



# **Results-based Plan Briefing Book 2010-11**

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Ministry of Health and Long-Term Care

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# **Part I: Results-based Plan 2010-11**

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Ministry of Health and Long-Term Care

## **MINISTRY OF HEALTH AND LONG-TERM CARE OVERVIEW**

### **INTRODUCTION**

In 2003 the government initiated a transformation of the province's health system to establish a foundation of a patient-focused, results-driven, integrated and sustainable health care system.

Ontario has made great strides toward achieving these goals – and the province's 14 Local Health Integration Networks (LHINs) have been integral to this achievement.

The transformation will continue over the balance of the government's mandate with improved planning, management and co-ordination in building a modern and accessible health care system that helps people stay healthy, delivers good care when they need it and will be there for future generations.

Over the past six years, new building blocks for change have been established and fundamental change elements have been entrenched in law. Hospitals have been strengthened; wait times have been lowered; and access to primary health care has been improved, with more doctors, nurses, family health teams and Community Health Centres. Not only does this signify the government's level of commitment to transform and renew health care in Ontario, it also reflects a determination to build a higher level of local and provider leadership in health care planning and delivery. The ultimate goal is better care for patients closer to home.

Ontario's Long-Term Report on the Economy, released on January 22, 2010, identifies slowing growth in the working-age population along with an aging population and rising global competition as challenges the province will face. The government's initiatives for improving overall productivity and future economic growth include investing in infrastructure and key services such as health care, while continuing to be prudent with its fiscal management.

This is the context in which the health care system must continue to provide the health care services that Ontarians need and deserve today and in the future.

Over the next few years, the government will continue to focus on its key priorities as it moves toward a patient-focused, accessible and quality health care system that helps people stay healthy, provides quality care when they need it and is there for future generations.

## KEY PRIORITIES

Over the balance of its mandate, the government's focus will remain on two major priority areas:

- Reducing wait times, with a focus on emergency rooms; and
- Family health care for all.

The government chose these themes as critical to the continued success of Ontario's health-system transformation as well as for the well-being of the people of Ontario. They are also crucial to the sustainability of the health care system.

The themes reflect a focus on people using the health system at home, in a hospital, or in any number of family health-care settings, such as Family Health Teams, Community Health Centres or nurse practitioner-led clinics.

### Emergency Room Wait Times

Ontarians deserve fast, appropriate and high quality care when sudden injury or troubling symptoms take them to the ER. That is why the Ontario government has made improving ER performance one of its top health care priorities.

Ontario's ERs see over five million visits a year. About half of the visits may not always be true emergencies and could be treated in alternative health care settings. The government's initiatives are ensuring that more patients will be getting better access to appropriate care.

Reducing the time people spend in ER is a complex health system issue that cannot be solved by focusing on the hospital ER alone. Prompt emergency care requires making improvements across the entire system.

That is why the government has put a comprehensive plan in place that invests in a number of coordinated initiatives to expand alternatives to ER services, improve ER performance and facilitate timely discharge to appropriate care in the community.

The broad, comprehensive Emergency Room-Alternate Levels of Care (ER/ALC) strategy encompasses the following coordinated steps:

1. Reducing ER demand, providing people with appropriate care so they can avoid an ER in the first place;
2. Building ER capacity and processes so that patients can get the fast, high quality care they deserve; and

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

To help all hospitals achieve success, the government invested \$82 million in 2009/10 in initiatives such as performance incentives for hospitals that achieve pre-determined ER wait time goals; process improvement programs including coaching teams and other tools to improve patient flow through ERs; dedicated nurses to care for patients who arrive at the ER by ambulance; and physician assistants to enhance the ER staff complement.

Ontario also launched the Your Health Care Options website in 2009. This online tool helps Ontarians explore the different health care choices available to them in their communities.

As part of the plan to improve ER performance, provincial targets have been set for time spent in the ER — eight hours for complex conditions and four hours for minor conditions. In 2009, public reporting of “Time Spent in the ER” data began at [www.ontariowaittimes.com](http://www.ontariowaittimes.com).

Improving ER processes is only one part of the equation. The other part is ensuring that acute care beds are used for people who need that level of care and less for individuals who could be better served in a community setting.

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

The government is investing \$272 million in 2009/10 to expand the successful Aging at Home program and community care initiatives to ensure that more Ontario seniors can continue to live independently and patients can receive appropriate care in the right setting. This includes \$22 million for Ontario’s 14 LHINs to invest in local solutions that will address ALC pressures in their areas.

Through a wide range of community services such as increased home care, personal support and homemaking services provided by Community Care Access Centres; increased capacity in across the system continuum, meals and transportation, and health and wellness programs, the strategy is working to improve seniors’ quality of life, and help to ensure that care is received at the right time and right place.

Ontario continues to move forward with implementing a comprehensive diabetes strategy. Approximately 969,000 Ontarians live daily with diabetes and every year more people are diagnosed. The Ontario Diabetes Strategy is building the infrastructure for a comprehensive prevention and treatment system that will provide a foundation for addressing other chronic conditions.

Chronic disease represents one of the biggest challenges facing health care providers, and is a significant threat to the sustainability of our health care system. Providing appropriate care and supports to people with chronic diseases is an effective way to help them manage their condition and keep them out of hospital ERs.

The government is addressing the rising prevalence of chronic diseases beginning with an integrated, comprehensive, province-wide diabetes strategy with an investment of \$741 million over four years to improve health and health care for Ontarians either living with diabetes or at high risk for developing the disease.

Of the total new funding, \$290 million is being directed to initiatives in prevention; expanding access to services, including insulin pump therapy; improving service; and managing performance. The government is also investing \$75 million in Bariatric Centres of Excellence and \$220 million in chronic kidney disease services to address conditions that are linked to or a result of diabetes.

The Ontario Diabetes Strategy will assist in reducing the health burden and associated costs of diabetes and diabetes-related illnesses, and will help build the infrastructure for a comprehensive prevention and treatment system for addressing other chronic conditions in future.

Ontario's Diabetes Strategy will expand diabetes education teams and improve coordination of services; provide tools and training for patients and practitioners to support use of best practices; measure and report on progress; and expand the availability of services for more complex conditions including enhanced access to insulin pumps and bariatric surgery.

A strengthened mental health and addictions system is another way in which the ministry is working to reduce wait times in hospital ERs.

Overall funding for community mental health services has increased by 70% to \$696.7 million in the past five years, and spending on addiction services has risen nearly 37% in this period to about \$163.2 million.

The Minister has established an Advisory Group on Mental Health and Addictions to provide advice on overall direction and priorities for a new 10-year provincial strategy. The Group is composed of a broad range of consumers, families, providers and researchers from across the province.

The development of the strategy provides an opportunity to raise the profile of mental health and addiction issues, identify opportunities to leverage existing resources and ensure that the concerns and needs of people and families living with mental illness and addiction are addressed.

## Access to Family Health Care for All

The best way to correct the imbalance in our health care system that leads to ER congestion is to ensure that all Ontarians have access to quality family health care. To that end, the government has developed a plan to introduce and expand new models of care, and also increase the number of health care practitioners in Ontario.

Improved access to family health care for all Ontarians will ensure that they have more appropriate alternatives to hospital ERs for non-emergency health care.

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

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

- Add 50 new Family Health Teams – 19 new teams were awarded in December 2009;
- Establish 25 Nurse Practitioner-led clinics – 8 new clinics were awarded in November 2009;
- Increase Physician Supply, including 100 New First-Year Medical Spaces;
- Increase the number of primary health care nurse practitioner education spaces from 75 to 176 since 2006
- Create more than 900 nursing positions in 2009/10 resulting in more than 10,000 new nursing positions since 2003.

The government also launched a number of initiatives in February 2009 to further improve access to care:

- A website to provide Ontarians with information on health care options in their communities; and
- Health Care Connect – Ontario's unattached patient registry that will help people without a family health care provider find one.

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

Above all, FHTs are improving access to doctors and nurses. Now, thousands of Ontarians previously without access to a family doctor not only have increased access to health care professionals including a doctor, a nurse, or a nurse practitioner, but also to a complement of other health care professionals such as dietitians, mental health and social workers – all working together to serve the health care needs of the whole patient.

The ministry is committed to inter-professional collaboration among health professionals and to ensuring that Ontario's health regulatory system is responsive to continuing changes to health care delivery and to clinical practice environment.

The government has introduced legislation that enhances the scope of practice of a number of regulated professions, including nurse practitioners, pharmacists and physiotherapists. By putting more tools in the hands of people qualified to use them, the government is helping the health care system run smoother and make more efficient use of limited resources.

Currently, 150 FHTs are operational and providing care to over two million Ontarians to date, of which 333,800 were previously without a family care.

And the success of Ontario's Family Health Team program is a perfect example of the benefits of inter-professional collaboration among regulated health professions.

The government has also committed to establishing 25 Nurse Practitioner-Led Clinics by 2012, providing services for as many as 40,000 patients. In February 2009, the government announced three new Nurse Practitioner-Led Clinics in Belle River, Sault Ste. Marie and Thunder Bay. In November 2009, 8 new Nurse Practitioner-Led clinics were announced, including Essex, Oshawa, Belleville, Glengarry, Barrie, Oro Station, French River and Thunder Bay.

Nurse practitioners will be working in collaboration with family doctors to provide health care to many Ontarians who previously have not had access to family health care. These clinics will not only focus on providing better care to patients but also they will work with patients to educate them on disease prevention and health promotion. The clinics will also be linked to specialists, interdisciplinary health care providers, hospitals and laboratories, as well as other health care organizations, offering patients a comprehensive approach to health care.

The new NPLCs will support other government platform commitments including Health Care Connect, ER Wait Times, and improved chronic disease prevention and management with a focus on diabetes through Ontario's integrated Diabetes Strategy. The 25 NPLCs will build upon the existing pilot clinic in Sudbury, small northern/rural Family Health Teams as well as the 23 stand-alone nursing stations that exist in isolated areas of the province.

## **OTHER**

### **eHealth**

eHealth is a vital tool and key enabler that will support several ministry priorities, including chronic disease prevention and management, Aging at Home, wait times reduction and increasing access to family health care. The government has also committed to invest in eHealth systems such as diagnostic imaging, and drug and lab information.

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

eHealth is working to bring about the shift from paper-based record keeping to fast, efficient and secure electronic sharing among authorized health care providers while safeguarding an individual's privacy.

The government's eHealth strategy is guided by a clear goal – to modernize our health care system to lead to better patient care and efficient health care service delivery.

In 2009 Ontario announced \$2.1 billion over 3 years for Ontario eHealth strategy.

The government's investments in eHealth are already benefiting Ontarians today:

- Since 2008, 80,000 Ontarians have been participating in a pilot project for e-prescribing, which will help save lives;
- Since 2005, more than 4 million Ontarians have been participating in the electronic medical records program run in partnership by the province and Ontario Medical Association;

- All Ontario hospitals have gone filmless and are now using digital diagnostic scans, which will ultimately allow for scans to be shared across the province;
- The Drug Profile Viewer provides authorized health care providers in 245 hospital sites with electronic prescription drug information and medication histories for 2.4 million recipients of the Ontario Drug Benefit, 24 hours a day, 7 days a week.

Ontario is working with Canada Health Infoway (CHI), a major funding partner with all provincial/territorial jurisdictions. To date, CHI has provided funding for ministry eHealth initiatives as well as funding for individual initiatives within the broader public sector that will be integrated with or support Ontario's province-wide electronic health system.

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

### **Patient Safety**

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

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

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

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

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

## Value

Ontarians want better, patient-focused integration in the delivery of health care services.

And during these challenging economic times especially, we want to see greater value for those the ministry serves: patients, families, taxpayers and citizens – both better health results, and better value for our \$45.3 billion investment in Ontario's public health care system.

The government intends to improve the value of health services, without sacrificing current levels of quality of care and access. Specifically, the value strategy comprises three themes that over the next few years seek to:

1. Advance evidence-based health care practice;
2. Make evidence-based payment and coverage policies, and
3. Align health care provider incentives with patient care to build a 'value conscious' culture.

Annually, the Ministry invests in health systems and population health research in Ontario (approximately \$80M in 2009/10), which is key for supporting evidence-informed policy and decision making. This research portfolio continues to show a positive return on investment, as measured through our productivity analysis tool, which is based on a tool that is globally recognized.

Ministries have to be accountable to Ontario taxpayers for how their money is spent, and health care providers need to be accountable to Ontario patients for the quality of care that their money provides.

The system needs to do a better job spending the health care dollars that are available. And the system needs to be accountable, to patients and taxpayers, for what it's doing.

Patients and professionals alike have been calling for improved quality, better service and accountable spending – better value, in other words.

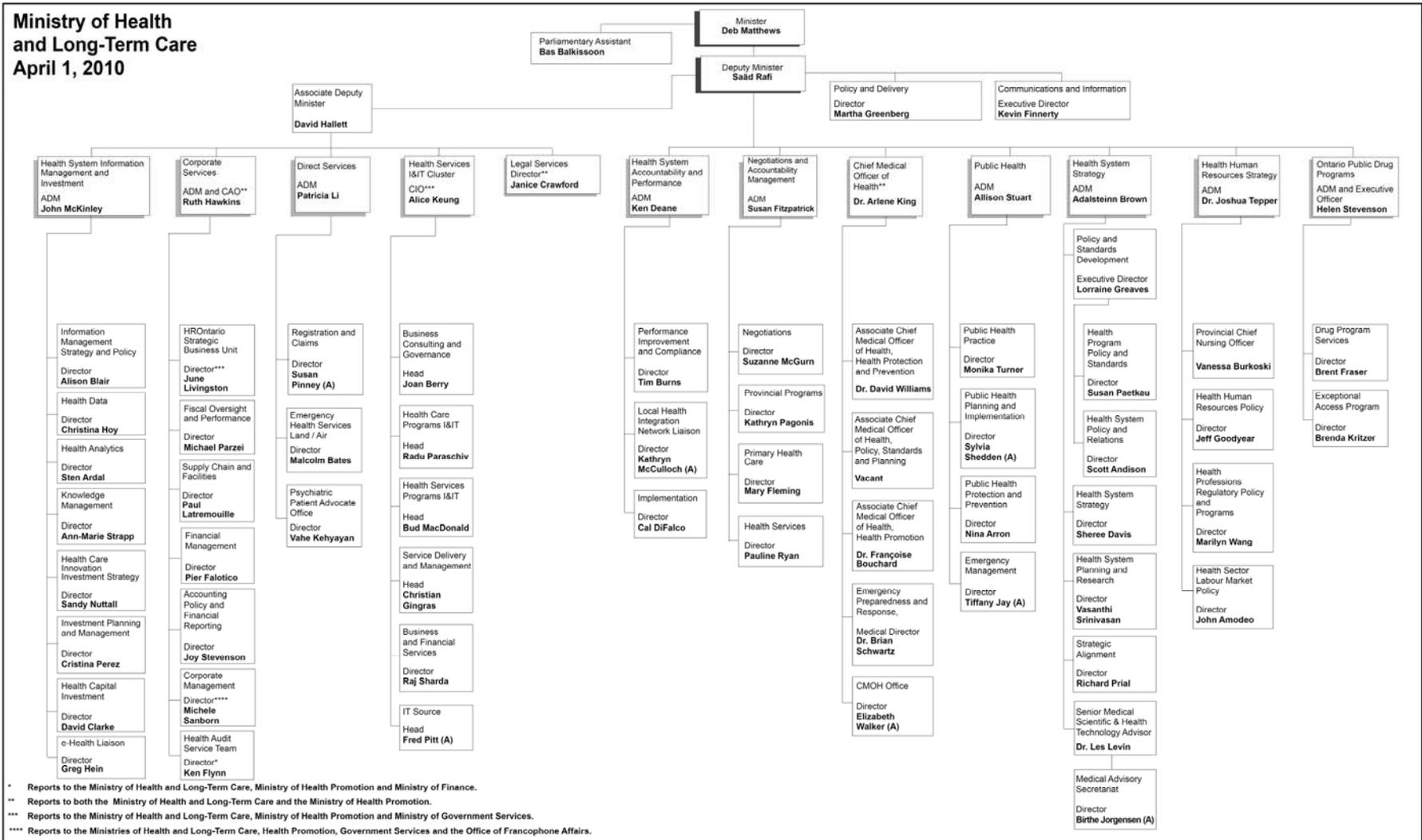
That means the ministry needs to make decisions based on evidence; show value for money; deliver health care that respects Ontario's diversity; and have more patient participation in decision making.

A solid investment strategy is completely dependent on clear returns on investment. Ontarians are entitled to know what they are getting for their money. That's why we have results-based planning. The government will not spend where measurable results are not evident.

## **CONCLUSION**

Ontarians want a health care system that is patient-centered, transparent, accountable and sustainable. They deserve a system that provides the highest quality health care in the world. The government is committed to delivering all those things.

As Ontario moves toward that goal, our health care system must become more efficient, productive and sustainable. Everyone involved with the delivery of health care – from providers to administrators to governments – must spend smarter and work smarter.



## Legislation

### Acts administered by the Ministry of Health and Long-Term Care

Legislation	Description
Alcoholism and Drug Addiction Research Foundation Act	Established the Alcoholism and Drug Addiction Research Foundation with a mandate to conduct and promote programs for the treatment of persons with alcohol and drug addictions. The Foundation amalgamated with the Clarke Institute and the Donwood Institute to form what is now the Centre for Addiction and Mental Health.
Ambulance Act	Purpose is to ensure the existence of a balanced and integrated system of land and air ambulance services, communication (dispatch) services and base hospital programs (quality control for paramedics) in Ontario.
Brain Tumour Awareness Month Act, 2001	Designates October as Brain Tumour Awareness Month.
Cancer Act	Continues the Ontario Cancer Treatment and Research Foundation (now known as Cancer Care Ontario) and sets out its objects and powers.
Charitable Institutions Act (Long-Term Care Programs and Services only)	Regulates approved charitable homes for the aged (commonly referred to as long-term care facilities).
Chase McEachern Act (Heart Defibrillator Civil Liability), 2007	Provides limited liability protection to certain persons who use defibrillators in emergencies, and to owners and occupiers of premises where defibrillators are made available.
Commitment to the Future of Medicare Act, 2004	Establishes the Ontario Health Quality Council, contains prohibitions against two-tier medicine, extra billing and user fees, and provides a framework for accountability agreements and the issuance of compliance directives.

<b>Legislation</b>	<b>Description</b>
Community Care Access Corporations Act, 2001	Governs the designation, objects, powers and duties of community care access corporations, and sets out the powers of the Minister of Health and Long-term Care with respect to these corporations.
Developmental Services Act (Long-Term Care Programs and Services only)	Provides for the funding of group homes, institutional facilities and community support services for developmentally handicapped children and adults.
Drug and Pharmacies Regulation Act	Governs the licensing and operation of pharmacies.
Drug Interchangeability and Dispensing Fee Act	Sets out a scheme for the declaration of drugs as interchangeable with one another (for example where generic drugs may be declared to be interchangeable with brand name products).
Drugless Practitioners Act	Regulates naturopaths and drugless practitioners.
Elderly Persons' Centres Act	Governs the establishment and funding of elderly persons centres.
Fluoridation Act	Provides a legislative framework for municipalities or local boards to establish, maintain and operate, or discontinue a fluoridation system through by-laws or by submitting a questions to their electors for a vote.
Healing Arts Radiation Protection Act	Promotes the safe use of x-rays in the healing arts and establishes the HARP Commission that advises the Minister on matters relating to the health and safety of x-rays.
Health Care Consent Act, 1996	Governs determinations of incapacity to make decisions about treatment, admission to care facilities and personal assistance services.
Health Facilities Special Orders Act	Permits the Minister to suspend and revoke the licence of, and take over the operation of, ambulance services, nursing homes, private hospitals, laboratories and specimen collection centres where the Minister has significant health and safety concerns.

Legislation	Description
Health Insurance Act	Establishes a scheme for the payment, of publicly funded health care services (the Ontario Health Insurance Plan - "OHIP") for all Ontario residents, most of which are required to be covered under the <i>Canada Health Act</i> . Also sets out a system for the review and recovery of payments made under the Act.
Health Protection and Promotion Act	Provides a framework for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario. Establishes and sets out the powers and duties of local boards of health and medical officers of health, and the Chief Medical Officer of Health.
Homemakers and Nurses Services Act	Authorizes the establishment of a homemaking and nursing service program which includes a provincial cost-sharing arrangement with municipalities and Indian bands.
Homes for Special Care Act	Provides a framework for the Minister to approve a licence and fund an operator of a home that provides residential care to seriously mentally ill persons.
Homes for the Aged and Rest Homes Act	Regulates municipal homes for the aged (long-term care homes).
Immunization of School Pupils Act	Requires parents to ensure that school-aged children receive certain immunizations, subject to medical and religious/ethical exceptions, and permits medical officers of health to order suspensions for students who do not receive immunizations.
Independent Health Facilities Act	Establishes a system for licensing facilities to provide quality services that support insured services in areas of need at a fair price to the Ministry (e.g. diagnostic testing).

<b>Legislation</b>	<b>Description</b>
Laboratory and Specimen Collection Centre Licensing Act	Governs the licensing, inspection and operation of hospital laboratories and specimen collection centres in Ontario
Local Health System Integration Act, 2006	Purpose of the Act is to improve access to health care services, coordinated health care and effective management of the health system at the local level. The Act establishes 14 local health integration networks, whose objects include planning, funding and integrating the local health system through health service providers.
Long-Term Care Act, 1994	Governs the provision of community services (professional services, personal support services, homemaking services and community support services) by approved agencies, including community care access centres.
Long-Term Care Homes Act, 2007	Governs the licensing, funding, administration and operations of municipal and First Nations long-term care homes. This Act has yet to be proclaimed.
Mental Health Act	Primarily deals with the involuntary examination, assessment and admission of mentally disordered persons in psychiatric facilities.
Ministry of Community and Social Services Act (Sections 11.1 and 12 re: Long Term Care Programs and Services only)	Relevant provisions in this Act enable the Minister of Health and Long-Term Care to provide direct funding to persons sixteen years of age and older who have a disability for the purpose of purchasing goods and services, and to enter into agreements respecting the provision of social and community services.
Ministry of Health and Long-Term Care Act	Sets out the duties, functions and powers of the Minister of Health and Long-Term Care.
Ministry of Health and Long-Term Care Appeal & Review Boards Act, 1998	Establishes both the Health Professions Appeal and Review Board and the Health Services Appeal and Review board, each of which hear matters under various MOHLTC statutes.

<b>Legislation</b>	<b>Description</b>
Nursing Homes Act	Governs nursing homes, and includes provisions relating to governance, admissions, resident rights, resident care, resident payments, funding and enforcement.
Ontario Agency for Health Protection and Promotion Act, 2007	Establishes the Ontario Agency for Health Protection and Promotion, and sets out its objects and powers.
Ontario Drug Benefit Act	Provides rules for the amounts the Minister must pay to pharmacists when providing drug benefits to eligible persons, rules for listing drugs and drug products on the Ontario Drug Benefit Formulary, and for pricing those drugs, and rules for defining eligible persons and eligible drug products.
Ontario Medical Association Dues Act, 1991	Requires physicians who are Ontario Medical Association (OMA) members to pay dues to the OMA, and requires physicians who are not OMA members to pay amounts equal to OMA dues to the OMA.
Ontario Mental Health Foundation Act	Creates the Ontario Mental Health Foundation and sets out its objects. This Act also establishes the former Clarke Institute of Psychiatry (now part of the Centre for Addiction and Mental Health).
Patient Restraints Minimization Act, 2001	Prohibits hospitals and other prescribed institutions from retraining patients except where it is necessary to prevent serious bodily harm and the prescribed requirements are met.
Personal Health Information Protection Act, 2004 (Schedule A to the Health Information Protection Act, 2004)	Establishes rules governing the collection, use and disclosure of personal health information by health information custodians and certain other persons.
Physician Services Delivery Management Act, 1996	Permits the Lieutenant Governor in Council, by regulation, to suspend designated rights and obligations under certain agreements listed in the Act.

<b>Legislation</b>	<b>Description</b>
Private Hospitals Act	Governs the operation of private hospitals in Ontario and provides that no person may use a house or other premises as a private hospital except under the authority of a licence issued under the Act prior to October 29, 1973.
Public Hospitals Act	Governs and regulates matters related to the operation and corporate governance of public hospitals.
Quality of Care Information Protection Act, 2004 (Schedule B to the Health Information Protection Act, 2004)	Protects the confidentiality of information discussed by a duly appointed quality of care committee.
Regulated Health Professions Act, 1991  Audiology and Speech Language Pathology Act, 1991 Chiropractic Act, 1991 Chiropractic Act, 1991 Dental Hygiene Act, 1991 Dental Technology Act, 1991 Dentistry Act, 1991 Denturism Act, 1991 Dietetics Act, 1991 Homeopathy Act, 2007 Kinesiology Act, 2007 Massage Therapy Act, 1991 Medical Laboratory Technology Act, 1991 Medical Radiation Technology Act, 1991 Medicine Act, 1991 Midwifery Act, 1991 Naturopathy Act, 2007 Nursing Act, 1991	Deals with matters relating to the regulation of health professionals. Each health profession is regulated by a college that is established by one of the profession-specific Acts listed below.

<b>Legislation</b>	<b>Description</b>
Occupational Therapy Act, 1991 Opticianry Act, 1991 Optometry Act, 1991 Pharmacy Act, 1991 Physiotherapy Act, 1991 Psychology Act, 1991 Psychotherapy Act, 2007 Respiratory Therapy Act, 1991 Traditional Chinese Medicine Act, 2006	
Trillium Gift of Life Network Act	Governs the donation of human tissue for transplant and for educational or research purposes. The Act establishes the Trillium Gift of Life Network to coordinate activities relating to tissue donation.
University Health Network Act, 1997	Continues The Toronto Hospital (TTH) as a corporation without share capital under the name of University Health Network (UHN) and provides for the handling of TTH's assets and liabilities. The Act also sets out UHN's objects.
University of Ottawa Heart Institute Act, 1999	Provides the University of Ottawa Heart Institute with authority to provide cardiac services to the patients of the Ottawa Hospital, and governs the Minister's funding of the Institute.

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

Agencies Boards and Commissions	Expenses & Revenue		
	Estimates 2010-11	Interim Actuals 2009-10	Expenditure Actuals 2008-09
<b>Cancer Care Ontario</b>			
Operating	422,170,700	425,256,200	387,203,039
Research	1,877,610	1,877,610	4,694,025
<b>Committee to Evaluate Drugs</b>	975,800	759,300	885,125
<b>Consent and Capacity Board</b>	4,800,700	5,853,400	5,659,313
<b>Echo: Improving Women's Health in Ontario</b>	1,000,000	3,661,900	5,970,128
<b>eHealth Ontario</b>			
eHealth Ontario	482,453,500	343,351,300	225,000,000
eHealth Ontario Capital	143,291,600	33,702,000	-
Information Technology Programs	66,470,700	49,071,000	69,938,161
<b>French Language Health Services Advisory Council</b>	191,000	1,118,300	671,165
<b>Healing Arts Radiation Protection Commission</b>	-	4,388	50,000
<b>Health Boards Secretariat</b>			
Regulatory Boards (23)	919,000	1,419,199	1,370,580
Health Professions Appeal and Review Board	1,767,000	2,728,364	2,875,469
Health Services Appeal and Review Board	568,000	876,899	808,350
Ontario Hepatitis C Assistance Plan	19,000	29,689	17,165
Transitional Physician Audit Panel	8,000	12,438	4,057
<b>Health Professions Regulatory Advisory Council</b>	850,000	936,900	2,952,045
<b>Joint Committee on the Schedule of Benefits</b>	5,000	1,270	4,456
<b>Local Health Integration Networks (LHINs)</b>			
Central LHIN	1,671,882,700	1,662,330,300	1,582,831,293
Central East LHIN	1,921,167,200	1,932,032,000	1,837,632,066
Central West LHIN	715,190,300	719,935,000	686,101,852
Champlain LHIN	2,206,787,300	2,236,634,100	2,126,895,088
Erie St. Clair LHIN	960,527,100	956,934,400	918,764,084
Hamilton Niagara Haldimand Brant LHIN	2,492,389,000	2,497,841,900	2,387,373,657
Mississauga Halton LHIN	1,135,191,800	1,133,271,000	1,092,605,952
North Simcoe Muskoka LHIN	700,294,300	696,100,700	668,471,941
North East LHIN	1,224,920,800	1,243,777,900	1,171,538,978
North West LHIN	562,385,000	572,604,600	547,692,155
South East LHIN	947,019,000	957,360,400	907,996,674
South West LHIN	1,986,945,400	1,992,339,800	1,914,517,058
Toronto Central LHIN	4,139,654,400	4,199,668,200	4,047,830,511
Waterloo Wellington LHIN	880,758,300	877,538,500	834,375,734
<b>Medical Eligibility Committee</b>	5,000	5,203	4,735
<b>Ontario Agency for Health Protection and Promotion</b>	136,731,700	131,170,500	109,465,579
<b>Ontario Health Quality Council</b>	6,119,000	4,618,186	3,587,000
<b>Ontario Mental Health Foundation</b>			
Operating	423,700	423,700	441,393
Research	2,979,075	2,979,072	2,651,075
<b>Ontario Review Board</b>	3,975,400	7,320,700	6,582,393
<b>Physician Payment Review Board</b>	374,651	-	-
<b>Practitioner Review Committees</b>			
Chiropractic Review Committee	10,000	6,399	7,542
Optometry Review Committee	10,000	7,780	9,940
<b>Trillium Gift of Life Network</b>	22,499,200	19,147,200	17,552,300

**MINISTRY FINANCIAL INFORMATION**

<b>Table 1: Ministry Planned Expenditures (\$)</b>	
<b>Operating</b>	44,231,689,387
<b>Capital</b>	1,120,696,200
<b>Total Ministry</b>	<b>45,352,385,587</b>

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

Votes/Programs	Estimates 2010-11	Change from Estimates 2009-10	Change	Estimates* 2009-10	Interim Actuals* 2009-10	Actuals* 2008-09
	\$	\$	%	\$	\$	\$
<b>OPERATING AND CAPITAL EXPENSE</b>						
Ministry Administration Program	84,415,300	535,400	0.6	83,879,900	98,272,400	95,721,661
Health Policy and Research Program	756,265,300	21,323,000	2.9	734,942,300	717,051,900	694,912,535
eHealth and Information Management Program	750,729,400	(22,394,300)	(2.9)	773,123,700	478,772,200	424,182,868
Ontario Health Insurance Program	16,310,990,600	793,726,200	5.1	15,517,264,400	15,729,908,400	14,629,406,763
Public Health Program	783,979,900	(625,351,100)	(44.4)	1,409,331,000	792,498,300	654,650,483
Local Health Integration Networks and Related Health Service Providers	21,545,112,600	322,103,700	1.5	21,223,008,900	21,678,368,800	20,724,627,043
Provincial Programs and Stewardship	4,284,163,000	968,533,600	29.2	3,315,629,400	2,633,165,000	2,534,158,821
Information Systems	74,774,200	(9,114,100)	(10.9)	83,888,300	91,646,100	87,591,858
Health Capital	1,591,275,200	134,308,400	9.2	1,456,966,800	1,456,966,800	934,636,000
<b>TOTAL OPERATING and CAPITAL EXPENSE TO BE VOTED</b>	<b>46,181,705,500</b>	<b>1,583,670,800</b>	<b>3.6</b>	<b>44,598,034,700</b>	<b>43,676,649,900</b>	<b>40,779,888,032</b>
Statutory Appropriations	1,229,587	289,400	30.8	940,187	938,787	1,878,619
<b>Ministry Total Operating and Capital Expense</b>	<b>46,182,935,087</b>	<b>1,583,960,200</b>	<b>3.6</b>	<b>44,598,974,887</b>	<b>43,677,588,687</b>	<b>40,781,766,651</b>
Net Consolidation Adjustment - Cancer Care Ontario	8,769,200	(18,966,800)	(68.4)	27,736,000	40,188,900	(15,013,000)
Net Consolidation Adjustment - eHealth Ontario	(110,157,900)	135,067,100	(55.1)	(245,225,000)	(23,210,500)	(14,425,000)
Net Consolidation and Other Adjustments - Hospitals	(728,958,000)	144,983,200	(16.6)	(873,941,200)	(628,617,100)	(350,588,047)
Net Consolidation and Other Adjustments - LHINs	745,100	(2,061,300)	(73.4)	2,806,400	2,948,300	(47,508,971)
Net Consolidation and Other Adjustments - ORNGE	9,840,100	1,605,100	19.5	8,235,000	23,422,300	7,522,400
Net Consolidation and Other Adjustments - Funding to Colleges	(1,319,700)	(194,300)	17.3	(1,125,400)	(2,470,300)	(2,406,462)
Net Consolidation and Other Adjustments - Ontario Agency for Health Protection and Promotion	(9,468,300)	(2,426,600)	34.5	(7,041,700)	(6,758,700)	(7,483,000)
<b>Total Including Consolidations and Other Adjustments</b>	<b>45,352,385,587</b>	<b>1,841,966,600</b>	<b>4.2</b>	<b>43,510,418,987</b>	<b>43,083,091,587</b>	<b>40,351,864,571</b>
<b>OPERATING AND CAPITAL ASSETS</b>						
Health Policy and Research Program	9,200,000	600,000	7.0	8,600,000	8,050,000	4,500,000
eHealth and Information Management Program	1,000	(4,126,000)	(100.0)	4,127,000	4,127,000	-
Ontario Health Insurance Program	1,550,000	-	-	1,550,000	550,000	-
Public Health Program	1,000,000	-	-	1,000,000	1,000,000	-
Local Health Integration Networks and Related Health Service Providers	64,147,600	(5,375,700)	(7.7)	69,523,300	69,523,300	56,523,363
Provincial Programs and Stewardship	6,086,400	1,355,100	28.6	4,731,300	4,731,300	4,399,700
Information Systems	1,764,000	1,763,000	176,300.0	1,000	945,800	-
<b>TOTAL OPERATING and CAPITAL ASSETS TO BE VOTED</b>	<b>83,749,000</b>	<b>(5,783,600)</b>	<b>(6.5)</b>	<b>89,532,600</b>	<b>88,927,400</b>	<b>65,423,063</b>

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

# **Appendix I: Annual Report 2009-10**

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Ministry of Health and Long-Term Care

## **Ministry of Health and Long-Term Care Overview**

In 2009-10, the Ontario government continued to build on its foundation to strengthen a patient-centred, outcome-driven, integrated and sustainable health care system.

The government moved forward on its commitment to support a health care system that promotes the health of all Ontarians and delivers quality and accessible care in a manner that fosters sustainability today and for the future.

Better service and accountable spending continued to be high priorities. To achieve these goals most effectively, the government focused on the following areas:

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

The government made decisions based on putting patients' needs front and centre and ensuring Ontarians received quality care and that they were satisfied with their interactions within the health care system. The government sought value for every health care dollar spent to ensure Ontarians received good returns on their health care investment.

### **Improving Access to Health Care**

The government has listened to the needs of patients and has acknowledged their expectations of the health care system. It has also taken a collaborative approach to work with a broad range of system stakeholders and partners to address the ongoing need for improved access to health care services.

Ontarians have repeatedly expressed two overarching priorities:

- Improving access to quality health care for all
- Reducing wait times in emergency rooms.

These key health priorities were of highest importance during the 2009-10 fiscal year and they will remain so into the future. The health and well-being of Ontarians and the success of the sustainability of the health care system depends on achieving quality improvements in these two crucial areas.

The government has built and is strengthening a system of health services that Ontarians can access in various ways, when and where they are needed—at home, in the community or in hospital. The focus has been on matching the appropriate level of care to fit the needs and circumstances of the patient. One size fits all health care solutions are a thing of the past. Local options, flexibility of care and innovative services are all a part of the landscape in fostering a responsive and resilient health care system. Family Health Teams (FHTs), Community Health Centres (CHCs) and nurse practitioner-led clinics are all a part of the range of options available to Ontarians to serve their health care needs and enhance their patient experience.

### **Reducing Emergency Room Wait Times**

The government continued with its comprehensive plan involving major investments in a number of co-ordinated initiatives to provide Ontarians with alternatives to emergency room (ER) services, improve the delivery of care in ERs and support timely discharge from hospitals to appropriate care in the community. These steps included:

- Targeting the poorest performing emergency rooms in the province
- Supporting new care initiatives outside of hospitals
- Launching a one-of-a-kind North American initiative that sets targets for reducing ER wait times, tracks hospital performance and posts local ER data online.

Ontarians can visit [www.ontariowaittimes.com](http://www.ontariowaittimes.com) to access information about their local ER.

The government launched its broad based strategy to reduce ER wait times in 2008-09 with an initial investment of \$109 million. Since then the government has announced an additional investment of \$82 million in 2009/10 to tackle the ER wait times issue, including:

- \$55 million in pay-for-results performance incentives for 46 Ontario ERs that face the most serious challenges reducing the time patients spend in the emergency room
- \$7.5 million for an emergency department process improvement program that includes coaching teams and tools to help select hospitals improve processes and patient flow in ERs

- \$5 million for dedicated nurses to care for patients who arrive at ERs by ambulance to ease ambulance offload delays
- \$6.5 million for community projects to help patients with chronic or palliative conditions receive care in the community and avoid frequent ER visits
- \$4.1 million to have physician assistants work in ERs
- \$4 million to continue helping Ontarians identify alternative health care options in their communities – like walk-in clinics or Family Health Teams (FHTs) – that are appropriate alternatives to ERs.

These initiatives will improve the efficiency and effectiveness in emergency care and ensure acute services are available for those who needed it most, when they need it most.

### Health Care Options

The Your Health Care Options website launched over a year ago continues to provide a one-stop online access point where Ontarians can find out about a range of health care options available in their local community and how to access them. The website, [www.ontario.ca/healthcareoptions](http://www.ontario.ca/healthcareoptions), includes a searchable online Health Care Options Medical Services Directory and allows Ontarians to find the nearest walk-in and after-hours clinics, Urgent Care Centres, FHTs, general practitioners and emergency rooms by typing in their postal codes.

### Alternate Level of Care

About 18 per cent of acute care beds in Ontario's hospitals are occupied by patients, who are waiting for community supports so they can go home or to another setting, such as a long-term care facility. These beds are then not available to acute patients, who may be waiting in an ER to be admitted. The government is committed to getting this group of patients out of acute care beds faster and into more appropriate settings. The government committed \$22 million for Ontario's 14 Local Health Integration Networks, (LHINs) to invest in local solutions that will ease Alternative Level of Care (ALC) pressures, allowing individuals no longer in need of acute care to more readily find community options to speed the discharge of these patients.

ALC solutions will also arise from the government's ongoing commitment to invest in home care and community supports.

## Supporting Alternatives to ERs

To ensure Ontarians can get the care they need, where they need it and avoid using ERs as default access points into the health care system, the government invested an additional \$272 million this year in home and community care to expand alternatives to ER services and support timely discharge and improve access across the entire system.

### Home Care

The government invested an additional \$60 million in 2009-10 for increased home care, personal support and homemaking services provided by Community Care Access Centres (CCACs). The government currently provides \$1.9 billion in funding to CCACs.

Nearly 500,000 Ontarians are receiving home care services – about 178,000 more than in 2003. The expansion in home care services is as a result of a \$680 million increase in funding since 2003-04 or 56 per cent.

Ontario became the first jurisdiction in Canada to publicly report on the quality of home care based on key performance indicators by individual CCACs. Home care clients can now also call an action line where a third-party can help address their concerns about the care they receive.

### Aging at Home

The government invested \$187.2 million through the LHINs during the fiscal year for the Aging at Home Strategy. Aging at Home represents a key component of the government's Emergency Room (ER)/Alternative Level of Care (ALC) Strategy by expanding community services for seniors and their caregivers and relieve pressures on hospitals and long-term care homes. Aging at Home is a comprehensive four year \$1.1 billion strategy, which includes significant investments in home care programs.

### Community Support Services (including Acquired Brain Injury)

Community Support Services provide services for seniors and people with disabilities, to allow them to live independently in their own homes longer. Services include meals on wheels, transportation services, caregiver respite and home maintenance and repair.

Significant increases to investments in this area have resulted in more than 1.06 million Ontarians currently receiving support services – 300,000 more people than in 2003. The government spent \$506.7 million in funding in 2009-10 for Ontarians to receive a range of community support services. An additional \$241.8 million in funding was provided for assisted living services in supportive housing. This overall investment represents a 79 per cent increase in funding since 2003-04.

## Long-Term Care

The government increased funding for long-term care (LTC) by over \$1 billion or 55 per cent between 2003-04 and 2009-10. During fiscal 2009-10, LTC funding was increased \$124 million, compared to the previous year.

The increased investments since 2003-04 has benefited LTC home residents by:

- A commitment in the 2008 budget to provide funding to create 2,000 nurses and 2,500 PSWS by 2011/12 in the LTC homes sector. Once fully realized, these increases are expected to increase average paid hours of care per resident day to 3.5 hours by 2011-11.
- Increased the raw food allowance to \$7.31 per day, to ensure that residents are provided with an improved range of nutritional menu options.
- Introduced a new regulation to have all meal plans reviewed and approved by a dietician, and a new policy to increase the food allowance annually with the Consumer Price Index.
- Created new regulations requiring 24/7 coverage by a registered nurse, and at least two baths per week.
- Introduced a new requirement that, as of December 2005, all LTC homes arrange for physiotherapy services for their residents.
- Introduced a 'Common Assessment' tool which improves caregivers' ability to tailor care to residents' needs and provides care data for decision makers to better monitor resident quality of care.
- Increased the comfort allowance for the first time in 20 years (over 11 per cent), to put more discretionary income in the hands of residents of LTC homes. In addition, accommodation fees were frozen for two years, bringing increases back in line with the rate of inflation. Placement regulations were changed to allow couples to be placed in the same LTC home.
- Greater accountability was introduced for LTC homes, including unannounced inspections. The number of inspections has increased by almost 43 per cent since 2003.
- The government also introduced a new 1-800 Action Line, a province-wide toll free information and complaint line for LTC residents and their families.

- A new public website was also developed that provides information for seniors and their families about individual long-term care homes and their records of care including, ministry annual inspection reports.
- The province hired eight new regional-coordinators to implement best practice guidelines for nurses in LTC homes, such as treating diabetes and preventing falls. The ministry has invested \$2.4 million to train over 6,000 staff in how to better care for residents with dementia and related conditions.
- The government also continued the implementation of a program to initiate the redevelopment of 35,000 older long-term care beds over the next 10 years, beginning with a call for applications in 2009. Approximately 7,000 beds will be redeveloped every two years.

### The New Long Term Care Home Legislation

After an extensive consultation process, the government passed new legislation, the Long-Term Care Homes Act, 2007, to improve and strengthen care for residents in LTC homes. The new legislation includes:

- Improvements to the assessment and admission process;
- An enhanced and more clearly enforceable Residents' Bill of Rights;
- Strengthened requirements related to the development of an integrated, interdisciplinary plan of care for every resident;
- Policy to promote a zero-tolerance approach to prevent abuse and neglect of residents;
- Detailed and comprehensive "least restraint policy" to limit the use of restraints;
- Strengthened and consistent reporting requirements;

A substantively reformed and strengthened compliance inspection and enforcement system which introduces new sanctions that are appropriate for the sector.

### Chronic Disease Management

Supporting Ontarians to self-manage chronic diseases is crucial to the future sustainability of the health system, particularly as the population ages. The government moved forward on its commitment to help Ontarians prevent and manage chronic diseases, with a primary focus on diabetes.

The government committed \$741 million over four years to build on the existing diabetes programs and improve the health and health care for Ontarians living with diabetes and at high risk for developing diabetes. The strategy will assist in reducing the health burden and associated costs of diabetes and diabetes-related illnesses, and will help build the infrastructure for a comprehensive prevention and treatment system for addressing other chronic conditions in future.

Educating diabetes patients to manage their disease more effectively has been an important focus since 2003-04. Since then the province has created 204 diabetes education teams across Ontario, in Family Health Teams, Community Health Centres and hospitals. Teams of registered nurses and dietitians work with diabetes patients to support them in better self-managing the disease. An additional 51 diabetes education teams will be added by end of 2009-10. Eleven of these will serve Aboriginal communities throughout the province.

### End-of-Life Care

Ontario is a leader in end-of-life care and gives Ontarians with terminal illnesses the option of receiving care in their own homes, or in the home-like environment of a residential hospice. New funding expanded in-home end-of-life care services to 6,000 more Ontarians. The government committed nursing and personal support services for more than 30 residential hospices across the province.

### Mental Health and Addiction Services

Too often in the past, hospital ERs have become the first point of entry into the health care system for Ontarians living with mental illnesses because they experience difficulty in accessing needed community supports. To address this, the government has continued to renew its investment in community-based mental health care services. In 2009-10, the province provided \$696.3 million in funding for community health services. This represented a 70 per cent increase from 2003-04. The increased funding has expanded access to services to about 290,000 people and hired more than 1,250 mental health workers.

The government continues to take a comprehensive approach in responding to the needs of Ontarians with mental illness and addictions including:

- Assertive Community Treatment Teams – multi-disciplinary teams that provide intensive clinical support for people with serious mental illness in their own home environment, to prevent hospitalizations and improve their quality of life.
- Intensive Case Management – case managers that provide on going support for people with serious mental illness, to promote independence and help them reach their recovery goals.

- Early Intervention Programs – ensure support and treatment for adolescents and young adults at the early stages of mental illness, to increase their recovery rates and improve their long-term outcomes.
- Crisis Response Programs – provide 24/7 services for persons experiencing a mental health crisis, to prevent the need for hospitalization.

The government also funded 2,250 mental health supportive housing units since 2004/05.

In addition, it doubled investments in treatment programs for individuals with eating disorders, to enhance existing services and establish new services. New services include:

- Intensive inpatient units for children and youth.
- Outpatient services in the eastern and northern parts of the province to serve adults.

The government also provided funding to increase services to help keep people with mental illness out of the criminal justice and correctional systems. The services include:

- Crisis response and outreach
- Short-term residential crisis support beds
- Supportive housing
- Court support services
- Intensive case management services.
- Outpatient services in Toronto and eastern parts of the province to serve adults.

The government also increased the number of forensic hospital beds that provide assessment, treatment and rehabilitation of people with mental illness who enter the criminal justice system based on court and Ontario Review Board admission orders. There has been a 53 per cent increase in the number of forensic hospital beds in Ontario since 2002, including the recent funding of 90 new beds. New transitional programs are supporting more timely return of forensic patients to the community safely and successfully when deemed appropriate.

### The role of Local Health Integration Networks

Ontario communities have been given a voice in how local health care dollars are spent through Local Health Integration Networks (LHINs), which have the mandate and the authority to integrate and fund local services in a better way. LHINs have been

engaging their communities and local health care providers on how to improve access to local health care services. LHINs engage their communities in order to:

- Focus on the needs of people.
- Enhance local accountability.
- Promote a shared sense of understanding and responsibility for health system improvement.
- Make decisions more focused on the needs of people impacted by it.
- Provide more opportunities for community partners to have meaningful input into the decisions that impact them.
- Work towards locally sustainable solutions as appropriate to each community.

Local communities now have a say in how half of Ontario's health care budget is spent.

LHINs are responsible for over 2000 service accountability agreements with health service providers, these include:

- Public and private Hospitals
- Community Care Access Centres
- Community Health Centres
- Community mental health and addiction agencies
- Community support services

Full responsibility for long-term care homes will be assumed by the LHINs upon proclamation of the Long-Term Care Homes Act on July 1, 2010.

### **Access to Family Health Care for All**

The government continued its commitment to its other major priority area – to provide family health care for all Ontarians. This is essential to ensure that Ontarians have ready access to appropriate health care in their own communities. It also reduces the likelihood they will turn to hospital ERs unnecessarily.

The government promised to provide access to a family doctor to 500,000 more Ontarians by 2011/12. It is on track to meeting this commitment. According to the Primary Care Access Survey, about 300,000 more Ontarians had a regular family doctor in September 2009, compared to 2007. About 900,000 more Ontarians have a family physician now than in 2003.

### Health Care Connect

In February 2009, the government announced Health Care Connect, a new program to help people who do not have a regular family health care provider, find one. Ontarians can register for the program online or by calling toll-free number to register with the program, and those who need care most will be referred first. An online option allowing patients to self register for the program was launched in July 2009.

### Family Health Teams

Since 2003-04, the government has created 170 Family Health Teams of doctors, nurses and other health professionals working together to provide better care to their patients. FHTs are providing care to over 2.1 million Ontarians, including nearly 334,000 who previously did not have a family doctor. FHTs have hired more than 1,312 health care professionals to work in teams with over 1,739 doctors.

The government has committed to creating an additional 50 new FHTs by 2011-12. Twenty of these have already been announced and the call for applications for the next 30 FHTs is anticipated in the Spring of 2010.

Since 2003-04 there has been a 193 per cent increase in the number of doctors practicing in family health care in teams. There were 7.7 million more Ontarians receiving care from doctors in a group setting in March 2009, compared to March 2004. Over nine million enrolled patients in 2009, compared to 1.3 million in 2004. This represents a six-fold increase.

### Community Health Centres

The largest expansion of Community Health Centres, (CHCs) in Ontario's history is ongoing. The number of CHCs has almost doubled since 2003 from 54 to 103. This involved a \$148 million increase in funding or 105 per cent. About 330,000 Ontarians are currently being served by CHCs.

### Dental Care

In January 2009, the government implemented the first phase of its strategy to ensure children from low-income families have increased access to urgently needed dental care. The province is investing \$45 million per year to improve access through the Children in Need of Treatment Program. The program currently provides urgent dental care to children up to the age of 18, instead of up to their 14th birthday as in the past.

The government is developing a plan to provide dental services to low-income families, specifically children and youth as part of Ontario's Poverty Reduction Strategy. It has committed \$45M per year to deliver program services. As the first phase of this

strategy, the government expanded the Children in Need of Treatment (CINOT) program in January 2009. The government is now preparing to implement phase two of this strategy to provide access to prevention and early intervention dental treatment services to low-income children and youth up to their 18th birthday. Public Health Units will partner with Community Health Centres, dentists, dental hygienists and other community partners to increase capacity.

### Physicians

The government has continued its ongoing efforts to increase the number of doctors practicing in the province to serve Ontarians. Since 2003, the increase in the number of physicians in Ontario has outpaced the province's population growth.

### Training More Doctors

The government completed a 23 per cent expansion of medical school capacity in 2008-09, which represents 160 spaces. Beginning in 2009-10 an additional 100 medical school spaces were allocated to six medical schools. This represents a 38 per cent overall increase since 2004-05, or 260 new first-year spaces overall.

Three new medical schools in St. Catharines, Kitchener-Waterloo and Windsor are already operating and another new campus is scheduled to open in Mississauga in 2011. The Northern Ontario School of Medicine was opened in 2005. It graduated its first class of 55 students in the spring of 2009.

The government increased the number of family medicine residency positions by 75 per cent between 2004-05 and 2007-08, leading to 330 more family doctors ready to enter practice as of June 2008. In 2009, 418 residents entered training to become family doctors. Phase two of the family medicine expansion was underway in 2009-10 that will see an additional 175 family medicine positions in the province by 2013-14.

### International Medical Graduates

Since 2004-05, the government has more than doubled the number of spaces available for international medical graduates (IMGs), from 90 to 200 each year. In 2008-09, it surpassed its target and offered 224 positions. In 2009-10, a total of 221 IMG positions were offered.

The government increased its investment in programs to support IMGs more than four-fold between 2003-04 and 2008-09 – from \$16 million to \$71 million. The forecast for spending in this area for 2009-10 is an estimated \$82.8 million.

More than 5,800 international medical graduates are practicing in Ontario, representing almost a quarter – 24.5 per cent – of the province's physician workforce. In 2009, there

were more than 700 IMGs in training and assessment positions—more than at any other time in Ontario’s history.

### Nurses

The government has invested over \$900 million in nursing initiatives since 2003. More than 10,000 new nursing positions have been created in Ontario since that time with more than 900 nursing positions created in 2009-10. Ontario is one of the few jurisdictions in the world to guarantee a full-time job opportunity to every new nursing graduate through its investment of over \$250 million in the Nursing Graduate Guarantee program.

The results of the Nursing Graduate Guarantee program have been very successful:

- More than 8,000 new nursing graduates have been matched to a guaranteed job opportunity
- A 2008 evaluation conducted by the Nursing Health Services Research Unit indicated that 76 per cent of new graduated reported full-time employment.

The number of full-time nurses working in Ontario increased by 14 per cent – 63.9 per cent in 2009, compared with 49.5 per cent in 2003.

### Nurse Practitioners

Ontario opened a nurse practitioner clinic in Sudbury as a demonstration project in November 2007. Subsequently, the government announced plans to open 25 Nurse Practitioner-Led Clinics that will come into operation by 2011-12. This represents an investment of \$38 million over three years.

- In February 2009, the locations for the first three clinics were announced in Wave 1: Sault Ste. Marie, Belle River Township of Lakeshore and Thunder Bay.
- Another eight clinics were announced in Wave 2 in November 2009 in the following locations: Thunder Bay, French River, Barrie, Oro Station, Essex, Oshawa, Belleville and Glengarry
- A call for applications for the remaining 14 clinics is being planned for later in 2010

The government created the “Grow Your Own Nurse Practitioner Program”, to support registered nurses obtaining advanced education to fill vacant nurse practitioner positions. The province also provided funding to increase the number of education spaces for nurse practitioners from 75 spaces to 176 spaces.

### Enhancing the experience of nursing

- Since 2004, the government has provided over 12,000 experienced nurses with the opportunity to spend more time in less physically demanding roles, to retain these valuable nurses in the workforce for longer through the Late Career Nurse Initiative. The government has invested \$70 million in the initiative over six years.
- Funding was provided for 19,000 new bed lifts and patient lifts in hospitals and long-term care homes to improve working conditions for nurses.
- Ontario became the first province to support clinical simulation equipment to enhance nursing education programs.
- The government invested in specialized education for 358 newly hired nurses, so they are better able to provide care for seriously injured and critically ill patients.
- The province created a new program to support tuition costs for nursing graduates who want to return to rural, remote or underserved communities.
- HealthForceOntario, the province's health human resources strategy, launched new nursing roles to support professional growth into specialized areas. New roles include Registered Nurse Surgical First Assist, Registered Nurse Performed Flexible Sigmoidoscopy, and Nurse Practitioner with Specialty Education in Anaesthesia.

### Other Health Care Professionals

#### Midwives

In 2009-10, the government expanded access to midwives for thousands of women by supporting the services of up to 63 more midwives. Funding for the Ontario Midwifery Program was increased to over \$91 million in 2009-10, compared to \$23.7 million in 2002-03 – a jump of over 283 per cent.

Ontario is the leading province for midwifery, with over half of Canada's midwives. As of December 2009, there were 489 registered midwives in Ontario. Midwives currently provide services to about 15,500 women and newborns.

#### Physician Assistants

The government launched the Physician Assistant (PA) Initiative in 2006. As of January 2010, there were over 75 PAs working in over 45 demonstration sites, including hospitals community health centres, long-term care, diabetes care centres and family health teams. The majority of the PAs in the initiative have contracts running until March 2011 or beyond.

A number of PA programs, including one for international medical graduates, have been launched or expanded in the province, ensuring a continued supply of graduates to work in this field.

### Physiotherapy

The government improved access to physiotherapy services for seniors, by expanding physiotherapy services in long-term care homes. The province is now providing funding for physiotherapy in clinics, private homes, and long-term care homes to approximately 138,000 seniors annually.

### Hospitals

#### Renewing Infrastructure

The government continued its investment in renewing Ontario's hospital infrastructure through ReNew Ontario – a five-year \$30 billion investment plan that includes more than \$5 billion for health care projects. More than 35 hospital projects were under construction during the fiscal year, with over 15 expected to be completed in 2009-10. Another nine hospital construction projects were scheduled to begin in 2009-10.

The province introduced a new capital cost sharing policy to make hospital projects more affordable for Ontario communities. By increasing the province's share of eligible construction costs to 90 per cent, and eligible planning costs to 100 per cent, the government provided more than \$1 billion in further support for hospital infrastructure.

#### Funding Stability for Hospitals

Local Health Integration Networks are responsible for negotiating Hospital-Service Accountability Agreements with the province's hospitals. These agreements set performance expectations with a commitment to achieve balanced budgets for the two years from 2008-09 to 2009-10. As of the end of January 2010, 158 of Ontario's 159 hospitals had signed an agreement.

Due to the province's economic challenges, a one-year extension of the current Hospital- Service Accountability Agreement has been recommended for 2010-11, rather than negotiating a new agreement. The LHINs, hospitals and the Ministry are working closely together to ensure that access to high quality patient care is maintained within a system that is fiscally sustainable.

## Enabling Supports

### eHealth

eHealth is a powerful tool that the government continues to be committed to utilizing to support the optimal operation of the health system. Making progress on a range of ehealth initiatives is essential to support the integrated, effective functioning of a sustainable health system into the future. For example, creation of an electronic health care records will enable better sharing of health information that will improve patient care and create a more effective and cost-efficient health care system.

The eHealth strategy is focused on three priorities:

- Building a diabetes registry to help people with diabetes and their health care providers to control and manage diabetes more effectively in order to reduce associated complications and costs
- Implementing online management of prescription medications to minimize preventable adverse drug reactions
- Developing an eReferral and Resource Matching system in Ontario's hospitals in order to better manage wait times in their emergency departments and to expedite patient referrals to appropriate care settings.

A planned investment of approximately \$2 billion over the next three years is being made to advance eHealth initiatives, further modernizing the province's health care infrastructure.

Gains have already been made in the eHealth arena, including:

- Since 2008, 80,000 Ontarians are in a pilot project for e-prescribing, which will help save lives.
- Since 2005, more than four million Ontarians are already participating in the electronic medical records program run in partnership by the province and Ontario Medical Association.
- More than one million children have an electronic health record.
- All Ontario hospitals have gone filmless and are now using digital diagnostic scans, which will ultimately allow for scans to be shared across the province.
- The Drug Profile Viewer (DPV) is providing authorized health care providers in 245 Ontario hospital sites with electronic prescription drug information and medication

histories for 2.4 million recipients of the Ontario Drug Benefit (ODB) 24 hours a day, seven days a week.

- Emergency Neurosurgery Image Transfer System (ENITS) – enables neurosurgeons to view images remotely for the purpose of urgent consultations, better decision making, and has decreased the number of unnecessary patient transfers.

## **Other Achievements**

### Cancer Screening

The government continued to invest in Canada's first organized province-wide colorectal cancer screening program, called Colon Cancer Check, to combat the second deadliest form of cancer in the country. Cancer screening saves lives. The \$193.5 million population based screening program for Ontarians with average risk for colorectal cancer using a Fecal Occult Blood Test (FOBT), began on April 1, 2008 and is being implemented over five years. The government has also funded about 135,000 more colonoscopies in Ontario over 5 years, including 38,000 more in 2008-09 and 24,000 more in 2009-10.

The province also expanded its breast cancer screening program by funding an additional 277,850 screens and adding 46 new breast cancer screening sites in Ontario since 2003-04, for a total of 147 sites in 2009-10.

### Human Papilloma Virus Vaccine

Since 2007, each school year, approximately 77,000 females in Grade eight are offered free vaccine to protect against the Human Papilloma Virus (HPV), saving families up to \$550 per child. Coverage rates for the first year of the program indicate that 52 per cent of Grade eight females completed the three dose vaccination series. The second year of the HPV vaccination program is complete and preliminary coverage rates indicate that coverage rate is 59 per cent. The third year of the program is currently underway.

### Drug Coverage

Ontario's Transparent Drug System for Patients Act, 2006, is allowing the province to better leverage its over \$4.3 billion drug program to get better value for its money and give patients better access to the medications they need. New processes have been put in place to allow Ontario to speed up the review process for breakthrough medications.

Other drug program accomplishments include:

- There are more than 3,300 drug products covered by the Ontario Drug Benefit program providing drug coverage for over 2.2 million Ontarians who are seniors or who receive social assistance or provincial disability support.
- Some 803 individual products and strengths have been added to the Formulary (including new drugs funded under the Exceptional Access Program) since the Transparent Drug System for Patients Act came into effect in October 2006. This includes 94 new brand products representing 180 individual products and strengths and 53 new generic drugs representing 623 individual products and strengths.

The government nearly tripled funding for cancer-fighting drugs under the New Drug Funding Program and provided coverage for several new drugs, including Herceptin, Velcade, Avastin and Vectibix. Expenditures for cancer drugs through the New Drug Funding Program have increased from \$72 million in 2003-04 to a forecasted \$200 million funding allocation for in 2009-10.

The government has invested \$1.5 billion in new drug funding since taking office in 2003.

MedsCheck – the first program of its kind in Canada – launched in 2007, continues to support Ontarians who take three or more medications. MedsCheck provides recipients with one-on-one consultations with a pharmacist for about 30 minutes once a year to help them follow their prescription and better understand the medications they are taking.

### Public Health

Ontario's public health system faced the challenge of the influenza A (H1N1) pandemic (pH1N1) in 2009-10. The novel influenza A virus emerged in the spring of 2009. Unfortunately, as of March 9, 2010, pH1N1 claimed the lives of 128 Ontarians. The outbreak led to the largest vaccine program in the province's history. Over 5 million doses of pH1N1 vaccine were distributed in Ontario.

The pH1N1 response involved a comprehensive and co-ordinated effort between many stakeholders in the province's public health system, including:

- The Office of the Chief Medical Officer of Health (CMOH)
- The Public Health Division of the Ministry of Health and Long-Term Care (MOHLTC)
- Local public health units
- The Ontario Agency for Health Protection and Promotion (OAHPP)

Ontario's efforts also involved co-ordination with their provincial and federal public health counterparts.

The pH1N1 response was the first major test of the Ontario Health Plan for an Influenza Pandemic (OHPIP), which was developed after the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003. This plan is updated annually to help Ontario build and maintain a system of pandemic health readiness.

The province's pH1N1 response was strengthened by the comprehensive changes that were made to renew the public health system in the wake of SARS under Operation Health Protection (OHP). These changes included:

- The creation of Ontario's first stand-alone public health agency. The Ontario Agency for Health Protection and Promotion (OAHPP), which can offer scientific and technical advice to the CMOH, the MOHLTC, public health units, frontline health care workers and the health system as a whole
- Upgrading of Ontario's public laboratory system - which transferred from MOHLTC to OAHPP in December 2008, - by increasing scientific and clinical capacity, introducing an advanced information system as well as technological upgrades. For example, molecular testing capabilities, which allow clinical samples to be processed more efficiently and effectively
- The creation of 166 new infection control positions in acute care settings and public health units across the province continues to be filled in 2009-2010
- The 14 Regional Infection Control Networks to continue to develop infection prevention and control (IPAC) capacity at the local level and to better integrate IPAC activities across our health care system
- The introduction of the Integrated Public Health Information System (iPHIS), a new web-based information system, allowing public health units and MOHLTC to better monitor reportable diseases and manage outbreaks in real-time.
- Increased independence of the Chief Medical Officer of Health with new powers in the event of a public health emergency and the ability to report directly to the public.

Other public health highlights include:

- The government invested \$752 million in public health funding in 2009-10. The province has more than doubled overall funding for public health programs – a 188 per cent increase since 2003-04 to increase health promotion, illness prevention and screening, and help Ontario be better prepared for health threats.

- The government currently covers 75 per cent of the share of public health mandatory program costs of municipalities, up from 50 per cent in 2004.
- The ministry's Public Health Division supported local public health units in implementing the Ontario Public Health Standards (OPHS), 2008. The OPHS were developed in close and ongoing consultation with public health units across the province. They reflect the current evidence and best practices in public health and articulate expectations of Ontario's boards of health for the delivery of specific public health programs and services. The OPHS came into force in their entirety as of January 1, 2009.
- Ontario continued as a leader in health emergency management through extensive emergency planning, comprehensive communications and procurement activities (e.g., stockpiled antivirals, supplies and equipment, purchased 45 of 55 million N95 respirators and distributed approximately 15,000 infection control kits to front-line health care providers), training and exercises, and various other programs and initiatives.
- Continued oversight for Small Drinking Water Systems (SDWS) and support for public health inspectors who are responsible for conducting individual site-specific risk assessments of the approximately 18,000 small drinking water systems in the province. Responsibility for SDWS was transferred to the MOHLTC from the Ministry of the Environment effective December 1, 2008.

<b>Table 1: Ministry Interim Actual Expenditures 2009-10 (\$)</b>	
<b>Operating Expense</b>	<b>42,083,307,887</b>
<b>Capital Expense</b>	<b>999,783,700</b>
<b>Total Ministry</b>	<b>43,083,091,587</b>
<b>Staff Strength (as of March 31, 2010)</b>	<b>3,984.2</b>