital leases	17,644	(1,574)
Net cash flows from (used in) financing activities	17,644	(1,574)
Net decrease in cash	**(157,434)**	**(97,943)**
Cash, beginning of year	514,106	612,049
Cash, end of year	**356,672**	**514,106**

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

Notes to Financial Statements

For the year ended March 31, 2025
(in thousands of dollars)

1. Nature of operations

Ontario Health (the Agency) is a Crown agency established on June 6, 2019 pursuant to the *Connecting Care Act, 2019* (CCA). The Agency is responsible for implementing the health system strategies developed by the Ministry of Health, the Ministry of Long-Term Care (collectively, referred to as the Ministries) and for managing health service needs across Ontario. The Agency's objectives are contained in the CCA and associated Ontario regulations.

The Agency's objects are as follows:

- measuring and reporting on health system performance,
- overseeing the delivery and quality of clinical care services, such as cancer, renal, cardiac, palliative, mental health, transplant and tissue donation,
- managing funding and accountability for the health system,
- creating a provincial digital strategy to provide access for patients and health care providers,
- setting quality standards and developing evidence-based guidelines to monitor clinical care, and
- overseeing home care delivery through Ontario Health atHome.

Ontario Health atHome was created on June 28, 2024 by the *Convenient Care at Home Act, 2023*. This Act amended the *Connecting Care Act, 2019* by amalgamating the 14 Home and Community Care Support Services organizations (Local Health Integration Networks, operating as "HCCSS") into Ontario Health atHome (OH atHome).

OH atHome is responsible for the provision of home and community care services to patients, the provision of placement management services and the provision of operational supports, including care co-ordination services, to health service providers and Ontario Health Teams.

OH atHome is controlled by the Province of Ontario and is consolidated into the Province's financial statements.

The Agency is primarily funded by the Province of Ontario through the Ministries. As a Crown agency of the Province of Ontario, the Agency is exempt from payment of federal and provincial income taxes under section 149 of the *Income Tax Act (Canada)*.

2. Significant accounting policies

(a) Basis of presentation

These financial statements have been prepared by management in accordance with public sector accounting standards (PSAS) established by the Canadian Public Sector Accounting Board.

A statement of remeasurement gains and losses has not been presented as there is nothing to report therein.

The significant accounting policies used to prepare these financial statements are summarized below.

(b) Revenue recognition

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

(i) Government transfers

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

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

Government transfers received for the purpose of purchasing capital assets are recorded as deferred capital contributions. The amortization of capital contributions is recorded as revenue in the Statement of Operations and is amortized on the same basis as the related capital assets.

Transfer payments include payments made for hospital operations, long-term care operations, OH atHome and other health services. These payments are based on the terms of the respective agreements with the Agency, including any amendments made throughout the year. The Agency ensures that payments made are in accordance with and cannot exceed the allocations approved within the agreements in place. These transfer amounts are disclosed in note 16.

(ii) Other revenue and grant funding

The Agency has received approval from the Lieutenant Governor of Ontario to receive funding from sources other than the Ministries, to generate revenue in connection with specified activities as specified in the Order in Council 322/2020. These other revenues are recorded by the Agency when performance obligations are met through the delivery of services or research funding.

Externally restricted non-government contributions are recorded as unearned revenue if the terms for their use, or the terms along with the Agency's actions and communications as to their use create a liability. These resources are recognized as revenue as the terms are met and, when applicable, the Agency complies with its communicated use.

(c) Expenses

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

Expenses include transfer payments to recipients under funding agreements. Transfers are recorded as expenses when the transfer is authorized and eligibility criteria have been met by the recipient. Any recoveries from transfer payments are recorded as a reduction to transfer payment expenses and as a reduction in government transfer revenue when the recovery is reasonably estimated and likely to occur. Due to this process, each year expenses will equal revenues on the Statement of Operations and Accumulated Surplus.

(d) Financial instruments

Financial assets and financial liabilities are recognized on the Statement of Financial Position when the Agency becomes a party to the contractual provisions of the instrument. Financial assets and liabilities measured at amortized cost include cash, due from the Ministries, due from Health Service Providers, accounts receivables, due to the Ministries, due to Health Service Providers, and accounts payable and accrued liabilities.

Financial assets and liabilities measured at cost or amortized cost are initially recognized at acquisition cost, including transaction costs that are directly attributable to the acquisition or issuance. Financial assets at amortized cost are subject to impairment. At each financial statement date, the Agency assesses financial assets to determine whether there is any objective evidence of impairment. Impairment losses are reported in the Statement of Operations.

(e) Tangible capital assets

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

Amortization begins when capital assets are available for use (i.e. when it is in the location and condition necessary for it to be capable of operating in the manner intended by management). For assets acquired or brought into use during the year, amortization is calculated for the remaining months.

Tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Computer hardware	4 years
Computer software	3 years
Software – internally developed business applications	3-10 years
Office furniture and equipment	5 years
Leasehold improvements	1-4 years

Tangible capital assets are written down when conditions indicate that they no longer contribute the Agency's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets is less than their net book value. When a tangible asset no longer has any long-term service potential to the Agency, the differential of its net carrying amount and any residual value is recognized as a gain or loss, as appropriate, in the Statement of Operations and Accumulated Surplus.

(f) Employee Future Benefits

i) Pension plans

Pursuant to an Order in Council, the Agency is a participating employer in the Public Service Pension Plan (PSPP), to which new employees are enrolled. The Order in Council permits employees who were members of the Healthcare of Ontario Pension Plan (HOOPP) as at the date of their transfer into the Agency to remain as members of that pension plan. Bargaining-represented employees participate in either PSPP or HOOPP, as stipulated in their collective agreement.

(in thousands of dollars)

The PSPP and HOOPP are both multi-employer defined benefit plans. When benefits are provided to employees through a multi-employer defined benefit plan, each entity participating in the plan, other than the sponsoring entity, is required to follow the standards for defined contribution plans. As a result, the Agency recognizes an expense equal to the required contributions provided for employees' services rendered during the period. Any outstanding contributions are recognized as a liability in the Statement of Financial Position.

ii) Post-employment benefits other than pension plan

The Agency offers post-employment benefits other than pension plans such as health care and dental benefits to certain employees. The costs associated with these future benefits and expensed as employment services are rendered. Adjustments to these costs arising from changes in estimates and actuarial experience gains and losses are amortized over the estimated average remaining service life of the employee groups on a straight-line basis.

(g) Measurement uncertainty

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Items subject to such estimates and assumptions include accruals related to drug expenditures, accounts payable and accrued liabilities, due from the Ministries, due from Health Service Providers, due to the Ministries, due to Health Service Providers, useful life of tangible capital assets, and liability for post-employment benefits other than pension plan.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. By their nature, estimates are subject to measurement uncertainty. Therefore, actual results may differ materially from the estimates.

3. Cash

Cash is comprised of funds deposited in bank accounts with financial institutions that are chartered banks in Canada.

4. Due from the Ministries

	2025 $	2024 $
Due from the Ministry of Health	1,218,902	997,730
Due from the Ministry of Long-Term Care	37,881	298,932
	1,256,783	1,296,662

5. Due from Health Service Providers

	2025 $	2024 $
Due from other Health Service Providers	584,694	660,270
Due from Ontario Health atHome	83,651	-
Transfer payment advances	-	59,323
	668,345	719,593

(in thousands of dollars)

At the request of the Ministry of Health, the Agency had advanced transfer payment funding to hospitals during the previous year.

6. Accounts receivable

	2025 $	2024 $
HST recoverable	17,137	14,923
Drug rebate receivable	35,459	30,302
Other receivables	383	538
	52,979	45,763

7. Due to the Ministries

	2025 $	2024 $
Due to the Ministry of Health	981,735	1,143,375
Due to the Ministry of Long-Term Care	216,006	40,326
	1,197,741	1,183,701

8. Accounts payable and accrued liabilities

	2025 $	2024 $
Trade payables and accrued liabilities	36,984	22,978
Payroll liabilities	29,170	30,562
Pension escrow	373	356
	66,527	53,896

9. Unearned revenue

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

	The Ministries $	Other Funders $	2025 Total $	2024 Total $
Unearned revenue – beginning of year	131,040	1,224	132,264	174,273
Funding received	45,131,389	4,710	45,136,099	40,024,009
Amounts recognized as revenue	(45,230,361)	(5,389)	(45,235,750)	(40,066,018)
	(98,972)	(679)	(99,651)	(42,009)
Unearned revenue – end of year	32,068	545	32,613	132,264

(in thousands of dollars)

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

	The Ministries $	Other Funders $	2025 Total $	2024 Total $
Health service providers through regions	32,068	-	32,068	43,998
Endowment and restricted funds	-	545	545	1,211
Personal support worker investments	-	-	-	87,042
Virtual care network	-	-	-	13
	32,068	545	32,613	132,264

10. Obligations under capital leases

The Agency has capital leases, with interest rates ranging from 4.51% to 6.69% and bargain purchase options for $1 at the end of the lease, for computer hardware. The computer hardware is amortized on a straight-line basis over its economic life of 4 years. The following is a schedule of future minimum lease payments, which expire in September 2029, together with the balance of the obligations.

	$
2026	6,956
2027	5,491
2028	5,207
2029	5,029
2030	1,192
Total minimum lease payments	23,875
Interest	(2,579)
Balance of the obligations	21,296
Less: current portion	(5,876)
Non-current obligations under capital leases	15,420

Total interest expense on capital leases for the period was $1,028 (2024 - $174).

11. Employee future benefits

(i) Pension plan

The Agency has 1,470 employees who are members of the Healthcare of Ontario Pension Plan (HOOPP) and 1,927 employees who are members of the Public Service Pension Plan (PSPP). Both are multi-employer contributory defined benefit pension plans, and the members will receive benefits based on length of service and the average annualized earnings.

Contribution expense made to multi-employer plans during the period by the Agency on behalf of its employees amounted to $30,573 (2024 - $28,257) and is included in salaries and benefits expense, as detailed in note 16.

(in thousands of dollars)

(ii) Post-employment benefits other than pension plan

A closed post-employment non-pension benefit plan which provides health and dental benefits to employees who retired prior to January 1, 2006, was transferred to the Agency on December 2, 2019. Benefits paid during the period from April 1, 2024, to March 31, 2025 were $110 (2024 - $114). The actuarial valuation report for the post-employment benefits other than the pension plan is dated March 31, 2022 and was extrapolated to March 31, 2025.

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

	2025 $	2024 $
Accrued benefit obligation	687	770
Unamortized actuarial gains/(losses)	620	772
Post-employment benefits other than pension plan	1,307	1,542

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

	2025 $	2024 $
Post-employment benefits other than pension plan – opening balance	1,542	1,700
Interest cost	27	30
Funding contributions	(110)	(114)
Amortization of actuarial gains	(152)	(74)
Post-employment benefits other than pension plan – ending balance	1,307	1,542

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

Discount rate	3.75%
Extended healthcare trend rate	4.75% in 2026 to 3.75% in 2029 and after
Dental cost trend rates	3.75%
Employee average remaining service life	9.0 years

12. Deferred capital contributions

The change in the deferred capital contributions is as follows:

	2025 $	2024 $
Balance – beginning of period	15,207	25,757
Less: amounts recognized as revenue	(8,120)	(10,550)
Balance – end of period	7,087	15,207

(in thousands of dollars)

13. Tangible capital assets

Net book value	2025 $	2024 $
Computer hardware	23,311	10,238
Computer software	2,392	6,512
Furniture and equipment	-	65
Leasehold improvements	1,604	2,301
	27,307	19,116

Cost	Beginning of Year $	Additions $	Disposals $	2025 End of Year $
Computer hardware	96,679	22,201	(19,657)	99,223
Computer software	134,322	-	(36,738)	97,584
Furniture and equipment	5,709	-	(391)	5,318
Leasehold improvements	15,761	-	(4,192)	11,569
	252,471	22,201	(60,978)	213,694

Accumulated Amortization	Beginning of Year $	Amortization $	Disposals $	2025 End of Year $
Computer hardware	86,441	9,128	(19,657)	75,912
Computer software	127,810	4,120	(36,738)	95,192
Furniture and equipment	5,644	65	(391)	5,318
Leasehold improvements	13,460	678	(4,173)	9,965
	233,355	13,991	(60,959)	186,387

Cost	Beginning of Year $	Additions $	Disposals $	2024 End of Year $
Computer hardware	107,419	-	(10,740)	96,679
Computer software	168,324	-	(34,002)	134,322
Furniture and equipment	8,706	-	(2,997)	5,709
Leasehold improvements	27,439	-	(11,678)	15,761
	311,888	-	(59,417)	252,471

(in thousands of dollars)

				2024
	Beginning of Year	Amortization	Disposals	End of Year
Accumulated Amortization	$	$	$	$
Computer hardware	90,785	6,396	(10,740)	86,441
Computer software	156,631	5,181	(34,002)	127,810
Furniture and equipment	8,400	241	(2,997)	5,644
Leasehold improvements	24,392	732	(11,664)	13,460
	280,208	12,550	(59,403)	233,355

14. Prepaid expenses

	2025	2024
	$	$
Prepaid maintenance for hardware and software	55,250	37,006
Other prepaid expenses	414	269
	55,664	37,275

15. Other revenue and grant funding

Other revenue and grant funding are comprised of:

	2025	2024
	$	$
Interest income	20,078	3,251
Grant funding	5,976	3,354
Other	4,479	2,917
	30,533	9,522

(in thousands of dollars)

16. Expenses by object

	2025 $	2024 $
Transfer payments to Health Service Providers:		
Hospital operations	27,209,379	26,170,493
Ontario Health atHome	3,493,768	-
Clinical programs - cancer & screening	1,713,769	1,626,332
Clinical programs - drugs	1,406,643	1,112,598
Clinical programs - renal & transplant	739,254	736,452
Clinical programs - genetics, labs & diagnostics	137,697	138,101
Community mental health programs	1,107,876	1,079,100
Community support services	917,163	880,132
Community health centre	586,912	527,088
Assisted living services supportive housing	485,218	457,988
Addictions	372,531	362,200
Primary care	529,951	276,124
Provincial clinical recruitment program	266,268	191,314
Provincial digital services & technology	212,933	180,091
Mental health	136,723	145,999
Other	584,643	429,548
	39,900,728	34,313,560
Transfer payments to Long-Term Care:		
Long-Term Care operations	4,585,045	5,029,186
	4,585,045	5,029,186
Operating expenses:		
Salaries and benefits	429,085	395,497
Purchased services	164,350	161,091
Information technology support and maintenance	122,875	110,651
Screening, lab and medical supplies	23,235	26,644
Amortization	13,991	12,550
Occupancy costs	9,464	11,093
Other operating expenses	20,222	17,547
Loss on disposal	19	14
	783,241	735,087
Total expenses	45,269,014	40,077,833

(in thousands of dollars)

17. Related party transactions

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

Transactions with these related parties were as follows:

a) Under the CCA, the Lieutenant Governor in Council appoints the members to form the board of directors of the Agency. Board remuneration paid to members of the Board of Directors during the year amounted to $67 (2024 - $39).

b) The Agency incurred expenses of $17,868 (2024 - $18,299) to Acronym Solutions Inc. (formerly known as Hydro One Inc.) for network and telecommunication services.

c) The Agency incurred expenses of $429 (2024 - $1,306) and $2,496 (2024 - $2,376) for the rental of office space and other facility related expenses from Infrastructure Ontario and the Ministry of Government and Consumer Services, respectively. As at March 31, 2025, accounts payable and accrued liabilities include $516 (2024 - $594) payable to the Ministry of Government and Consumer Services.

d) The Agency recorded expenses of $499 (2024 - $653) for the provision of administrative and other support services from the Ministry of Government and Consumer Services. As at March 31, 2025, accounts payable and accrued liabilities include $Nil (2024 - $30) in respect of these services.

e) Other related party transactions are described in notes 11 and 18.

18. Commitments

The Agency has various multi-year contractual commitments for the rental of office space and a network service contract, where the following are the minimum annual payments:

	Base Rent	Network Services Contract	Total
	$	$	$
2026	3,702	13,129	16,831
2027	3,715	12,735	16,450
2028	1,933	9,334	11,267
2029	385	-	385
	9,735	35,198	44,933

The Agency is required to pay associated realty taxes and operating expenses for the office space, which amounted to $3,314 (2024 - $3,908).

19. Contingencies

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

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

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

20. Guarantees

Director/officer indemnification

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

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

Other indemnification agreements

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

(in thousands of dollars)

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

21. Financial risk management

The Agency is exposed to certain financial risks, including credit risk, and liquidity risk.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Cash is held at major financial institutions that have high credit ratings assigned to them by credit-rating agencies minimizing any potential exposure to credit risk. The risk related to receivables is minimal as most of the receivables are from provincial governments and organizations controlled by them. Credit risk associated with other receivables is mitigated through collection practices and regular monitoring of the accounts.

The Agency's maximum exposure to credit risk related to accounts receivable was as follows:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	2025 Total $	2024 Total $
HST recoverable	17,137	-	-	-	17,137	14,923
Other receivables	35,765	53	2	22	35,842	30,840
Total receivable	52,902	53	2	22	52,979	45,763

No impairment allowance has been recognized in the above amounts (2024 - $Nil).

Liquidity risk

Liquidity risk is the risk that the Agency will encounter difficulty in meeting obligations associated with financial liabilities that are to be settled by delivering cash or another financial asset. The Agency's exposure to liquidity risk is minimal as the majority of funding is sourced primarily by the Province of Ontario. The Agency mitigates liquidity risk by monitoring and controlling cash activities and expected outflows.

The following table sets out the accounts payable and accrued liabilities:

	0 to 30 days $	31 to 60 days $	61 to 90 days $	91+ days $	2025 Total $	2024 Total $
Trade payables and accrued liabilities	36,834	27	123	-	36,984	22,978
Payroll liabilities	29,170	-	-	-	29,170	30,562
Pension escrow	-	-	-	373	373	356
Total payable	66,004	27	123	373	66,527	53,896

Schedule 1: The Ministry of Health and the Ministry of Long-Term Care Funding Reconciliation

As at March 31, 2025
(in thousands of dollars)

	Unearned Revenue, Beginning of Period	Due from the Ministries, Beginning of Period	Due to the Ministries, Beginning of Period	Funding Received (Recovered)	Amounts recognized as revenue	Unearned Revenue, End of Period	Due from the Ministries, End of Period	Due to the Ministries, End of Period
Prior Years								
Hospitals and Capital	-	(34,841)	146,745	(83,142)	10,787	-	(30,318)	59,197
Mental Health and Addictions	-	(638)	17,534	-	4,077	-	(638)	21,611
Strategic Partnerships	-	-	5,401	(2,001)	4,113	-	-	64,317
Health Programs and Delivery	-	(369,400)	256,706	300,303	10,158	-	(71,624)	269,391
Office of Chief Medical Officer of Health, Public Health	-	-	189	-	-	-	-	189
Digital and Analytics Strategy	-	(3,576)	30,739	3,576	8,629	-	(23)	39,391
Strategic Policy, Planning, French Language Services	-	(1,024)	3,339	1,187	2,922	-	-	6,424
Region Health Service Providers	43,998	(700,859)	656,286	593,504	86,786	-	-	268,434
Nursing and Professional Practice	-	(101,456)	8,131	68,978	35,343	-	(168)	11,164
Physician and Provider Services	-	-	786	-	405	-	-	1,191
Long-Term Care Policy Division	87,042	(85,191)	-	23,947	(16,929)	-	-	8,869
Current Year								
Hospitals and Capital	**-**	**-**	**-**	**2,673,039**	**(2,663,100)**	**-**	**(12,939)**	**22,878**
Access to Care Operations	-	-	-	16,968	(16,305)	-	-	663
Cancer Care Program	-	-	-	1,621,899	(1,629,227)	-	(11,999)	4,671
Cancer Screening Program	-	-	-	121,538	(113,023)	-	-	8,515
Diagnostic Medical Equipment Program (Capital Funding)	-	-	-	49,800	(49,800)	-	-	-
Ontario Renal Network	-	-	-	749,452	(745,478)	-	-	3,974
Surrey Place (Fetal Alcohol Syndrome Disorder)	-	-	-	326	(326)	-	-	-
Criticall Ontario	-	-	-	13,114	(12,896)	-	-	218
Critical Care Services Ontario	-	-	-	4,471	(4,471)	-	-	-
Rehabilitative Care Alliance	-	-	-	490	(490)	-	-	-

	Unearned Revenue, Beginning of Period	Due from the Ministries, Beginning of Period	Due to the Ministries, Beginning of Period	Funding Received (Recovered)	Amounts recognized as revenue	Unearned Revenue, End of Period	Due from the Ministries, End of Period	Due to the Ministries, End of Period
Provincial Vision Task Force	-	-	-	50	(39)	-	-	11
Emergency Department Peer-to-Peer	-	-	-	7,822	(7,821)	-	-	1
Organ and Tissue Donation and Transportation	-	-	-	79,520	(75,678)	-	(940)	4,782
Cardiac and Stroke Program	-	-	-	7,214	(7,171)	-	-	43
Critical Care Clinical Leads	-	-	-	375	(375)	-	-	-
Mental Health and Addictions	**-**	**-**	**-**	**155,857**	**(147,264)**	**-**	**(2,712)**	**11,305**
Mental Health and Addiction Data Digital Infrastructure	-	-	-	12,886	(11,575)	-	-	1,311
Mental Health and Addiction Healthcare Workers Support	-	-	-	-	(1,963)	-	(1,963)	-
Mental Health and Addiction Transfer Payments Agreements	-	-	-	7,396	(7,267)	-	-	129
Mobile Mental Health Clinics	-	-	-	4,587	(387)	-	-	4,200
Ontario Structure Psychotherapy Expansion	-	-	-	65,845	(65,463)	-	-	382
Provincial Coordinated Access Mental Health	-	-	-	7,926	(7,703)	-	-	223
Community Mental Health	-	-	-	12,500	(11,972)	-	-	528
Mental Health Systems Enabler	-	-	-	1,605	(1,605)	-	-	-
CAMH	-	-	-	38,016	(38,765)	-	(749)	-
Early Psychosis Intervention	-	-	-	450	(126)	-	-	324
Substance Use Disorder	-	-	-	4,646	(438)	-	-	4,208
Strategic Partnerships	**-**	**-**	**-**	**3,787,425**	**(3,770,090)**	**-**	**(250)**	**28,254**
Health Quality Programs	-	-	-	27,833	(27,832)	-	-	1
Office of the Patient Ombudsman	-	-	-	4,096	(3,840)	-	-	256
Ontario Health Operations	-	-	-	2,321	(2,321)	-	-	-
Ontario Palliative Care Network	-	-	-	17,203	(16,482)	-	-	721
Patient Reported Outcomes: Orthopedic Surgery	-	-	-	1,554	(1,554)	-	-	-
Regional Coordination Initiatives	-	-	-	10,537	(10,787)	-	(250)	-
Regional Coordination Operations Support	-	-	-	53,237	(63,903)	-	-	3
Regional Coordination Operations Support - Shared Services	-	-	-	39,988	(39,629)	-	-	359
Ontario Health Teams Transfer Payments	-	-	-	93,781	(93,479)	-	-	302
Ontario Health atHome	-	-	-	3,520,380	(3,493,768)	-	-	26,612

	Unearned Revenue, Beginning of Period	Due from the Ministries, Beginning of Period	Due to the Ministries, Beginning of Period	Funding Received (Recovered)	Amounts recognized as revenue	Unearned Revenue, End of Period	Due from the Ministries, End of Period	Due to the Ministries, End of Period
Chronic Disease	-	-	-	1,725	(1,725)	-	-	-
Delivery of Home Care by Ontario Health Team (OHT) Leading Projects	-	-	-	14,770	(14,770)	-	-	-
Health Programs and Delivery	**-**	**-**	**-**	**1,009,215**	**(1,566,796)**	**-**	**(558,063)**	**482**
New Drug Funding Program	-	-	-	882,094	(1,410,141)	-	(528,047)	-
Integrated Community Health Services Centres (ICHSC)	-	-	-	-	(531)	-	(531)	-
Provincial Testing and Capacity and the Ontario Laboratory Medicine Program	-	-	-	-	(29,485)	-	(29,485)	-
Provincial Genetics Program	-	-	-	127,121	(126,639)	-	-	482
Office of Chief Medical Officer of Health, Public Health	**-**	**-**	**-**	**13,864**	**(18,594)**	**-**	**(5,114)**	**384**
Health Promotion Programs: Indigenous Tobacco Program	-	-	-	1,058	(674)	-	-	384
Public Health Programs	-	-	-	12,806	(17,920)	-	(5,114)	-
Digital and Analytics Strategy	**-**	**-**	**-**	**622,956**	**(624,317)**	**-**	**(10,935)**	**9,573**
eHealth Ministry Recoverable Projects	-	-	-	6,252	(8,319)	-	(2,068)	-
Ontario Case Costing	-	-	-	7,832	(7,773)	-	-	59
One Mail Transition	-	-	-	323	(323)	-	-	-
Evidence 2 Practice	-	-	-	5,246	(5,246)	-	-	-
Telemedicine Nursing, eCHN and OMD	-	-	-	29,984	(29,984)	-	-	-
2A Provide population health management enablers to OHTs	-	-	-	3,000	(2,999)	-	-	1
Immunization Repository	-	-	-	680	(680)	-	-	-
Public Health EMR Standardization Framework	-	-	-	1,063	(1,063)	-	-	-
Digital Operations	-	-	-	285,681	(283,756)	-	-	1,925
3D Protect and promote access to data	-	-	-	28,122	(29,613)	-	(2,087)	596
3A Complete the provincial Electronic Health Record	-	-	-	79,293	(84,963)	-	(6,177)	507
2C Expand centralized waitlist management	-	-	-	27,300	(26,441)	-	-	859
1C Enhance Health811	-	-	-	53,158	(48,422)	-	-	4,736
3B Expand Ontario's health data and digital governance body	-	-	-	4,000	(4,000)	-	-	-
1D Scale up remote care management	-	-	-	26,396	(25,736)	-	-	660
2B Put patients before paperwork	-	-	-	54,271	(54,731)	-	(603)	143
1A Provide a secure logon mechanism for digital tools	-	-	-	10,355	(10,268)	-	-	87

	Unearned Revenue, Beginning of Period	Due from the Ministries, Beginning of Period	Due to the Ministries, Beginning of Period	Funding Received (Recovered)	Amounts recognized as revenue	Unearned Revenue, End of Period	Due from the Ministries, End of Period	Due to the Ministries, End of Period
Strategic Policy, Planning, French Language Services	**-**	**-**	**-**	**70,120**	**(59,547)**	**-**	**-**	**10,573**
Black Health Initiatives	-	-	-	14,800	(12,799)	-	-	2,001
Indigenous Health	-	-	-	2,500	(2,377)	-	-	123
French Language, Multilingual, and Accessibility Supports	-	-	-	2,200	-	-	-	2,200
Population Health Programs	-	-	-	50,620	(44,371)	-	-	6,249
Region Health Service Providers	**-**	**-**	**-**	**35,574,006**	**(35,615,343)**	**32,068**	**(369,794)**	**296,389**
Region Health Service Providers	-	-	-	35,574,006	(35,615,343)	32,068	(369,794)	296,389
Nursing and Professional Practice	**-**	**-**	**-**	**140,862**	**(310,029)**	**-**	**(169,498)**	**331**
Community Commitment Program for Nurses	-	-	-	53,071	(54,330)	-	(1,259)	-
Health Force Ontario	-	-	-	16,406	(16,395)	-	-	11
Supervised Practice Experience Program	-	-	-	3,764	(10,000)	-	(6,236)	-
Temporary Reimbursement of Fees for Internationally Educated and Inactive Nurses	-	-	-	4,000	(7,515)	-	(3,515)	-
Emergency Department (ED) Nursing Education, Retention, and Workforce Strategy	-	-	-	10,000	(10,000)	-	-	-
Enhanced Extern Program	-	-	-	41,560	(100,000)	-	(58,440)	-
Clinical Scholar	-	-	-	10,960	(28,294)	-	(17,334)	-
Obstetrical Nursing Upskilling Program	-	-	-	101	(1,787)	-	(1,686)	-
Nursing Graduate Guarantee	-	-	-	-	(76,746)	-	(76,746)	-
Setup and Operation of Two Regional Health Human Resource Planning Network in the Ontario Health North Region	-	-	-	-	(189)	-	(189)	-
Northern Ontario Resident Streamlined Training and Reimbursement Program	-	-	-	1,000	(680)	-	-	320
Models of Care Innovation Fund	-	-	-	-	(4,093)	-	(4,093)	-
Physician and Provider Services	**-**	**-**	**-**	**531,157**	**(530,356)**	**-**	**-**	**801**
Primary Care Teams	-	-	-	531,157	(530,356)	-	-	801
Long-Term Care Policy Division	**-**	**-**	**-**	**46,544**	**(71,216)**	**-**	**(24,672)**	**-**
LTC Personal Support Workers (PSW) Investments	-	-	-	46,544	(71,216)	-	(24,672)	-
Grand Total	**131,040**	**(1,296,985)**	**1,125,856**	**45,531,397**	**(45,230,361)**	**32,068**	**(1,256,748)**	**1,131,147**

Schedule 2: Patient Ombudsman

For the year-ended March 31, 2025
(in thousands of dollars)

Operating expenses by object	Budget 2025	Actual 2025	Actual 2024
Salaries and benefits	2,729	3,449	3,487
Occupancy costs	157	157	159
Purchased services	40	0	76
Information technology support and maintenance	201	146	136
Other operating expenses	169	88	238
Total	**3,296**	**3,840**	**4,096**

Ontario
Health atHome

Ontario Health atHome Annual Report, 2024/25 (Q2-Q4 June 28, 2024 to March 31, 2025)

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Ontario Health atHome
11 Allstate Parkway, Suite 500
Markham, ON L3R 9T8

Ontario Health atHome is committed to ensuring accessible services and communications to individuals with disabilities. To receive this annual report in an alternate format, please contact Ontario Health atHome's Communications Department at 310-2222, TTY 711 or by email at moreinfo@ontariohealthathome.ca.

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MESSAGE FROM THE BOARD CHAIR AND CEO

We are pleased to present our first annual report as Ontario Health atHome – a subsidiary of Ontario Health.

Through a challenging year, frontline staff at Ontario Health atHome and Service Provider Organizations remained highly focused on best possible care for home care patients and their families, providing high-quality home care, long-term care placement and system navigation services with an additional focus on supporting Ontario Health Teams (OHTs), primary care providers and other partners.

We worked closely with Ontario Health, the Ministry of Health and home and community care sector providers and partners to advance the government's vision for the future of home care in Ontario.

With a focus on improving patient care and experience, we continued to advance key initiatives under our four strategic priorities outlined in our 2024/25 Annual Business Plan. This included:

- Working to improve patient intake, navigation and hospital discharge processes across the province with an aim of providing a more consistent experience for patients and families accessing and receiving home care;
- Updating our provincial clinical standards to improve access to personal support services for adult patients with complex and higher needs;
- Partnering with hospitals to support better and more appropriate transitions to community care for Alternate Level of Care patients, including targeted efforts in areas experiencing the highest hospital pressures during flu season;
- Collaborating with health system partners, including Ontario Health Teams, to deliver new and integrated home care models for palliative, community crisis and primary care patients, in addition to neighbourhood models of care; and
- Celebrating more than 100 caregivers who make it possible for people to live in their communities despite the impacts of age, illness or disability at our third annual Above and Beyond Caregiver Recognition event.

All of this and more is captured within the pages of this report. We look forward to the future of home care and the possibilities that lie ahead for an improved system for patients, families and caregivers.

Carol Annett

Board Chair, Ontario Health atHome

Anna Greenberg

Interim Chief Executive Officer, Ontario Health atHome

INTRODUCTION

Ontario Health atHome focused on delivering on our mandate in Q2-Q4 of 2024/25 based on the priorities outlined in our Annual Business Plan.

Transition to Ontario Health atHome
With the proclamation of the *Convenient Care at Home Act, 2023*, the 14 Home and Community Care Support Services organizations amalgamated into a single service organization called Ontario Health atHome on June 28, 2024. With this transition, more than 9,200 employees from across the province came together as a unified team.

Driving Excellence in Care and Service Delivery
In addition to supporting the delivery of care for more than 680,000 patients, we worked with partners to implement and evaluate new models of care.

Aligned with the Ministry of Health's *Plan for Connected and Convenient Care,* Ontario Health atHome implemented five best practice initiatives as part of a multi-year capacity plan. These initiatives were operationalized in hard-to-serve regions across the province.

Last year, we coordinated and/or delivered more than:

- 44.4M PSW hours (+8.7% from 2023/24)
- 11.1M Nursing visits including home, clinic and shift nursing (+4.2% from 2023/24)
- 1.6M Therapy visits including in home and school (+1.9% from 2023/24)

Accelerating Innovation and Digital Delivery
Aligned with the Ministry of Health's Digital Strategy, Ontario Health atHome implemented solutions to increase efficiency, effectiveness and improve patient experience and outcomes.

We focused on expanding the use of virtual care through Telehomecare, our remote care monitoring program, transitioning to a single software platform to align practice across geographies and improve patient safety and equitable access to care.

Digital solutions were used to optimize the allocation of personal support services, particularly for patients with exceptional care needs. Within the Family-Managed Home Care program, which allows family members to directly arrange patient care, the phasing in of a secure digital portal eased administrative burdens on patients and families while keeping their health information secure.

As risks for cyber security and privacy breaches continue to be a reality within the health care sector and across the globe, we invested in strategies to maintain safe and secure operations while improving digital governance and collaboration across Ontario Health at Home and Ontario Health.

Advancing Health System Modernization
Ontario Health atHome continued to work closely with Ontario Health and the Ministry of Health to advance transformation design and implementation planning in support of Ontario Health Teams (OHTs) and home care modernization.

Seven OHT Leading Projects launched in Q4 2024/25 to test and evaluate models focused on improved care integration, access, patient outcomes and experience. Ontario Health atHome supported the advancement of the Leading Projects and the development of operations for these models of care.

Ontario Health atHome worked collaboratively with the Ministry of Health, Ontario Health and partners across the community sector, to inform the future of home care delivery. This included embedding 32 care coordination staff to work within local integrated clinical teams in the seven OHT Leading Projects.

Investing in our People
Our People Strategy 2024/25 reinforced Ontario Health atHome's commitment to the long-term success and wellbeing of employees.

With a focus on attracting, developing and retaining skilled professionals, we advanced our goal of building a strong, unified team prepared to deliver high-quality, integrated home care.

- Intensified recruitment and retention efforts resulted in the voluntary turnover rate remaining below target at 9.5 per cent for the second year even during time of significant organizational change
- Embedded Equity, Diversity, Inclusion and Anti-Racism (EIDAR) principles within 53 organizational initiatives and projects

The following pages of this report demonstrate how we delivered on the direction provided to us by the Minister of Health, including the goals set out in our Annual Business Plan. The Health System Performance section of this report highlights how we performed against Service Accountability Agreement and Annual Business Plan targets.

POPULATION PROFILE

Below is a population profile of Ontario, which includes information on the number and type of health system partners across the province. This data is demonstrative of the large and diverse population of patients and families that we serve across Ontario as well as the vast number of partners that we collaborate with to deliver home and community care services. Monitoring key population data and trends informs our planning as we strive to advance health system integration, drive equity and enable consistent care across the province, while simultaneously recognizing the unique needs of patients in their local geographies.

In addition to the partners identified below, we also work with an extensive number of system stakeholders including public health units, mental health and addictions providers, Ontario Health, Ontario Health Teams, as well as the Ministry of Health, the Ministry of Long-Term Care and the Ministry of Children, Community and Social Services.

Area (km2)	892,411	Health System Partners: • 1,000s of primary care providers • 680 community support agencies • 612 long-term care homes • 150 hospital sites • 100+ service provider organizations • 100+ equipment and supply vendor sites • 72 school boards
Total Population	15,109,416	
Population Age 65+	18.4%	
Population Growth Rate	2.0%	
Population Density	5.4/km2	
Rural Population	13.2%	
Indigenous Population	2.8%	
Francophone Population (including IDF)*	4.1%	
Low Income Population	10.1%	

*IDF - Inclusive Definition of Francophones, including Francophones whose mother tongue is not French

Sources:

- Ministry of Finance projections (2018-2041) via Ministry of Health Visual Analytics Site
- Statistics Canada 2021 Census via Ministry of Health Visual Analytics Site
- Ontario Health atHome Strategy, Decision Support departments

DESCRIPTION OF ACTIVITIES

Transition to Ontario Health atHome

On June 28, 2024, the 14 Home and Community Care Support Services organizations were amalgamated and became Ontario Health atHome, a crown agency and subsidiary of Ontario Health. This milestone was a significant part of the government's plan to modernize home care services as part of a connected and convenient health care system as well as a major achievement under our Annual Business Plan strategic priority to *Advance Home and Community Care Modernization*.

Transition planning and preparation activities in 2023/24 and Q1 2024/25 included establishing a strategic organizational structure and streamlined leadership team, aligning and standardizing priority programs, policies and processes, consolidating financial accounts, and rebranding all promotional materials, forms, letters, website and public facing materials.

Medical Equipment and Supply Processes

In fall 2024, Ontario Health atHome introduced new processes intended to improve the provision of medical equipment and supplies to patients. However, during the first few months of launching the new processes for the infusion and general medical supplies contracts, many patients, families and caregivers experienced significant and regrettable disruptions in access to medical supplies needed for their care.

Ontario Health atHome undertook a number of immediate steps to respond to the disruption and restore access to needed medical supplies. This included establishing an Incident Management System, a centralized escalation line, proactive management and coordination of vendors, and a reimbursement process to support patients and families and frontline professionals.

We sincerely regret the distress and suffering endured by patients, families and caregivers as a result of the new processes launched in the fall and are grateful to the frontline home care professionals across the province who worked tirelessly throughout this significant disruption to put patients and families first. In this circumstance, we fell short of our commitment to high-quality patient care.

As the medical supplies situation stabilized, we undertook a detailed lessons learned exercise to inform all future implementations and we applied those lessons in launching the final phase of our new medical equipment contracts to ensure that the transitions for patients would be seamless. Our progress continues to be informed by patient and family experiences, ongoing feedback and continuous improvement. We remain committed to continuing to incorporate all lessons learned so that disruptions of this nature are never repeated, and to working with our delivery partners to advance the provision of medical equipment and supplies in ways that meet the needs of patients, families and caregivers.

Responding to Ongoing System Needs

Ontario, much like other provinces across Canada, faces health human resource challenges and an increased demand for home and community care services. Increasing system capacity is a key objective under the *Drive Excellence in Care and Service Delivery* priority of our 2024/25 Annual Business Plan, and aligns with the priority to plan, develop and implement activities to respond to ongoing system needs as outlined in the 2024/25 Minister's Letter of Direction to Ontario Health related to home and

community care. Specific projects and initiatives are identified to drive improvement in this area, including community-based initiatives such as emergency department avoidance and homebound vaccinations; hospital-based initiatives such as fall/winter surge planning and protocols; and larger capacity building initiatives such as increasing the number of neighbourhood models of care and expansion of community nursing clinics.

Capacity Planning

After the *Plan to Stay Open* in 2022, the Ministry of Health introduced *A Plan for Connected and Convenient Care* in 2023, which laid the groundwork for implementing, monitoring and evaluating the multi-year Capacity Plan for Ontario Health atHome. Five strategic initiatives were launched in hard-to-serve and other regions across the province:

- Targeted service provider incentives
- Enhanced utilization of transitional care beds in retirement homes
- Increased neighbourhood models of care
- Optimization of direct care nursing and therapy staff
- Expanded community clinics

We have seen improvement in some indicators that were established to measure the success of these initiatives, including Service Offer Time to Acceptance and Initial Service Offer Acceptance Rate showing improvement in the last three quarters. We have seen stability in other indicators, including in the average monthly volume of nursing clinic visits, which has remained steady over the last three quarters.

Supporting Hospital and Emergency Department Capacity

In *Your Health: A Plan for Connected and Convenient Care,* Ontario's Ministry of Health defined strategic priorities to help Ontarians take capacity pressures off hospital emergency departments and acute care admissions.

To support this, Ontario Health atHome developed and implemented an Emergency Department Avoidance Report and Protocol in 2024/25 to advance proactive monitoring and intervention by all care coordinators.

The Emergency Department Avoidance Report identified active patients who may benefit from application of the protocol. Community care coordinators use the avoidance report combined with their daily patient interactions to identify and assess at-risk patients and determine potential proactive interventions, including re-assessments and care planning, authorization of additional Ontario Health atHome support when appropriate and navigation to primary care or other community services all with the goal of ensuring patients receive care in the most appropriate place while supporting hospital and health system capacity.

In 2024/25, Ontario Health atHome applied the ED Avoidance Protocol to over 9,580 unique patents. This protocol advanced care coordination best practice and consistency to support at-risk patients and helped reduce emergency department pressures.

We worked to preserve hospital and overall health system capacity through other established programs, including through Home First, ensuring adequate resources are in place to support patients to remain at home whenever possible, and if needed, return home upon discharge from hospital.

Through programs such as remote surgical monitoring, patients receive post-operative virtual clinical monitoring and supports as they recover at home. The program optimizes clinical outcomes and reduces length of stay in hospital, emergency department visits and hospital readmissions. In the east region of the province, the remote surgical monitoring program is delivered through a rapid response nurse team who have experience caring for patients with complex conditions and high care needs and ensure smooth transitions from hospital to home. The program supports post-surgical care for thoracic, orthopedic, gynecological oncology, breast, shoulder and spine pathways. In 2024/25, 1,850 patients were enrolled with a digital care plan, averting 73 emergency department visits and 55 hospital readmissions, with 94 per cent of patients recommending the program. One patient shared: “Just to know help was a phone call away is comforting as that’s what I used for answering my concerns. This saved a trip to emergency. For the three calls I had with nurses, their advice on what to watch for and monitor saved me from hospital visits. Great program.”

Fall/Winter Surge Preparedness and Strategies

Across the province, hospitals experienced extended winter surge challenges due to a later peak in influenza, in addition to RSV, COVID and norovirus cases. In 2024/25, Ontario Health atHome applied a provincial approach to fall and winter surge preparedness encompassing ED diversion, admission avoidance and discharge preparedness:

Emergency Department (ED) Diversion

In addition to the ED Avoidance Protocol described above, other initiatives to support patients remaining safely out of hospital included:

- A provincial approach for administering influenza and COVID-19 vaccinations for homebound patients
- Provincial consistency in developing patient contingency plans and documentation

As part of fall 2024 caseload reviews, care coordinators identified possible interventions for patients and caregivers, including prioritizing home visits for patients receiving palliative care, who have complex needs or have had multiple recent emergency department visits.

Hospital Inpatient Admission Avoidance

We implemented a provincial Hospital Admission Avoidance Protocol, guiding hospital care coordinators to support patients presenting in the emergency department to return to community settings when appropriate.

From mid-October 2024 to March 2025, more than 4,860 emergency department patients returned to the community with support.

Discharge Preparedness

We engaged with patients, service provider organizations and care coordinators to support patients to transition back to the community. We worked with patients to maximize their long-term care choices. We also supported hospital partners with local access and flow strategies.

Transitions in Care

Based on feedback from patients and aligned with Ontario Health's Alternative Levels of Care Leading Practices guide and Home First Operational Guidance, we developed a hospital principles document, along with Standards of Work for care coordinators, team assistants and hospital managers to support seamless transitions from hospital to home.

In collaboration with Ontario Health, we implemented a surge protocol for care coordinators in the 13 geographies experiencing the most significant hospital pressures during flu season that included:

- Leveraging High Intensity Supports at Home or enhanced services programs to transition patients home and free up hospital beds for those requiring acute care;
- Prioritizing long-term care admission for ALC patients at 14 hospitals identified as "hot spots" across the province where there are more ALC patients; and
- Counselling and working with patients and their families or caregivers to ensure they have short waitlisted homes on their long-term care choice list.

Ontario Health atHome also enhanced staffing levels at hospitals and our access and intake teams to support increased referral volumes and timely discharges.

Implementation of these protocols proved to be successful in reducing the volume of open ALC cases related to long-term care by over 11 per cent in Q4 2025.

Protecting Clinically-Homebound Patients

Our teams across the province support clinically-homebound patients to receive influenza and COVID-19 vaccines. These are individuals who are unable to access care in a community-based setting due to illness, chronic disease or frailty. Across our patient roster, more than 8,500 patients were identified as being clinically-homebound.

In 2024/25, to ensure all vulnerable patients, regardless of where they live in the province, had the opportunity to access respiratory disease immunization, Ontario Health atHome supported administration of COVID-19 and influenza vaccines for nearly 2,500 clinically-homebound patients who consented to receive one or both vaccines.

Infectious Disease Screener

In 2024/25, we developed and released a revised patient-facing screener for infectious diseases which broadened the symptoms and number of conditions being screened for, providing enhanced personal protective equipment guidelines and new risk codes. The screener was shared with our contracted service provider organizations to strengthen approaches to surveillance.

Measuring our Impact using Annual Business Plan and Service Accountability Agreement Indicators
Performance indicators helping to measure the impacts of these initiatives include wait times for nursing, therapy and personal support service visits, nursing clinic utilization rates and time to accept service offers. *See the Health System Performance section for detailed information on performance, targets and achievements.*

Provision of Home Care Services

Our mission is to help everyone to be healthier at home through integrated and equitable care in partnership with the communities we serve.

In 2024/25, Ontario Health atHome supported over 680,000 patients across Ontario with health assessments, creation of individualized care plans and worked with our Service Provider Organization partners to provide health care and personal support services at home or in the community. This included over 11.1 million nursing visits, more than 44.4 million PSW hours and more than 1.6 million therapy visits such as physiotherapy, occupational therapy and speech therapy, enabling patients to remain safely at home for as long as possible.

Patients received high-quality specialized nursing services – including intravenous therapy as well as catheter, diabetes, ostomy, wound care and self-management coaching through more than 1,486,000 visits to one of over 140 community nursing clinics operated by Ontario Health atHome in communities across Ontario. These community nursing clinics support patients on their road to wellness, recovery and independence.

Advancing Personal Support Services Framework

Ontario Health atHome is focused on providing home and community care to patients with complex or multiple medical conditions, who have higher health and personal support needs, and who are at a higher risk for institutionalization, frequent hospitalization or emergency department visits. Personal support services may be available to eligible patients who need help with activities of daily living to remain at home, for example, help getting in or out of bed, bathing and dressing.

In 2024/25, to add greater consistency and equity for patients, Ontario Health atHome implemented a provincial policy and framework for the provision of personal support services for adult patients, based on assessment outcomes. An electronic tool was used to review and confirm if a patient's individual situation requires higher levels of care. The team also introduced an enhanced process to collaborate on wait list management with contracted service providers. The tool includes a triage authorization priority to support patients with the greatest needs first. This has been well received by service providers.

This initiative reduced the number of patients waiting for personal support services, supported a 9 per cent increase in the volume of personal support services provided and a higher volume of referrals to community support services compared to the previous year.

Supporting Primary Care Providers

Ontario Health atHome supports the Health Care Connect program which helps people in Ontario to find a local family physician, nurse practitioner or primary care team who are accepting new patients. Our team of health care connectors support the intake and matching process. In 2024/25, we implemented a new process focused on matching patients and providers by postal code and connected more than 52,400 people with primary care providers in their local communities.

In January 2025, the government announced an investment of over $1.8 billion to build a primary care system connecting everyone to a family doctor or primary care team, including the more than 200,000 individuals on the Health Care Connect waitlist as of January 1, 2025 by spring 2026. The team

commenced planning to operationalize this strategy, including collaborating with Ontario Health Teams to implement local approaches.

Family-Managed Home Care Model

Family-Managed Home Care is an innovative program that empowers patients and their families to manage care independently in four cohorts: children with complex medical needs; eligible home-schooled children; adults with acquired brain injuries; and patients assessed to have extraordinary circumstances. This program – also known as Self-Directed Care – provides eligible patients or their substitute decision-maker with funding they can use to purchase services, such as personal support and nursing, or to employ care providers to deliver the home care services set out in the patient's care plan developed by Ontario Health atHome. Enrolling in the program requires the patient/substitute decision-makers to commit to ensuring safe, high-quality care, while complying with financial reporting requirements.

Following our transition to a single service organization, we developed a consistent agreement template, a single scheduled payment model, and a secure portal to ease the administrative burden on families. Between July 1, 2024 and March 31, 2025, 152 new families were onboarded into the program.

Improving Infusion Therapies at Home

Home infusions support patients to receive their essential treatments in a familiar environment, while at the same time, reducing hospitals visits. To enable consistent, high-quality infusion therapy at home, we are aligning how infusions like chemotherapy, iron infusions, parenteral and total parenteral nutrition (TPN) treatments are delivered across the province.

In 2024/25, we worked with staff, physicians and community partners to review infusion resources against best practice to support improved patient safety and ensure they meet patient and provider needs. For example, changes to the aligned parenteral form now prompts clinicians to provide additional information to enhance patient safety and improve time to fill patient specific orders.

Securing Long-Term Delivery of Telehomecare

In 2024, Ontario Health atHome competitively procured a new Telehomecare vendor to provide remote care monitoring tools for 10 geographies where the program is available.

Telehomecare helps individuals living with chronic conditions such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) to manage their care at home. Using a program-provided tablet, patients are guided through monitoring key health indicators including blood pressure, weight, heart rate and pulse. They also report symptoms daily, with results reviewed by a Telehomecare nurse who offers coaching and connects with the patient's primary care provider as needed.

At the end of 2024/25, there were approximately 1,500 patients enrolled in Telehomecare. The transition to a new vendor supports consistency in service delivery and positions the program for the future.

Collaborating with Partners to Respond to Emergencies

In addition to providing care and services to patients each year, we play an integral role in local emergency management and response efforts. These emergency situations can arise from weather-

related incidents like ice storms, extreme heat warnings, wildfires and flooding, as well as through technology and infrastructure incidents like power outages and Information Technology disruptions.

Supporting Emergency Evacuations of First Nations Communities Due to Flooding and Wildfires

According to an Auditor General of Canada Report, First Nation communities across Canada have a greater risk of experiencing an evacuation compared to non-Indigenous communities because many were relocated from traditional lands to flood and wildfire prone areas over 150 years ago, and to this day, remain remote with challenging infrastructure and socio-economic circumstances (Auditor General of Canada, Report 8, 2022).

In 2024/25, we implemented a provincial First Nation Community Evacuation Policy and Guidelines to enable all teams to provide consistent, reliable services to First Nation evacuees in any possible host community.

Supporting Patients Affected by Ice Storm Outages

In late March 2025, a significant ice storm impacted central and eastern parts of Ontario including Peterborough, Barrie and Orillia. Over one million homes and businesses were without power, and a state of emergency was declared in several regions.

Ontario Health atHome staff in Orillia worked with the Couchiching Ontario Health Team (OHT) and community partners to organize warming stations to provide support to those in need, to find hotel rooms, complete assessments, support individuals during cot transfers, provide bathroom assistance, answer questions about community resources and provide information about available services. Care coordinators followed up with patients in nearby congregate setting residences and called at risk-patients in regions affected by power outages to ensure they were safe throughout the week.

Our team worked with the Simcoe County Emergency Response team to support an infant with complex medical issues who is oxygen dependent, uses a generator and has a sibling with complex medical needs.

With the potential for clinics in Orillia to be overwhelmed, lose power or flood, Ontario Health atHome clinics maintained capacity and clinics outside of Orillia were contacted to confirm capacity to accept additional patients if there was a need to divert.

Recognition from the Retirement Home Regulatory Authority (RHRA)

Each year, the RHRA's Partner in Protection Award is given to a community partner who has provided invaluable assistance to the RHRA in support of its resident protection mandate. In 2024/25, the RHRA awarded our staff in the Erie St. Clair area with the 2024 Partner in Protection Award. The team was recognized for going above and beyond to support the RHRA in safeguarding resident wellbeing in a local home that was struggling financially. The team took a resident-centric approach prioritizing their efforts based on resident needs and helping residents find alternative accommodation.

Demonstrating the Success of Integrated Palliative Care Teams

Ontario Health atHome worked closely with the Ajax Pickering Palliative Care Community Team, the recipient of the Local Health Care Hero Award in June 2024, sponsored by Lakeridge Health. The team, which includes six physicians and a nurse practitioner, collaborated with our care coordinators, local

hospitals and clinics, to provide in-home palliative care services to individuals living with an advanced progressive illness who are unable to access care outside of their home.

The Local Health Care Hero Award recognizes individuals, or groups of individuals, who are dedicated and committed to supporting, promoting and raising awareness of the health care needs of the communities served. The Ajax Pickering Palliative Care Community Team remarked, “it's really about team-based care. More so in palliative care than most specialties. We can't do this job without the integral roles of nurses, registered practical nurses, personal support workers, occupational therapists, social workers, pharmacists, paramedics (who now can deliver emergency palliative care), all the Ontario Health atHome care coordinators and many others."

Supporting an Innovative Neighbourhood Model of Care

In the Cambridge area, Fairview Mennonite Homes and their Campus Model of Care enables all eligible patients residing within an identified ‘campus’ geography, which features a blend of naturally occurring retirement communities and apartment/condo buildings, to receive care from one cohesive team. By providing care to the patients that live within their retirement home as the direct service provider, as well as expanding services into the surrounding buildings and neighbourhoods that support independent living, they are fostering a connected, well-resourced community.

Ontario Health atHome supports this innovative model of care with a dedicated care coordinator as well as through funding of the personal support worker neighbourhood model, which includes a community resource facilitator who provides additional social and physical supports to address the broader social determinants of health. Through enhanced continuity of care, increased referral acceptance, effective communication with a well-connected team and improving transitions from hospital to home, the Campus Model of Care has proven to be successful in improving the patient experience. This is demonstrated by:

- A minimal missed care rate that never exceeded 0.01 per cent over the last fiscal year and with most quarters remaining at 0 per cent;
- Achieving a 100 per cent referral acceptance rate quarter over quarter;
- Increasing total patients served from 164 in Q1 to 186 in Q4; and
- Delivering 111,406 patient visits with zero patient complaints reported in 2024/25.

Enhancing Patient Services Operations through Standardization of Key Quality, Safety and Risk Policies and Procedures

Patient Safety Incident and Complaint Management

Ontario Health atHome is committed to best practice in patient safety incident and complaint management, and a responsive patient relations program to support both.

We developed and implemented a provincial Patient Complaints and Appeal Management policy with a 30-day target for closure of complaints. In 2024/25, 96 per cent of complaints were acknowledged within the same or next day and improvements were seen in the percentage of complaints closed within 30 calendar days compared to the previous year. Timely and routine analysis of incidents and complaints informs improvements in programming and operations.

Enterprise Risk Management Framework

Ontario Health atHome developed and implemented an Enterprise Risk Management Framework in alignment with the Ontario Public Service Risk Management Directive, and the Ontario Health Risk Management Framework. We continue to evolve our approach to identify, monitor and mitigate corporate operational and strategic risk across all functional areas.

Ethics Framework

Ontario Health atHome implemented several components of its Ethics Framework and continued to support staff and patients with a focus on moral distress, the unique joy of working in home and community care and the exploration of ethical dilemmas that occur when navigating the complexity of providing care in an individual's home.

From Q2-Q4 2024/25, 21 ethics consults and 10 ethics sessions were completed. These consults support reflective ethical practice and decision-making and may concern either patient care or organizational issues.

Privacy and Confidentiality

Ontario Health atHome is committed to respecting privacy and safeguarding patient information. In 2024/25, we launched a new provincial privacy and confidentiality policy and procedure, ensuring we meet our privacy obligations as a health information custodian under the *Personal Health Information and Protection Act (PHIPA)* and as an institution under the *Freedom of Information and Protection of Privacy Act (FIPPA)*, as well as the responsibilities of public servants under the *Public Service of Ontario Act*.

Streamlining Patient Care to align with our mandate as a Single Service Organization

From the first interaction and patient assessment to the delivery of services and finally to discharge or transition of care, Ontario Health atHome has taken on a comprehensive quality improvement approach to reviewing and streamlining patient care policies and frameworks to align with our new mandate, while building in flexibility where appropriate to account for local considerations. All in the service of providing high-quality care to a diverse and ever-growing patient population.

In 2024/25, this included:

- **Consistency with patient assessments using interRAI**, a long-standing assessment tool used to better understand patient needs and support personalized, coordinated care planning. To align assessment practices across the province, two policies were implemented in fall 2024. The first enables the consistent application of coding standards through annual interRAI competency evaluations. The second outlines the skills and activities required to complete the assessment process. By introducing shared standards across the province, we support accurate, effective and efficient assessments and care planning.

- **Aligning access to care for a seamless patient experience.** Each month, our intake and information and referral teams field an average of nearly 50,000 new home care or school referrals. Through the alignment of our intake, access and navigation processes we help to ensure that everyone, regardless of where they live, has an equitable, reliable experience when accessing home care services, based on best practices. Using standard eligibility criteria, referral forms, processes and intake workflows, patients, families and caregivers benefit from clearer communication and smoother transitions between providers. This work also paves the way for future system navigation models within Ontario Health Teams.

- **Ensuring Provincial Alignment of our Clinics First Approach.** We continue to take a 'Clinic First' approach for patients receiving nursing services through Ontario Health atHome. This means all patients who are able to attend a community nursing clinic will be scheduled to receive nursing services, outlined in their care plan, in a clinic setting. A new provincial Community Nursing Clinics policy and Clinic First eLearning module were developed and introduced to staff in 2024/25. The policy and module highlight the importance of a 'Clinic First' approach for clinically appropriate patients, optimizing patient access and health human resources.

Best Practice Hospital Discharge Processes

Our hospital teams support timely hospital discharges and system flow while ensuring patients experience safe and seamless transitions from the hospital to a home care setting. Following a comprehensive review and analysis of the discharge process from over 235 hospital sites across the province, Ontario Health atHome developed and implemented best practice strategies to improve hospital discharge processes under four key priority areas: team structure, tools and resources, patient engagement and partner engagement.

In 2024/25, Ontario Health atHome:

- Developed provincial standards for hospital team roles;
- Created patient conversation guides for hospital teams to facilitate patient-centred conversations regarding hospital discharge;
- Refined core competency resources for hospital roles including care coordinators, team assistants and leaders;
- Created provincial hospital indicators and a reporting framework to monitor success; and
- Developed tools and resources for teams to support the education and implementation of hospital principles, standard work documents and core competencies.

Between July 2024 and March 2025, approximately 80 per cent of hospital patients on average were engaged by a care coordinator within two days of receiving a referral from a hospital partner. This is a new metric we began measuring and our target is 85 per cent.

Measuring our Impact using Annual Business Plan and Service Accountability Agreement Indicators
Performance indicators helping to measure the impacts of these initiatives include, wait times for nursing, therapy and personal support service visits, nursing clinic utilization rates and caregiver distress measures. Additionally, patient feedback on Telehomecare and results from our patient and

caregiver experience survey are leveraged. *See the Health System Performance section for detailed information on performance, targets and achievements.*

Advancing Home and Community Care Modernization

Home and community care is integral to *Your Health: A Plan for Connected and Convenient Care,* the government's plan to connect people in Ontario to the health care they need, when they need it. Through the *Convenient Care at Home Act, 2023*, the provincial home care modernization plan includes establishing Ontario Health atHome as a home care service organization to support new models of integrated home care delivery through Ontario Health Teams. In alignment with our Annual Business Plan strategic priority to *Advance Health System Modernization*, Ontario Health atHome embeds modernization as a critical objective in our organizational planning and initiatives. Key initiatives in 2024/25 included:

- Supporting and implementing innovative service models in collaboration with Ontario Health Teams and other health system partners;
- Participating in the development and initiation of the Ontario government's Primary Care Strategy in collaboration with Ontario Health, the Ministry of Health and the Ontario Medical Association; and
- Participating in provincial partnership tables with the Ministry of Health, Ontario Health and service provider organizations focused on key modernization topics, including the establishment of new service provider performance indicators, data and analytics and the development of new models of care.

OHT Leading Projects

In 2024/25, Ontario Health atHome supported implementation planning and the launch of seven OHT-led Leading Projects to evaluate OHT-led home care models to improve care integration, access and patient outcomes and experience.

The Leading Projects represent the first opportunity for Ontario Health atHome to provide services and supports for new innovative models of integrated team-based home care services within OHTs. In 2024/25, we embedded 32 Ontario Health atHome team members in the local clinical teams within each of the seven OHT Leading Projects to seamlessly integrate and coordinate home care into each of the models.

Ontario Health Team	Geography	Leading Project Model of Care	Launch date
Frontenac Lennox & Addington	South East	Health Home Model	January 2025
Durham	Central East	Primary and Community Care Hub	January 2025
East Toronto Health Partners	Toronto Central	Interprofessional Neighbourhood Home Care Team	February 2025
Mississauga	Mississauga Halton	Palliative integrated model with service providers, primary care, hospice & hospital	February 2025
Nipissing Wellness	North East	Builds on High Intensity Supports at Home (HISH)	March 2025
Chatham-Kent	Erie St. Clair	Palliative care team linked to primary care, hospice & service providers	February 2025
Guelph Wellington	Waterloo Wellington	Integrated Primary Care Team (IPCT) Model	January 2025

Ontario Health atHome launched an Integrated Care Portal – a secure, cloud-based platform designed to streamline access to key home care resources to support the seven Leading Project OHTs.

Other OHT Collaboration

The *Eastern York Region North Durham OHT* offers a Seniors Home Support Program to support homebound seniors who, for medical, social or cognitive reasons, cannot access office-based primary care services. Ontario Health atHome assesses and develops a care plan for enrolled patients who then receive routine home visits by a primary care provider and, depending on specific needs, access to integrated care plans from a registered nurse, nurse practitioner, occupational therapist, pharmacist, social worker, chiropodist, personal support workers and community paramedics for urgent issues. All program partners share access to a single electronic medical record for enrolled patients. Health system partners include the Markham Family Health Team, Oak Valley Health and York Region Paramedic Services.

An innovative, primary care-based, specialized geriatric integrated care team offered through the KW4 OHT *(*Kitchener, Waterloo, Wellesley, Wilmot and Woolwich), is proving to be a successful support model for older adults with complex chronic conditions. The team, led by a nurse practitioner and supported by an Ontario Health atHome care coordinator, a geriatrician, pharmacist, community support service

navigator and other key health service provider partners, collaborates to offer comprehensive support to older adults, including the development of individualized care plans and interventions in collaboration with the patient and their family/caregiver and their primary care provider. The co-location and interprofessional philosophy of the team enables coordinated care, with the patient's goals and wishes known to all, such that care gaps, duplication and mistakes are averted and urgent specialist intervention or institutionalization are avoided where possible. Additionally, the burden on older adults and their caregivers of attending multiple appointments is reduced. To date, this model has shown success, including:

- A 51 per cent reduction in emergency department visits;
- 85 per cent of patients/care providers indicating the program made them more confident in managing their health;
- 67 per cent of primary care providers agreeing that the integrated care team helped alleviate hospital burden by preventing/decreasing emergency department/hospital visits for their patients; and
- 89 per cent of primary care providers agree that the integrated care team helped improve access to shared care for their patient.

A key initiative of the Scarborough OHT is to become a hub of hospice palliative care. This includes a cross-sectoral partnership of long-term care and home and community care providers, including Ontario Health atHome, building on existing community hospice services to include palliative system navigation, pain and symptom management consultation, psychosocial spiritual counseling and the recruitment of community palliative physicians. In 2024/25, Hospice Palliative Care Ontario accepted an abstract submitted by members of the Scarborough OHT to build a workshop on transitions in care that will highlight the Scarborough Palliative Care Collaborative and their local integration efforts to date, including the launch of central access, and will demonstrate through data the benefits of the palliative care community team model in improving discharges from hospital for the goal of meeting patient needs of dying at home.

Ontario Health atHome was part of a collaborative initiative involving the West Toronto OHT to build connections and provide support, resources and information to tenants and area residents within two Toronto Community Housing Corporation communities. The iHelp Centre, launched in summer 2024, provides wraparound community support and services, bringing together critical health care services with onsite staff and programming. Through engagement with the local community, the team identified gaps in services and determined that mental health and addiction services, primary care and healthy aging would be the key focus areas for these locations. Two care coordinators from Ontario Health atHome support several caseloads with patients in these buildings and work collaboratively to enhance access to services tailored to resident needs and participate in client service planning huddles where appropriate.

Prequalification Process for Service Provider Organizations

To support ongoing capacity, patient safety and high-quality home and community care services across the province, Ontario Health atHome, with support from Ontario Health, initiated a new prequalification process for service providers in Q4 of 2025. This process enables Ontario Health atHome to ensure

existing and new SPOs have passed a robust process that assesses their ability to safely provide high-quality care to patients along with their financial and operational stability. Prequalification will continue into 2025/26 and the list of prequalified SPOs will be shared on Ontario Health atHome's website. Once prequalified, SPOs are eligible to bid on home care service procurements in Ontario. Ontario Health atHome is working closely with Ontario Health to manage the process as well as the evaluation stage.

Abuse Prevention

Ontario Health atHome continued to evolve its province-wide abuse management framework in compliance with recently enhanced regulations regarding the prevention and identification of abuse and obligations of home care providers in responding to allegations of abuse. In 2024/25, Ontario Health atHome implemented a consistent approach to investigating allegations of abuse brought against a provider or Ontario Health atHome staff. We also collaborated with service providers to include intimate partner violence as a form of abuse and provide education and strategies to identify, prevent and respond to it.

Measuring our Impact using Annual Business Plan and Service Accountability Agreement Indicators
Performance indicators helping to measure the impacts of these initiatives include, monitoring the proportion of medical equipment and supply deliveries that are regularly scheduled and successfully completed and identifying deliveries that need to be expedited. To evaluate the implementation of our service model and our ability to be client focused, we introduced metrics to measure client relationships, experience and service response levels. *See the Health System Performance section for detailed information on performance, targets and achievements.*

Improving Long-Term Care Placement

In alignment with the *Connecting Care Act, 2019*, the Minister's Letter of Direction for Ontario Health atHome and with our Annual Business Plan strategic priorities to *Drive Excellence in Care and Service Delivery* and to *Advance Home and Community Care Modernization*, Ontario Health atHome is committed to implementing improvements in long-term care placement in partnership with the Ministry of Long-Term Care and with consideration for the needs of all communities across the province. In 2024/25, initiatives under these priorities included standardizing key aspects of the long-term care placement process, developing a plan to introduce an online application option and initiating a new Long Term Care Home cultural pilot.

In 2024/25, Ontario Health atHome transitioned more than 25,380 individuals into long-term care homes across Ontario – over 11,150 from the community, 12,200 from hospitals and transferred more than 2,000 patients between long-term care homes across the province. In addition, we supported the opening of four long-term care homes and the closure of eight homes.

LTC Placement Standard Work Document

In 2024/25, we released and implemented a Long-Term Care Standard of Work for application and eligibility, exceptions and legislative non-compliance.

Ontario Health atHome recognizes that moving into a long-term care home can be a challenging time. Our team is committed to making the process as easy as possible for applicants and their families and caregivers. In summer 2024, we released a provincial one-page Waiting for Crisis Long-Term Care Placement in the Community guide for patients, families and caregivers to support applicants recently prioritized as category 1 (crisis). This category is for people who need immediate admission to long-term care and who cannot have their needs met at home. The guide provides information to support efficient and safe placement into a long-term care home and outlines key aspects of the placement process, including the bed offer process and timelines and what happens if a bed offer is refused.

Long-Term Care Application Automation

We launched an online Request for Information form as an additional option for those looking for long-term care information. This form provides patients and families with an electronic option to submit a request for information related to placement in a long-term care home. A staff member will contact the requester within five business days.

Long-Term Care Homes Cultural Pilot

With a focus on facilitating 'culturally appropriate' long-term care placements, the Ministry of Long-Term Care, in collaboration with Ontario Health and Ontario Health atHome, developed a Long-Term Care Home Cultural Pilot (Pilot) to evaluate how changes to long-term care wait list prioritization requirements can improve the experience for those who identify with a specific cultural community (i.e. religion, ethnic and/or linguistic origin).

The ministry amended Ontario Regulation 246/22, under the *Fixing Long-Term Care Homes Act, 2021*, adding a new 'cultural' priority for crisis applicants who self-identify with a specific religious, ethnic and/or linguistic origin. The amendments to enable the Pilot came into force January 1, 2025.

The Pilot launched on April 14, 2025, consisting of 29 long-term care homes designated by the Ministry of Long-Term Care. All applicants continue to be ranked according to the urgency of their need for admission. The modified placement only applies to applicants within the category 1 (crisis) priority and for the designated pilot homes.

Measuring our Impact using Annual Business Plan and Service Accountability Agreement Indicators
Performance indicators helping to measure the impacts of these initiatives include, community crisis applications waiting for long-term care and volume of open Alternate Level of Care (ALC) cases related to long-term care placement. *See the Health System Performance section for detailed information on performance, targets and achievements.*

Streamlining Organizational Structures, Systems and Processes

We streamlined our organizational structure and processes to deliver on our new mandate as a unified organization. In alignment with our Annual Business Plan strategic priorities to *Drive Excellence in Care and Service Delivery, Advance Health System Modernization* and to *Invest in our People,* we continued to advance and connect our systems, tools and technology through Q2-Q4 2024/25, filling gaps and improving the way we work together. Key initiatives such as streamlining processes for navigation, access and intake and hospital to home discharge, as well as consistent quality and safety processes and

workforce stabilization through our People Strategy, are building a strong and centralized foundation for staff to be successful as we look ahead to the future of home care.

Completing Post-Transition Activities

Finance and Corporate Services Activities

In 2024/25, we continued to implement one budget, bank account and unified financial resources. This included a phased-in alignment of corporate services functions.

Human Resources, Organizational Development and Equity Activities
Work completed in the lead up to becoming Ontario Health atHome, including collaboration with the Ministry of Health, the Treasury Board Secretariat, Ontario Health and union partners laid an effective foundation for achieving key post-transition activities in Q2-Q4 2024/25, including:

- **Implementing Labour Relations Transition on the Ground.** Following the successful negotiation of 42 collective agreements and wage reopener agreements and alignment at the system level, we turned our focus to implementing the regulatory requirements and operational steps needed to support the transition on the ground. In October 2024, we filed an application with the Ontario Labour Relations Board (OLRB) under the Public Sector Labour Relations Transition Act (PSLTRA) to restructure and consolidate 27 existing local bargaining units, an essential step in aligning our labour relations structure with our new provincial organization. In January 2025, we participated in mediation with five unions at the Ontario Labour Relations Board to advance the process. All parties agreed to proceed to a formal hearing scheduled for July 2025.
- **Employee Engagement Survey.** Our second Pulse Survey was held in February 2025 to measure the impact of organizational change and transformation on employee engagement. Analysis of results and key themes will help us identify what is working well and areas of opportunity where we can work together to make positive changes across the organization – which effectively help us provide better care for patients, families and caregivers.
- **New Organizational Development Centre of Excellence.** We created an Organizational Development Centre of Excellence to focus on developing best-in-class organizational practices, including learning and development, change management, employee engagement, leadership development, employee wellness and talent management activities. All Organizational Development and non-clinical Learning & Development positions have been consolidated under the new centre of excellence, with updated reporting relationships aimed at enhancing collaboration and streamlining support across the organization.

Service Accountability Agreement

To ensure that home and community care is planned and operated in alignment with overall health system priorities, the inaugural Service Accountability Agreement between Ontario Health and Ontario Health atHome includes coordinated target setting and key metrics, operational and annual business planning and Enterprise Risk Management.

Human Resources, Organizational Development and Equity: Delivering Our People Strategy in Action

Through 2024/25, we continued with advancements within the four pillars of our People Strategy – Equity, Inclusion, Diversity and Anti-Racism (EIDAR); Wellness, Wellbeing, Health and Safety; Effective

Team Culture; and Rewarding Careers. In 2024/25, we continued a multi-year effort to harmonize human resources policies, processes and programming and launched several initiatives, including:

- Aligning more than 30 policies to support a consistent staff experience across the organization;
- Harmonizing Ontario Health atHome's Employee Assistance Program (EAP) provider. Launched in Q2 2024, this significant milestone provided all employees and their immediate families with access to the same suite of EAP services;
- Establishing a provincial Occupational Health and Safety leader role as the first step in a provincial Occupational Health and Safety structure to implement best practices across the province with the goal of creating a healthy workforce and environment;
- Establishing the Organizational Development Centre of Excellence to support organizational effectiveness, change management and advance employee and leadership learning and development and wellbeing and wellness; and
- Launching a Healthy Workplace Framework with five key dimensions to guide our wellness programming: work life, personal life, physical health, financial health and mental health.

Developing and Implementing a Unified Digital Infrastructure

Ontario Health atHome is committed to developing a digital plan and a unified digital infrastructure that encompasses processes and systems to improve patient and provider experiences, seamless transitions of care and health system efficiencies. In 2024/25, we continued to build on foundational work to advance digital health systems and tools through a provincial lens, including:

- Providing digital solutions for wound care;
- Enabling electronic remote care monitoring systems, combined with coaching, through our Telehomecare programs;
- Digitizing paper forms;
- Continuously implementing cyber security protocols to keep patient information secure;
- Enhancing use and functionality of the Client Health and Related Information System (CHRIS), including integration with other health information systems such as eReferral and eNotification, as well as integration with regional paramedic systems; and
- Initiating our Integrated Decision Support System and our Geographical Information System to leverage enhanced geocoding functionality to improve process efficiency and access to timely patient care.

Evaluating and Updating Templates for Home and Community Care Client Services Contracts

Working in collaboration with Ontario Health and the Ministry of Health, we are updating templates for home and community care client services contracts. In 2024/25, early work under this stream included the drafting and review of updated contract templates. This work is ongoing and expected to continue through 2025/26 and will involve supporting key deliverables, including the development of a standardized contract framework, establishing rates and a performance management framework.

Measuring our Impact using Annual Business Plan and Service Accountability Agreement Indicators
Performance indicators helping to measure the effectiveness of our initiatives under our People Strategy include, measuring the percentage of employees who leave the organization voluntarily through either retirement or resignation and leveraging the results of our Employee Engagement Survey. To measure the effectiveness of our digital strategy through the assessment of patient feedback on Telehomecare and tracking how many regions have access to our wound care solution with the goal of having it accessible and implemented province-wide. *See the Health System Performance section for detailed information on performance, targets and achievements.*

COMMUNITY ENGAGEMENT

Community engagement is an essential function and core value of Ontario Health atHome, and a crucial component of delivering high-quality care, reflective of the needs of those we serve. Working together with patients, family members, caregivers and the community helps us achieve our mission while improving the patient experience.

Community Relations and Education

As part of our commitment to building strong relationships with communities, Ontario Health atHome participates in public educational activities throughout the year through our community outreach and education program.

Our staff ambassadors are highly knowledgeable subject matter experts who participate (in-person or virtually) in a variety of events, sharing information about home and community care programs and services. In 2024/2025, our team attended and presented at 180 community events and health fairs across the province, reaching over 10,500 people. This included presentations to:

- Seniors and community groups (Tsung Tsin Association of Ontario, Centre for Spanish Speaking Peoples, Metis Nation Thunder Bay, Deaf Seniors Group 55+, Centre Francophone du Toronto);
- Health system partners (North Bay Regional Health Centre, Alzheimer's Society, Mental Health Services of Renfrew, Hospice Waterloo Region, Dufferin Paramedics, South Georgian Bay Ontario Health Team's Senior Action Team); and
- Municipalities (City of Brampton, Halton Region, Windsor Essex Community Housing Corporation) and educational institutions (Brock University; Confederation College, Lambton College, University of Ottawa).

Above and Beyond Caregiver Recognition Event

To recognize, celebrate and support caregivers who make it possible for people to live in their communities despite the impacts of age, illness or disability, we held our third annual Above and Beyond Caregiver Recognition Event on National Caregiver Day – April 1, 2025. We honoured over 100 caregivers at the event, with special recognition given to nine caregivers under six recognition categories, including a new category for 2025: Caregiver Resilience – highlighting individuals who supported a loved one through their end-of-life journey and acknowledging their resiliency in the face of loss and grief. This category was added based on feedback received from our Community of Advisors.

Learning from one another is a key component of the program. Following the recognition portion of the event, caregivers and participants had the opportunity to share their experiences and recommend resources through a facilitated engagement session. Feedback is shared back through the Caregiver Resources and Learnings page on our website.

Building on the success of previous events, over 500 people joined us on April 1, which represents a 270 per cent increase from 2024. Feedback from the event was overwhelmingly positive, with one caregiver recipient sharing: "Thank you so much for putting our 'story' together. It was quite beautiful. I was so honoured to be included in that amazing group of caregivers. All our children watched the event, it was a special gift to them – one they say they will cherish always."

Training and Educating Staff on Key Principles of Equity, Inclusion, Diversity and Anti-Racism

Through targeted training and education, we continued to equip our staff and leadership, instilling key concepts and principles of equity, inclusion, diversity and anti-racism to support their interactions with patients, families, caregivers and members of the community. This aligned with our Equity, Inclusion, Diversity and Anti-Racism (EIDAR) commitment statement and our Annual Business Plan strategic priority to *Invest in our People.* In Q2-Q4 2024/25:

- 258 staff requested to take training related to EIDAR, representing 16.5 per cent of all learning and development requests.
- An EIDAR Glossary was developed, providing common language to support inclusive, equitable and anti-racist communications with patients, families and caregivers.
- After being offered in February 2025, 188 staff submitted requests to complete the **Foundational Anti-Racism Training,** a course on anti-racism from the Ontario Human Rights Commission.
- In alignment with our commitment to promoting accessibility and upholding the standards set by the Accessibility for Ontarians with Disabilities Act (AODA), we instituted mandatory provincial accessibility training to all staff in 2024/25. Education encompassed AODA General Requirements, AODA Information and Communications Standards and AODA Customer Service training, as well as training on the Ontario Human Rights code.

Engagement with Community of Advisors

Involving those with lived experience brings unique insight, helps guide us in the development of patient-centred programs, services and policies that are relevant, beneficial, reflective and supportive of patient needs, priorities and values.

As of March 31, 2025, there are 74 active advisors from across the province. This includes 13 new advisors who were onboarded during Q2-Q4 2024/25. Recruitment efforts continued with an eye to making sure the Community of Advisors was reflective of the people we serve.

Throughout Q2-Q4 2024/25, advisors provided more than 230 hours of engagement and supported over 30 different key organizational initiatives. This included engagements on priority projects such as Family-Managed Home Care, centralized intake and referral, hospital to home discharge planning, medical equipment contract modernization and the provincial Ethics Steering Committee.

Additionally, advisors partnered in key Community Engagement portfolio initiatives including hiring panels and the development of a new online Advisor Portal – a repository co-created with the volunteer advisors that houses everything they need to be successful in their role.

Engagement with Francophone Communities

We remain committed to engaging with Francophone communities to better plan for, and understand, this diverse population. In 2024/25, and in accordance with the *French Language Services Act*, we built

on our commitment to French language services and strengthened relationships with French Language Health Services Planning Entities across the province.

Activities included:

- A provincial Ontario Health atHome French Language Services Committee collaborative table with representation from Entité 3, the Réseau du mieux-être francophone du Nord de l'Ontario and a Francophone patient advisor. Work of the committee focused on supporting French Language Services efforts, including active offer oversight. Active offer means offering services in French to the patient/family upon first contact and throughout their care journey. The onus is on Ontario Health atHome and our contracted service providers to actively offer services in French, rather than wait for the patient, family member, caregiver or health care partners to request it.
- In the east region, a dedicated French language services care coordinator represents Ontario Health atHome as an association at the Special Education Advisory Committee of the Conseil Scolaire Catholique MonAvenir where participants meet monthly during the school year to discuss specialized education matters and supports.

Engagement with Indigenous Communities

In Q4 of 2024/25, Ontario Health atHome staff had the honour of attending three community health fairs in North Bay, Midland and Peterborough hosted by the Métis Nation of Ontario. These health fairs were an opportunity to learn, connect and celebrate health together, emphasizing health and wellness and bringing community health partners together to discuss supports and services. Traditional elements such as sharing a meal, song and story were also featured throughout. A staff member who participated in one of these health fairs commented: "I feel Ontario Health atHome's presence at events such as the Métis health fair is important. It allows us to foster stronger connections and understand communities' unique needs."

We worked with Indigenous communities, successfully matching more than 50 people with complex health issues living in Ohsweken – a rural community in the Six Nations of The Grand River – to a primary care provider via the Health Care Connect program.

Ontario Health atHome committed to matching these patients with a physician after receiving a call for assistance from an addiction clinic in Ohsweken. The team sought support from a family health team in Brantford and one of the doctors there agreed to accept all of the patients, many of whom had struggled to find a physician due to transportation issues, in addition to having complex medical issues. To date, the area Health Care Connect team has referred between 150 to 200 patients to this physician, and another family doctor from the clinic has also started seeing Ohsweken patients.

In addition, many of our staff participated in events marking National Day for Truth and Reconciliation to educate and prepare us for engaging and working with Indigenous communities including:

- A session with Sandra Bender from the National Centre for Truth and Reconciliation, guiding us through the history of residential schools, with a focus on health impacts and their connection to modern-day health issues.

- Focused conversation with Susan Swan, an intergenerational survivor of residential schools, through Telus Health, our Employee Assistance Plan provider, as she shared her experiences with a focus on reconciliation and our role in action and support.

Engagement with Specific Communities

Educating and Preparing Staff for Engaging and Working with Specific Communities

As meaningful steps in our ongoing collective journey to support Black inclusion and culturally safe care for Black patients, families and caregivers, we provided education and engagement sessions for staff focused on identifying, unlearning and combatting anti-Black racism. The workshop featured personal stories, statistics, historical context and interactivity to empower, inform and equip staff to support progress.

Supporting Newcomers to Canada

An embedded care coordinator within specific primary care centres (KW Health Caring, Reception House and Centre for Family Medicine) in the Waterloo area is dedicated to supporting newcomers to Canada, specifically refugees from war torn countries. Our refugee health care coordinator role supports patient care, system navigation and local process for refugee health patients within Waterloo Wellington. In 2024/25, 110 people were supported by Ontario Health atHome through this program, and were connected with home and community care services or supported with system navigation.

Supporting those with Housing Challenges

The Champlain Inclusion Team supports individuals in the Ottawa and surrounding area who are unsheltered, vulnerably housed and/or living with mental health challenges that require alternative approaches to care beyond the conventional service delivery model. The small team of care coordinators are subject matter experts on the needs of this patient population and able to perform needs assessments, care planning and coordinate effective service delivery to meet their needs. While also providing guidance and consultation to other care providers.

In 2024/25, a collaboration between the Champlain Inclusion Team and The Grind Pembroke – a not-for-profit, community hub that offers services and support to low-income, marginalized and homeless people – helped improve access to health and social services for this patient population. An inclusion care coordinator held regular drop-in hours at The Grind every twice weekly. During these sessions, individuals can receive medical assessments for home care without needing to schedule an appointment or use other methods, such as phone calls. The care coordinator can make referrals to appropriate community resources, such as the Access Nursing Clinic, and arrange for the delivery of necessary supplies and equipment to deliver safe and effective care. While also navigating individuals to other services, including mental health and addictions supports, social work, wound care and more.

ARTIFICIAL INTELLIGENCE

Ontario Health atHome continued to strengthen its alignment with Ontario's Responsible Use of Artificial Intelligence (AI) Directive. We have integrated the directive's principles into our organizational policies and processes, including those related to privacy, security and performance monitoring of critical systems and applications. These steps prioritize ethical considerations, uphold patient confidentiality and maintain transparency in data handling.

Our internal Architecture Review Board (ARB) is committed to strengthening our governance framework and is the central committee responsible for approving, monitoring and evaluating AI use cases. The ARB performs rigorous assessments, risk evaluations and aligns with the ministry directive, providing oversight for ongoing performance reviews and continuous improvement.

Additionally, we began developing an Ontario Health atHome Artificial Intelligence Compliance Policy to formalize our commitment to responsible AI use. This policy outlines the principles, governance structures and operational guidelines required to meet the directive's standards to maintain accountability and alignment across all AI initiatives.

Current Artificial Intelligence Use Cases

Operational Efficiency in IT Systems

AI enhances operations by monitoring access, optimizing IT performance, identifying security risks and automating maintenance. In Q2-Q4 2024/25, our Service Desk used software equipped with machine learning to streamline support ticketing. We explored use of Microsoft Copilot, which is embedded in Microsoft 365 applications like Word, Excel and Teams, to boost productivity through automating tasks, generating content and analyzing data efficiently.

Operational Efficiency in IT Systems and Privacy Use

In Q2-Q4 2024/25, our Privacy team used Splunk for Client Health and Related Information System (CHRIS) patient record system auditing and compliance, with AI enhancing access control, user analytics, automated alerts, anomaly detection and reporting. AI supports data analysis, incident investigations and overall platform effectiveness, strengthening auditing, compliance and operational efficiency.

We began further planning to leverage advanced IT tools to enhance both security and privacy monitoring and application performance. These initiatives, coupled with the new compliance policy and robust governance measures, will help Ontario Health atHome remain fully aligned and compliant with the ministry's AI directive while setting a strong example for responsible AI implementation within our industry.

OUR EVOLVING WORKFORCE: YEAR-OVER-YEAR STAFFING SUMMARY

The Ontario Health atHome workforce has remained stable with measured growth over the past three fiscal years, reflecting our continued commitment to operational continuity and system readiness. The full-time equivalent (FTE) growth from 2024 to 2025 included a 4.91 per cent (297.5 FTE) increase in patient services and a 7.25 per cent (98.02 FTE) decrease in the remainder of the workforce. The FTE growth from 2023 to 2024 was partially related to an increase in patient services positions and filling of vacant positions.

- As of March 31, 2025, there were 7,610.7 FTEs, which included 5.7 Executive FTEs (Ontario Health atHome).

By comparison:

- As of March 31, 2024, there were 7,562.8 FTEs, which included 6.1 Executive FTEs (14 Home and Community Care Support Services organizations).
- As of March 31, 2023, there were 7,278.6 FTEs, which included 6 Executive FTEs (14 Home and Community Care Support Services organizations).

Note: FTEs are based on a standard organizational formula of FTE calculation, which is different from the eAgency Agencies and Appointments Directive (AAD) formula. eAgency AAD FTE is available for March 31, 2025 only.

HEALTH SYSTEM PERFORMANCE

In 2024/25, the Ontario Health and Ontario Health atHome Service Accountability Agreement (SAA) was established along with performance and monitoring indicators to measure and track obligations outlined in the SAA. These SAA indicators replace the previous Ministry LHIN Accountability Agreement indicators. With this shift from MLAA to SAA obligations some associated performance and monitoring indicators were retired and some new indicators were introduced for 2024/25. *See below performance table and associated notes for further details.*

In the months following our transition to Ontario Health atHome, we continued to coordinate in-home and community-based care for thousands of patients across the province each day, while simultaneously planning and laying the groundwork for the next phase of our transformation and collaborating with partners to support the launch of the OHT Leading Projects. At the same time, we continued driving forward other key initiatives outlined within the Minister's Letter of Direction and our Annual Business Plan.

While addressing these responsibilities, we maintained continuity of care for over 680,000 patients, provided more than 44.4 million hours of personal support services and over 11.1 million nursing visits (an increase of 8.7% and 4.2% from the previous fiscal year). Health human resource challenges continued to persist amongst contracted service provider organizations. At the same time, through effective collaboration, several successful initiatives were launched in alignment with ongoing health system recovery efforts. Increased demand for home and community care services and the aging population added further strain to the health care system.

Although we did not meet some provincial targets, we supported more patients, provided more service and saw marked improvement in several key patient care indicators in 2024/25 when compared to the previous fiscal year, including:

- A decrease in missed care rates for all service types, with the missed care rate for visit nursing better than the provincial target at 0.03 per cent;
- A significant increase in SPO first service offer acceptance rates for all service types, with shift nursing and personal support acceptance rates seeing the most significant increase of 13 per cent and 16 per cent respectively;
- A decrease in the volume of patients designated ALC waiting for home care from an average of 453 patients in 2023/24 to an average of 400 patients in 2024/25; and
- A significant decrease in the percentage of crisis-designated long-term care residents who are seeking to transfer to another long-term care home, from an average of 25 per cent in 2023/24 to an average of 18 per cent in 2024/25.

Provincially, we met the target for *50th percentile wait time from community for home care services: application from community setting to first home care services (excluding case management)* with the North West region exceeding the target and we demonstrated ongoing stability for the *50th percentile wait time from hospital discharge to service initiation of home and community care* with the North West region once again exceeding the target.

Additional regional highlights include:

- The Toronto region exceeded the provincial target for percentage of home care service patients with complex needs who receive their personal support visits within five days of the date that they were authorized for personal support services at 92 per cent and the Central region met the target.
- The North East and North West regions exceeded the provincial target for percentage of home care service patients who received their nursing visit within five days of the date they were authorized for nursing services for the second year in a row at 97 per cent and 98 per cent respectively.
- The West, Central, North East and North West regions saw a significant decrease in the average alternate level of care (ALC) length of stay for patients designated ALC waiting for home care with each region seeing an average decrease of five days and the North West region seeing an average decrease of 10 days.

The provincial targets for performance and monitoring indicators were developed as a benchmark. While there is an expectation of continuous improvement toward achieving the targets, variations in population, socio-economic, geographic and demographic circumstances in different parts of the province impact health care delivery.

Detailed results for each region can be found in Appendix 1.

Ontario Health atHome Annual Business Plan Indicators

In addition to the detailed performance and monitoring indicators outlined in the Ontario Health and Ontario Health atHome Service Accountability Agreement (SAA), Ontario Health atHome measures our performance against targeted performance metrics identified within our Annual Business Plan. As we strive for continuous improvement, we use a series of performance measures as a baseline with appropriate associated targets to measure our ability to meet our organizational goals. Many of the indicators outlined in the 2024/25 Annual Business Plan are aligned with the SAA and are identified accordingly below.

As we continue to refine data collection and reporting in alignment with our new mandate as a single service organization and subsidiary of Ontario Health, the priorities and performance metrics that were initially set for our 2024/25 Annual Business Plan were adjusted and evolved with input from key partners and with consideration of our ongoing focus on standardization across the province and ensuring our data is accurate and representative.

Reviewing and refining our Annual Business Plan indicators is an important process undertaken each year, with consideration given to our various legislated agreements and requirements, as well as internal operational goals and measures. This includes the Ontario Health and Ontario Health atHome SAA and the provincial Client Services Contract Performance Framework, which defines standards for all partner service providers, with contracts specifying the performance targets they must meet. By adhering to these frameworks, we can measure and improve the quality of care delivered across the province.

Additionally, we align our priorities to those set out in the Minister's Letter of Direction and other government priorities and regulations, including the *Connecting Care Act, 2019, Fixing Long-Term Care Act, 2021, Connecting People to Home and Community Care Act, 2020, Ontario Regulation 187/22: Home and Community Care Services* and Ontario's *Plan to Stay Open: Our Health System Stability and Recovery.*

We are committed to driving improvement in all our priorities by working toward the targets we have set for each metric.

The below progress update is of the full fiscal year.

APPENDIX

Performance and Improvement Actions

Indicator	**Indicator Type (SAA, ABP)**	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	**2024/25 Performance Outcome**	**Actions to improve performance**
Percentage of home care service patients with complex needs who receive their personal support visits within 5 Days of the date that they were authorized for personal support services	Both (previous MLAA indicator)	**Provincial Target** >=90% Note: Provincial target adjusted from 95% in 2023/24 to 90% in 2024/25 to align with Ontario Health SAA agreement target. **2023/24 Result** 82% **Trend (against 2023/24)** Improved (+6%)	**2024/25 Result** 87%	In 2024/25, 87% of adult complex patients received their first personal support visit within 5 days of the date that they were authorized for personal support services, an improvement from the previous fiscal year. Improved 5-day wait time rates for personal support services may be attributed to improved health human resources capacity across service providers. However, we continue to see specific areas, particularly rural areas, impacted more than others. We addressed challenges by implementing targeted re-education and reinforcement of best practices to ensure timely updates and corrections to further strengthen data integrity and enhance overall service performance.
Percentage of home care service patients who received their nursing visit within 5 Days of the date they were authorized for nursing services	Both (previous MLAA indicator)	**Provincial Target** >=95% **2023/24 Result** 92% **Trend (against 2023/24)** Stable	**2024/25 Result** 92%	In 2024/25, 92% of adult complex patients received their first nursing visit within 5 days of the date that they were authorized for nursing services. We addressed challenges by Implementing targeted re-education and reinforcement of best practices to ensure timely updates and corrections to further strengthen data integrity and enhance overall service performance as well as further exploring nursing wait times for improvement opportunities.

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Indicator	**Indicator Type (SAA, ABP)**	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	**2024/25 Performance Outcome**	**Actions to improve performance**
50th/90th percentile wait time from community for home care services: application from community setting to first home care services (excluding case management)	SAA (MLAA included 90th percentile measure only. Addition of 50th percentile under OH/OH atHome SAA)	**Provincial Target** 50th percentile: <=7 days 90th percentile: <=21 days **2023/24 Result** 50th percentile: 7 days 90th percentile: 39 days **Trend (against 2023/24)** 50th percentile: Stable 90th percentile: Worsened (+3 days)	**2024/25 Result** 50th percentile: 7 days 90th percentile: 42 days	In 2024/25, the 50th percentile wait time from application from the community setting to first home care services was 7 days and the 90th percentile wait time was 42 days. We addressed challenges by continuing to refine provincial and area-level analyses to better understand variance drivers and identify benchmark practices for provincial scaling. Implementation of enhanced bi-weekly local and monthly provincial data monitoring enabled faster detection of performance variances and more responsive interventions.
50th/90th percentile wait time from hospital discharge to service initiation of home and community care	SAA (MLAA included 90th percentile measure only. Addition of 50th percentile under OH/OH atHome SAA)	**Provincial Target** 50th percentile: <=1 day 90th percentile: <=7 days **2023/24 Result** 50th percentile: 2 days 90th percentile: 13 days **Trend (against 2023/24)** 50th percentile: Stable 90th percentile: Worsened (+1 day)	**2024/25 Result** 50th percentile: 2 days 90th percentile: 14 days	In 2024/25, the 50th percentile wait time from application from hospital discharge to service initiation of home and community care was 2 days and the 90th percentile wait time was 14 days. We addressed challenges with an initial focus on improving data accuracy, timeliness and reliability. This supports operational reporting for regular monitoring, followed by a targeted action plan to reduce wait times and support timely service initiation. We began a phased implementation of ALC best practice across the province including unit-based assignment and right-size staffing to match referral patterns.

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Indicator	**Indicator Type (SAA, ABP)**	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	**2024/25 Performance Outcome**	**Actions to improve performance**
SPO first service offer acceptance rate by service type (Visit Nursing, Shift Nursing, Personal Support, Therapies)	SAA	**Provincial Target** Visit Nursing: >=90-94% Shift Nursing: >=90-94% Personal Support: >=90-94% Therapies: >=90-94% **2023/24 Result** Visit Nursing: 73% Shift Nursing: 26% Personal Support: 64% Therapies: 68% **Trend (against 2023/24)** Visit Nursing: Improved (+10%) Shift Nursing: Improved (+54%) Personal Support: Improved (+25%) Therapies: Improved (+11%)	**2024/25 Result** Visit Nursing: 81% Shift Nursing: 39% Personal Support: 80% Therapies: 76%	We addressed challenges by beginning localized strategies to expand capacity using overflow service providers, active performance management and targeted recruitment and retention initiatives. Operational efforts support these strategies by monitoring shift trends, analyzing service volumes and utilizing partial care plans to better align resources. As part of capacity building, the Clinic First education modules were relaunched. Collaboration among Ontario Health atHome, hospitals and families is key to mitigating risk, while our teams focus on increasing capacity and reducing wait lists. In accordance with the Contract Performance Framework, service providers with performance deficiencies continue to be managed through performance improvement plans and quality improvement notices.
Missed care rates by service type (Visit Nursing, Shift Nursing, Personal Support, Therapies)	Both	**Provincial Target** Visit Nursing: <=0.05%-0.1% Shift Nursing: <=0.05%-0.1% Personal Support: <=0.05%-0.1% Therapies: <=0.05%-0.1% **2023/24 Result** Visit Nursing: 0.06%	**2024/25 Result** Visit Nursing: 0.03% Shift Nursing: 0.53% Personal Support: 0.20% Therapies: 0.09%	In 2024/25, the Missed Care rate for Visit Nursing performed better than the service provider contractual target, reflecting sustained improvement driven by enhanced scheduling practices and performance feedback from Ontario Health atHome to service providers. Therapies also continue to perform well, supported by their professional and flexible delivery models.

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Indicator	Indicator Type (SAA, ABP)	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	2024/25 Performance Outcome	Actions to improve performance
		Shift Nursing: 0.72% Personal Support: 0.38% Therapies: 0.13% **Trend (against 2023/24)** Visit Nursing: Improved (-40%) Shift Nursing: Improved (-26%) Personal Support: Improved (-47%) Therapies: Improved (-25%)		We addressed challenges by onboarding overflow service providers, rural clustering and staffing in congregate settings. System coordination between Ontario Health atHome and service providers is helping to clear wait lists, while localized strategies support continued improvement. Although Shift Nursing and Personal Support missed care rates are worse than targeted, focused interventions and strong performance management contributed to steady improvements throughout the second half of 2024/25.
Alternate Level of Care (ALC): Volume of patients designated ALC waiting for home care	Both	**Provincial Target** Target TBD **2023/24 Result** 453 (quarterly average) **Trend (against 2023/24)** Improved (-12%)	**2024/25 Result** 400 patients (quarterly average)	We addressed challenges by implementing several key strategies to enhance patient flow and discharge planning. These include working closely with hospital partners to initiate referrals to Ontario Health atHome earlier in the patient journey and engaging patients and caregivers within two business days to support timely discharge planning. Additionally, maintaining a consistent presence in unit and ALC rounds enables real-time care planning. Finally, streamlining the hospital care coordinator role is essential to maximize their time spent on direct patient and partner engagement.
Alternate Level of Care (ALC): Average ALC length of stay (LOS) for patients designated ALC waiting for home care	SAA	**Provincial Target** Target TBD **2023/24 Result** 24 days **Trend (against 2023/24)**	**2024/25 Result** 25 days	We addressed challenges by implementing several key strategies to enhance patient flow and discharge planning. These included working closely with hospital partners to initiate referrals to Ontario Health atHome earlier in the patient journey and engaging patients and caregivers within two business days to support timely discharge planning.

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Indicator	**Indicator Type (SAA, ABP)**	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	**2024/25 Performance Outcome**	**Actions to improve performance**
		Worsened (+1 day)		Additionally, maintaining a consistent presence in unit and ALC rounds allows for real-time care planning. Finally, streamlining the hospital care coordinator role is essential to maximize their time spent on direct patient and partner engagement.
Percentage of patients waiting for long-term care placement who are crisis-designated, split by: a. Community b. Hospital c. Long-Term Care	Both	**Provincial Target** Target TBD **2023/24 Result** Community: 40% Hospital: 36% Long-Term Care: 25% **Trend (against 2023/24)** a. Community: Worsened (+15%) b. Hospital: Worsened (+9%) c. Long-Term Care: Improved (-33%)	**2024/25 Result** Community: 45% Hospital: 37% Long-Term Care: 18%	To address challenges, community care coordinators were actively conducting caseload reviews and engaging in contingency planning to ensure responsive and effective care delivery. In support of this, a standardized provincial guide for community crisis designation is in development and will provide clear direction for both care coordinators and leadership. A standardized report is in development to support decision-making and oversight. Earlier hospital discharge planning is being strengthened through the application of Home First Operational Guidance. This includes ensuring all community resources are fully explored before considering long-term care placement. Patients and caregivers are engaged within two days of referral to support timely transitions. Close collaboration with hospital teams continued to facilitate discharges. Additionally, efforts are being made to leverage emergency department diversion and hospital admission avoidance protocols, as well as hospital-to-home and enhanced service programs, to optimize system capacity and reduce unnecessary admissions.
Ontario Health atHome volumes: Volumes by service type (Visit Nursing, Shift Nursing,	SAA	**Provincial Target** Target TBD **2023/24 Result** Visit Nursing: 1.8M	**2024/25 Total** Visit Nursing: 1.9M Shift Nursing: 580K Clinic Nursing: 370K	Volumes across all service types have shown an increase compared to the previous year.

Indicator	Indicator Type (SAA, ABP)	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	2024/25 Performance Outcome	Actions to improve performance
Clinic Nursing, Personal Support, Therapies)		Shift Nursing: 546K Clinic Nursing: 348K Personal Support: 10M Therapies: 400K **Trend (against 2023/24)** Visit Nursing: Increased (+4%) Shift Nursing: Increased (+7%) Clinic Nursing: Increased (+7%) Personal Support: Increased (+9%) Therapies: Increased (+2%)	Personal Support: 11M Therapies: 410K	
Ontario Health atHome volumes: Admitted client volumes by Client Care Model population: Child-Short Stay, Adult-Short Stay, Child-Chronic, Adult-Chronic, Child-Complex, Adult-Complex, Child-Community Independence (CI), Adult Community Independence (CI)	SAA	**Provincial Target** Target TBD **2023/24 Result** Child – Short Stay: 4,821 Adult – Short Stay: 92,075 Child – Chronic: 3,974 Adult – Chronic: 136,447 Child – Complex: 1,366 Adult – Complex: 49,499 Child – (CI): 5,214 Adult – (CI): 37,964 **Trend (against 2023/24)** Child – Short Stay: Decreased (-4%)	**2024/25 Total** Child – Short Stay: 4,682 Adult – Short Stay: 93,724 Child – Chronic: 4,039 Adult – Chronic: 138,417 Child – Complex: 1,314 Adult – Complex: 54,141 Child – (CI): 5,695 Adult – (CI): 34,290	Admitted patient volumes by client care model have remained generally stable or have shown a gradual increase compared to the previous year.

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Indicator	**Indicator Type (SAA, ABP)**	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	**2024/25 Performance Outcome**	**Actions to improve performance**
		Adult – Short Stay: Increased (+1%) Child – Chronic: Increased (+2%) Adult – Chronic: Increased (+2%) Child – Complex: Decreased (-4%) Adult – Complex: Increased (+10%) Child – (CI): Increased (+9%) Adult – (CI): Decreased (-10%)		
Caregiver distress by Client Care Model population: Adult-Chronic, Adult-Complex, Adult-Community Independence (CI)	Both	**Provincial Target** Target TBD **2023/24 Result** Adult – Chronic: 42% Adult – Complex: 73% Adult – (CI): 16% **Trend (against 2023/24)** Adult – Chronic: Worsened (+8%) Adult – Complex: Worsened (+3%) Adult – (CI): Worsened (+9%)	**2024/25 Result** Adult – Chronic: 45% Adult – Complex: 75% Adult – (CI): 18%	This metric captures caregiver distress at both assessment and reassessment, reflecting their experience across the health care system, including home care. Caregiver Distress reduction is a strategic priority for year two of our 2025-28 Business Plan. It is a significant area of focus in the planning work coming out of the provincial clinical advisory group focused on the modernization of home care service delivery models.
Service Waitlists – The total volume of homecare waitlists for all services (full or partial) that patients are waiting for (at end of the year).	ABP	**Provincial Target** Monitor Results **2023/24 Result** 13,968	**2024/25 Total** 7,456	The volume of high needs patients being waitlisted for personal support services was reduced significantly with the implementation of the triage priority for service providers. There has been an overall increase in personal support services offers accepted within a shorter timeframe.

Indicator	Indicator Type (SAA, ABP)	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	2024/25 Performance Outcome	Actions to improve performance
		Trend (against 2023/24) Improved (-47%)		Community care coordinators now have established timelines to follow up on waitlisted service to ensure that the patient has not changed in status and that the waitlisted service is still required.
Patient and Caregiver Experience Survey – Home and Community Care Support Services is currently going through a procurement	ABP	**Provincial Target** Establish baseline **Q4 2023/24 Result** 92%	**Q2 2024/25 Result (Patient overall experience score)** 90%	The Patient Overall Experience Score resulted in a slight decrease when compared to the previous two quarters. Patient survey results identify opportunities for improvement in planning, communication and after services ended. Caregiver survey results identify opportunities for improvement in caregiver supports, communication and after hospital stay. We addressed challenges by exploring how Ontario Health atHome and its contracted service providers can leverage surveys carried out across all organizations and align points of data to inform improvement strategies.
Telehomecare Visits – Percentage of patients with Chronic Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) that receive care through Telehomecare programs (monthly).	ABP	**Provincial Target** Establish baseline	**2024/25 Result** N/A	Data for this indicator is not available. This indicator and business processes are being redesigned. Telehomecare (THC) is being added as a service offer within CHRIS to enable us to begin measuring visits consistently across the province.
Voluntary turnover – Percentage of employees who leave the organization voluntarily,	ABP	**Provincial Target** <=10.5% year end target **2023/24 Result**	**2024/25 Result** 9.5%	The 2024/25 year-end target of 10.5% was met.

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Indicator	Indicator Type (SAA, ABP)	**Provincial Target** (as established for FY 2024/25) **2023/24 Result** (FY total, average or snapshot) **Trend** (against FY 2023/24)	2024/25 Performance Outcome	Actions to improve performance
either through retirement or resignation.		8.8% **Trend** Worsened (-20%)		
Employee engagement index – comprised of six questions from the Employee Engagement Survey.	ABP	**Provincial Target** >=78% **2023/24 Result** 72% **Trend** Worsened (-5%)	**2024/25 Total** 65%	The Employee Engagement Score from the February 2025 Pulse 2 Employee Engagement Survey was 65% and below the established target of 78% and down from 72% in 2024. A decline is not surprising considering the current level of organizational change. The timing of the third pulse survey is still to be determined but not expected in 2025.

**List of measures that were retired when Ontario Health and Ontario Health atHome Service Accountability Agreement was established in 2024/25:

- Wait times from application to eligibility determination for long-term care home placements: from community setting
- Wait times from application to eligibility determination for long-term care home placements: from acute setting
- Volume of open ALC cases related to LTCH placement

ONTARIO HEALTH atHOME BOARD OF DIRECTORS APPOINTEES

The *Connecting Care Act, 2019* states the Service Organization shall consist of no more than six members appointed by the Minister and no more than three members appointed by the Minister on the recommendation of Ontario Health.

Name of Appointee	Date First Appointed	Term Expiration	Remuneration
Carol Annett, Chair	June 28, 2024	June 27, 2027	$14,175.00
Kate Fyfe, Vice-Chair	June 28, 2024	June 27, 2027	$5,750.00
Linda Franklin	June 28, 2024	June 27, 2027	$3,300.00
Glenna Raymond	June 28, 2024	June 27, 2027	$3,900.00
Eliseo Orrantia	June 28, 2024	June 27, 2027	$4,300.00
John Hirdes	June 28, 2024	June 27, 2027	$0

FINANCIAL ANALYSIS

Ontario Health atHome is a Crown agency, health service provider and subsidiary of Ontario Health created under the *Convenient Care at Home Act, 2023*, with objectives set out in the *Connecting Care Act, 2019*, and a focused mandate to deliver local health care services such as home and community care, access to community services and long-term care home placement.

Ontario Health atHome is funded by the Province of Ontario through Ontario Health, in accordance with the Service Accountability Agreement (SAA) and entered Memorandums of Understanding which provided the framework for accountabilities and activities.

In accordance with the SAA, Ontario Health atHome is required to be in a balanced budget position at year end. Any funding received in excess of expenses incurred was required to be returned back to Ontario Health and any deficits were required to be repaid the following fiscal year. Detailed finances can be found in the Audited Financial Statement found at the end of this report and posted to our website.

During Q2-Q4 of 2024-25, we experienced a 1 per cent increase in patients and a 7 per cent increase in services delivered. 96 per cent of funding received by Ontario Health atHome was used to coordinate and/or deliver patient services and programs and the remaining 4 per cent of funding was used to cover operational and administrative costs.

By the end of this period, Ontario Health atHome delivered on its mandate, receiving an Ontario Health funding allotment of $3.397 billion for the Q2-Q4 2024/25. Expenses were $3.398 billion which generated a year-end deficit of $1.063 million due to additional operating costs required to meet its mandate. Planning is in place to repay this deficit in 2025/26.

Appendix 1 – Performance Indicators

Ontario Health atHome SAA Indicators
2024/25 Annual Report Data

SUMMARY OF INDICATORS									
#	Indicators	Directionality	Provincial Target	Provincial Overall	Central	East	North East	North West	Toronto	West
PERFORMANCE INDICATORS										
1	Percentage of home care service patients with complex needs who receive their personal support visits within 5 Days of the date that they were authorized for personal support services	↑	90%	87%	90%	82%	89%	89%	92%	85%
2	Percentage of home care service patients who received their nursing visit within 5 Days of the date they were authorized for nursing services	↑	95%	92%	94%	90%	97%	98%	94%	90%
3A	50th percentile wait time from community for home care services: application from community setting to first home care services (excluding case management)	↓	7 day	7	7	7	7	7	10	7
3B	90th percentile wait time from community for home care services: application from community setting to first home care services (excluding case management)	↓	21 days	42	35	56	55	23	39	40
4A	50th percentile wait time from hospital discharge to service initiation of home and community care	↓	1 day	2	2	2	2	1	2	2
4B	90th percentile wait time from hospital discharge to service initiation of home and community care	↓	7 days	14	12	15	22	8	14	14
5A	SPO first service offer acceptance rate - Visit Nursing	↑	90%-94%	81%	96%	69%	76%	63%	97%	80%
5B	SPO first service offer acceptance rate - Shift Nursing	↑	90%-94%	39%	65%	24%	N/A	75%	82%	60%
5C	SPO first service offer acceptance rate - Personal Support	↑	90%-94%	80%	93%	68%	65%	79%	97%	80%
5D	SPO first service offer acceptance rate - Therapies	↑	90%-94%	76%	81%	74%	85%	85%	76%	71%
6A	Missed care rates - Visit Nursing	↓	0.05%-0.1%	0.03%	0.01%	0.02%	0.31%	0.15%	0.01%	0.03%
6B	Missed care rates - Shift Nursing	↓	0.05%-0.1%	0.53%	0.14%	0.61%	0.23%	0.08%	0.00%	0.94%
6C	Missed care rates - Personal Support	↓	0.05%-0.1%	0.20%	0.06%	0.41%	0.37%	0.42%	0.02%	0.20%
6D	Missed care rates - Therapies	↓	0.05%-0.1%	0.09%	0.02%	0.04%	0.18%	0.13%	0.94%	0.04%
7A	Volume of patients designated ALC waiting for home care	↓	Target TBD	400	110	57	15	6	157	56
7B	Average ALC length of stay (LOS) for patients designated ALC waiting for home care	↓	Target TBD	25	15	24	16	17	37	14
8A	Percentage of patients waiting for long term care placement who are crisis-designated - Community	↓	Target TBD	45%	71%	36%	22%	23%	42%	44%
8B	Percentage of patients waiting for long term care placement who are crisis-designated - Hospital	↓	Target TBD	37%	17%	47%	68%	43%	37%	37%
8C	Percentage of patients waiting for long term care placement who are crisis-designated - LTC	↓	Target TBD	18%	12%	18%	10%	34%	21%	19%

** Note – For indicator 5B SPO First Service Offer Acceptance Rate – Shift Nursing for North East region is N/A due to no data

APPENDIX

Ontario Health atHome SAA Indicators
2024/25 Annual Report Data

SUMMARY OF INDICATORS										
#	Indicators	Directionality	Provincial Target	Provincial Overall	Central	East	North East	North West	Toronto	West
MONITORING INDICATORS										
1A1	Ontario Health atHome volumes - Visit Nursing	–	Target TBD	1,870,407	373,603	370,032	92,565	56,013	434,771	543,424
1A2	Ontario Health atHome volumes - Shift Nursing	–	Target TBD	580,078	174,031	63,720	12,888	3,203	109,904	216,334
1A3	Ontario Health atHome volumes - Clinic Nursing	–	Target TBD	371,797	95,796	73,702	13,577	0	36,763	151,958
1A4	Ontario Health atHome volumes - Personal Support	–	Target TBD	11,104,178	2,608,278	1,965,065	320,527	170,291	2,875,084	3,164,933
1A5	Ontario Health atHome volumes - Therapies	–	Target TBD	412,693	91,722	85,441	24,139	7,415	76,083	127,893
1B1	Admitted client volumes by Client Care Model - Child - Short Stay	–	Target TBD	4,682	1,117	164	79	10	2,609	716
1B2	Admitted client volumes by Client Care Model - Adult - Short Stay	–	Target TBD	93,724	20,928	20,401	5,814	2,024	14,434	30,419
1B3	Admitted client volumes by Client Care Model - Child - Chronic	–	Target TBD	4,039	1,414	441	91	30	972	1,101
1B4	Admitted client volumes by Client Care Model - Adult - Chronic	–	Target TBD	138,417	29,589	31,186	5,612	1,676	31,586	39,189
1B5	Admitted client volumes by Client Care Model - Child - Complex	–	Target TBD	1,314	406	157	74	11	242	431
1B6	Admitted client volumes by Client Care Model - Adult- Complex	–	Target TBD	54,141	13,060	11,055	1,892	557	10,955	16,862
1B7	Admitted client volumes by Client Care Model - Child - Community Independence	–	Target TBD	5,695	799	1,085	82	380	237	3,116
1B8	Admitted client volumes by Client Care Model - Adult - Community Independence	–	Target TBD	34,290	5,180	8,547	1,190	1,167	5,506	12,749
2A	Caregiver distress by Client Care Model Population - Adult - Chronic	↓	Target TBD	45%	53%	38%	40%	39%	49%	47%
2B	Caregiver distress by Client Care Model Population - Adult - Complex	↓	Target TBD	75%	78%	67%	77%	72%	77%	78%
2C	Caregiver distress by Client Care Model Population - Adult - Community Independence	↓	Target TBD	18%	28%	15%	15%	24%	24%	14%

Appendix 2 – Audited Financial Statements

Ontario Health atHome Audited Financial Statements and notes
June 28, 2024-March 31, 2025