

Chapter 5 Section 5.09

COVID-19 Preparedness and Management Special Report Chapter 2: Outbreak Planning and Decision-Making

Standing Committee on Public Accounts Follow-Up on 2020 Special Report

On March 10, 2021, the Standing Committee on Public Accounts (Committee) held a public hearing on Chapter 2: Outbreak Planning and Decision-Making of our COVID-19 Preparedness and Management Special Report. The Committee tabled a report on this hearing in the Legislature in November 2021. A link to the full report can be found at <http://www.auditor.on.ca/en/content/standingcommittee/standing-committee.html>.

The Committee made eight recommendations and asked the Ministry of Health (Ministry) and Secretary of Cabinet to report back by March 2022. The Ministry and Secretary of Cabinet formally responded to the Committee on March 24, 2022. A number of the issues raised by the Committee were similar to the audit observations of our 2020 special audit, which we followed up on in 2022. The status of each of the Committee's recommended actions is shown in **Figure 1**.

We conducted assurance work between April 2022 and August 2022, and obtained written representation from the Ministry and Secretary of Cabinet that effective November 4, 2022, they have provided us

with a complete update of the status of the recommendations made by the Committee.

Overall Conclusion

As of November 4, 2022, 64% of the Committee's recommended actions had been fully implemented, and 8% of the recommended actions were in the process of being implemented. There has been little or no progress on 20% recommended actions, and 8% of recommendations will be not implemented.

Detailed Status of Recommendations

Figure 2 shows the recommendations and status details that are based on responses from the Ministry of Health (Ministry) and Secretary of Cabinet, and our review of the information provided.

Figure 1: Summary Status of Actions Recommended in November 2021 Committee Report

Prepared by the Office of the Auditor General of Ontario

RECOMMENDATION STATUS OVERVIEW						
	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	5	2		2	1	
Recommendation 2	2	1		1		
Recommendation 3	2	2				
Recommendation 4	4	3			1	
Recommendation 5	4	4				
Recommendation 6	2		2			
Recommendation 7	2			2		
Recommendation 8	4	4				
Total	25	16	2	5	2	0
%	100	64	8	20	8	

Figure 2: Committee Recommendations and Detailed Status of Actions Taken

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p>Recommendation 1</p> <p>The Standing Committee on Public Accounts recommends that in order to operate with a simpler and clearer decision-making structure that can respond more quickly to subsequent waves of COVID-19 in Ontario, the Secretary of Cabinet and Ministry of Health should:</p> <ul style="list-style-type: none"> review on an ongoing basis the structure of the Health Coordination Table and its sub-tables to identify and retain the members and experts who are most critical and appropriate to provide advice to the Province; <p>Status: Fully implemented.</p>	<p>Subsequent to our 2020 audit, the Ministry has updated the membership, terms of reference and processes of the Health Coordination Table (which was called the Health Command Table at the time of our audit). Since then, the Ministry has continued to review and evaluate the structure of the table and its sub-tables on a regular basis, including their respective mandates and memberships, and the frequency of meetings. Such revisions have been made to reflect the sector's evolving needs throughout the pandemic and to ensure the overall structure aligns with operational requirements.</p> <p>At the time of our follow-up, the Health Coordination Table had been reduced significantly to 44 participants and 11 active sub-tables from 83 participants and 25 sub-tables with over 500 people at the time of our audit.</p> <p>Since March 31, 2022, given the evolving nature of the Province's pandemic response, some tables were shut down after fulfilling their mandates (such as the Collaboration Table, the Provincial Critical Care Table, and the Ministers' Pandemic Response Leadership Table). Other tables were paused (such as the Health Coordination Table, the Provincial Primary Care Advisory Table, and the Public Health Measures Table). The tables that were closed or paused can be reconvened as needed.</p> <p>These changes reflect the maturation of the Province's pandemic response systems. Essential resources and components of these tables have been retained, should the need for their reactivation arise. The pandemic response structure and members will continue to be reviewed until it is no longer needed.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> ensure that the role of Chief Medical Officer of Health, supported by Public Health Ontario and the Public Health Measures Tables, as a co-chair of the Health Coordination Table is recognized; Status: Fully implemented. 	<p>The Health Command Table's terms of reference, created in February 2020, were updated to reflect the change in name from the Health Command Table to the Health Coordination Table.</p> <p>As well, the leadership responsibilities of the CMOH have been formalized. As one of the three co-chairs of the Health Coordination Table (the other two co-chairs are the Deputy Minister of Health and the CEO of Ontario Health), the CMOH shares the responsibility of leading the table in achieving its mandate by determining agenda items, facilitating the committee's discussions, and communicating priorities. Furthermore, the CMOH regularly presents updates on public health measures and emerging trends in the epidemiology of COVID-19. The CMOH has also been the policy lead of two key workstreams related to public health measures and surveillance.</p>
<ul style="list-style-type: none"> review the role of Public Health Ontario as part of the COVID-19 response to determine activities it should take over (such as leading provincial public health surveillance, with support from Ontario Health for health system capacity); Status: Little or no progress. 	<p>Public health leaders from Public Health Ontario have taken on key leadership roles at various health tables including the Science Advisory Table, the Integrated Data Review Working Group, the Evidence Synthesis Network and the Public Health Measures Table. These tables report into the Ministry's decision-makers by providing updates on emerging research, trends, modelling and advice. The Science Advisory Table also provides public updates through the memos it posts on the Ontario government website https://covid19sciencetable.ca/. The functions of and responsibility for the Science Advisory Table were transferred to Public Health Ontario in April 2022.</p> <p>Public Health Ontario has also played a leading role in broad provincial public health surveillance. For example, Public Health Ontario, in partnership with Ontario Health and the provincial government, screens positive COVID-19 specimens for potential variants of concern and performs full genomic sequencing of a large percentage of positive specimens. This partnership has made Ontario a national leader in the identification and surveillance of new variants of concern. Additionally, Public Health Ontario has been working with Ontario Health on surveillance and laboratory system capacity. The review of Public Health Ontario's mandate is anticipated to be part of the Province's public health modernization initiative, which has been put on hold to allow the government to continue to deal with the COVID-19 pandemic. The Ministry said at the time of our follow-up that no schedule had been set to initiate the review. The review of Public Health Ontario's mandate is also anticipated to align with the appointment of its new CEO, who assumed his new role in July 2022.</p>
<ul style="list-style-type: none"> formally identify under what circumstances (such as during public health emergencies) Public Health Ontario's scientific and technical advice should be made public; Status: Little or no progress. 	<p>Public Health Ontario's scientific and technical advice, reports and guidance documents are being made public on https://www.publichealthontario.ca/. As mentioned, the Science Advisory Table is now housed within Public Health Ontario. The advice and research of the table, specifically their scientific briefs and modelling, continue to be made available to the public online (https://covid19-sciencetable.ca/sciencebrief/). Public Health Ontario will continue to publish its reports as appropriate, and the government will continue to assess the sharing of technical advice with the public.</p> <p>However, the Ministry indicated that it has not determined whether it is necessary to amend the <i>Ontario Agency for Health Protection and Promotion Act, 2007</i> to support publishing such reports. This will be assessed as part of the review of Public Health Ontario's mandate, which is anticipated to be part of future reviews of Ontario's pandemic response and the modernization of the public health system. The Ministry said at the time of our follow-up that no schedule had been set to initiate these reviews.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> review who is best-equipped to serve as chairs and/or co-chairs of the Regional Steering Committees. Status: Will not be implemented. Although the decision was made to not appoint all local Medical Officers of Health from the public health units as co-chairs of their respective Regional Steering Committees, the Office of the Auditor General of Ontario continues to believe that having them as co-chairs would be beneficial for monitoring and responding to COVID-19 related activities. 	<p>All local Medical Officers of Health have participated in their respective Regional Steering Committees, but not all them are co-chair of the committees. The Ministry indicated that only one local Medical Officer of Health serves as a formal co-chair of a Regional Steering Committee, the Central Region Response and Recovery Table.</p> <p>While not all local Medical Officers of Health are co-chairs of their respective Regional Steering Committees, they have been engaged with the regional COVID-19 response tables to monitor and respond to COVID-19-related activities, as indicated by the Ministry. They are under the guidance of the Chief Regional Officers, who are directly accountable to the CEO of Ontario Health. For example, the local Medical Officer of Health from the Toronto public health unit is one of the leads of the Toronto Region Response and Recovery Table and has the following responsibilities:</p> <ul style="list-style-type: none"> discussing current and emerging issues related to pandemic response and recovery; sharing cross-sector knowledge and expertise to advise and inform regional pandemic response and recovery planning; and sharing information discussed at the meetings with their respective sector. <p>As well, Ontario Health has been working closely with Public Health Ontario at the provincial level to ensure that information generated at the regional and local level is aggregated and shared with the Office of the Chief Medical Officer of Health, as required.</p>
<p>Recommendation 2</p> <p>The Standing Committee on Public Accounts recommends that to expedite decision-making during subsequent waves of COVID-19 and future health emergencies, the Central Coordination Table and Ministry of Health should:</p> <ul style="list-style-type: none"> request that Public Health Ontario immediately review guidance on the appropriate use of the precautionary principle (that in an emergency situation, decision-makers need not wait for scientific certainty before taking reasonable steps to reduce risk and protect public health); Status: Little or no progress. use and support Health Coordination Table members and key decision-makers in applying and following the precautionary principle as the guiding principle going forward. Status: Fully implemented. 	<p>The Ministry has not requested Public Health Ontario to review the guidance on using the precautionary principle. The Ministry indicated that it will look into this recommendation further as a part of its reviews of the Province's response efforts to the COVID-19 pandemic. As noted in Recommendation 1, The Ministry said at the time of our follow-up that no schedule had been set to initiate these reviews.</p> <p>The Ministry indicated that its pandemic response efforts have been grounded in a cautious approach, ensuring that decisions have not been delayed by the absence of full scientific certainty in considering instances of potential risk or irreversible harm.</p> <p>For instance, Directives #1, #4, and #5 from the Chief Medical Officer of Health (CMOH) were intended to protect health-care workers' health and safety in the use of any protective clothing, equipment or device. The guidance outlined in these directives was made in close consultation with Public Health Ontario, and the CMOH had considered the precautionary principle in issuing these directives. In issuing a directive, the <i>Health Protection and Promotion Act</i> stipulates that the CMOH must consider the precautionary principle where in his/her opinion there exists or may exist an outbreak of an infectious or communicable disease and the proposed directive relates to workers' protective clothing or equipment.</p> <p>The Ministry plans to continue to appropriately apply the precautionary principle to subsequent responses.</p> <p>The Ministry has supported Health Coordination Table members and key decision-makers in applying and following the precautionary principle as the guiding principle going forward. For example, the Health Coordination Table has provided a forum for key decision-makers and leaders to discuss pressing issues, including reviewing recommendations regarding critical care capacity, COVID-19 treatments, seasonal planning, testing strategies, health human resources, variants of concern, outbreak management and increasing vaccination uptake. These discussions have also covered the importance of following the precautionary principle to ensure that decisions are not delayed by the absence of full scientific certainty in considering instances of potential risk or irreversible harm.</p>

Committee Recommendation	Status Details
<p>Recommendation 3</p> <p>The Standing Committee on Public Accounts recommends that to better align policies and decision-making with best practices, expert advice, and scientific and epidemiological evidence for the containment of COVID-19 in a cost-effective manner, the Health Coordination Table, with the support of the Central Coordination Table, should:</p> <ul style="list-style-type: none"> follow timely public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel; Status: Fully implemented. <ul style="list-style-type: none"> continue to review and provide advice for changes to the “COVID-19 Response Framework: Keeping Ontario Safe and Open” based on the advice of Public Health Ontario and feedback from the Public Health Measures Table and public health units. Status: Fully implemented. 	<p>The Ministry has followed public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel. For example, the Ministry has aligned its testing guidance with the panel’s advice. Specifically:</p> <ul style="list-style-type: none"> In September 2020, the Ministry discontinued asymptomatic testing of the general population and focused efforts on diagnostic testing for symptomatic and high-risk persons, as well as on improving and maintaining provincial turnaround time targets. Since then, the Ministry has adjusted its testing strategy and guidance to be responsive to COVID-19 prevalence, risk and testing capacity. During the Omicron wave, diagnostic testing (including polymerase chain reaction, or PCR, tests and rapid antigen tests) were prioritized for higher-risk populations. Similarly, the deployment of rapid antigen tests was prioritized during the initial onset of the Omicron wave for the highest-risk settings, with broader deployment around mid-January 2022, followed by wide access for the general population in February 2022, in alignment with public health advice on the use of rapid antigen tests in a context of high COVID-19 incidence. Throughout 2021, the recommendations of Public Health Ontario and the Testing Strategy Expert Panel were reflected in the provincial testing guidance drafted by the Office of the Chief Medical Officer of Health. The Ministry of Health and partner ministries have used this guidance to inform testing strategies and initiatives, such as for rapid testing in schools and remote communities. <p>As the COVID-19 pandemic evolves, Ontario’s recovery from the Omicron variant and responses to future variants will continue to be informed by the advice and recommendations from Public Health Ontario, the provincial Testing Strategy Expert Panel and other tables.</p> <p>The Ministry has continued to review and adjust readiness plans and reopening steps while considering emerging research, global trends, prevalence, vaccination rates, and severity of COVID-19. For example:</p> <ul style="list-style-type: none"> In May 2021, the Ministry released <i>Roadmap to Reopen</i>, which was a three-step plan to guide the safe and gradual reopening of the province and the lifting of public health measures based on the province-wide vaccination rate and improvements in key public health and health-care system indicators. Ontario moved to Step 3 of the Roadmap on July 16, 2021, and subsequently introduced the following public health and workplace safety measures, based on the advice of the Chief Medical Officer of Health (CMOH): <ul style="list-style-type: none"> requiring patrons to provide proof of being fully vaccinated against COVID-19 to access certain businesses and settings (vaccine certificates); and lifting capacity limits and physical distancing requirements in certain settings, including for settings where proof of vaccination is required. In October 2021, the government released, in consultation with the CMOH, A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long Term (the Plan). The Plan outlined the Province’s gradual approach to lifting remaining public health and workplace safety measures by March 2022, based on the CMOH’s advice. On January 20, 2022, the government updated the Plan and indicated its intention to return to lifting most, if not all, public health and workplace safety measures by the end of March 2022 in a staged manner. Measures were lifted gradually through March 1, 2022. The CMOH advised on Ontario’s plan to live with and manage COVID-19, which includes lifting most public health and workplace safety measures by March 21, 2022, and lifting all measures under the <i>Reopening Ontario Act, 2020</i> by April 27, 2022.

Committee Recommendation	Status Details
<p>Recommendation 4</p> <p>The Standing Committee on Public Accounts recommends that to improve the effectiveness, timeliness and transparency of communication in the provincial response to COVID-19,</p> <ul style="list-style-type: none"> all Health Coordination Table meetings should be conducted through videoconferencing or in person (where appropriate physical distancing and public health measures can be followed); Status: Fully implemented. the Health Coordination Table should prepare meeting minutes and document meeting attendees, key decisions made (such as what advice to provide to the Minister of Health and Cabinet), timelines, deliverables and parties responsible for distribution and approval to support learning from past decisions and as a source of reference for future decisions; Status: Will not be implemented. Although decisions (including advice to the Minister of Health and Cabinet) are not included in Health Coordination Table's records because this is not a decision-making table, the Office of the Auditor General of Ontario continues to believe that documenting key decisions made would still be beneficial to support learning from past decisions and as a source of reference for future decisions. the Central Coordination Table should develop a stakeholder communication strategy to reference who to inform prior to public announcements and provide sufficient time for stakeholders to immediately implement each decision announced; Status: Fully implemented. 	<p>All meetings of the Health Coordination Table have been conducted through videoconference since July 2020.</p> <p>The Ministry has documented meeting attendees and detailed action items with identified leads associated and timelines. However, the Ministry indicated that since the Health Coordination Table is not a decision-making table, decisions (including advice to the Minister of Health and Cabinet) are not included in the table's records.</p> <p>The Central Coordination Table has developed a stakeholder communication strategy to drive collaboration amongst ministries to ensure timely communication of information to stakeholders prior to public announcements. The communication strategy includes the following activities:</p> <ul style="list-style-type: none"> Each ministry is responsible for alerting their key stakeholders in advance of public announcements. As such, the Central Coordination Table has encouraged ministries to actively engage their stakeholders at both regular and as-needed intervals to support those stakeholders in implementing government decisions. The Central Coordination Table has regularly reviewed and discussed COVID-19 response activities, including stakeholder or public communications plans and activities. Media advisories have been regularly issued to notify the media of briefings by the Chief Medical Officer of Health and other health-care system stakeholders, such as Ontario Health. Discussions with key stakeholders (e.g., public health units, hospitals) have been held by the Central Coordination Table before public announcements. The Collaboration Table, one of the sub-tables under the Health Coordination Table, has been used to inform stakeholders of developments in the province's vaccine distribution rollout prior to public announcements.

Committee Recommendation	Status Details
<ul style="list-style-type: none"> the Chief Medical Officer of Health should be made a permanent member of the Central Coordination Table. <p>Status: Fully implemented.</p>	<p>The Chief Medical Officer of Health (CMOH) was made a permanent member of the Central Coordination Table as of November 16, 2021. Other permanent members include the Premier's Chief of Staff, Secretary of Cabinet, Secretary of the Treasury Board and Management Board of Cabinet, Deputy Minister of Health, and two Deputy Ministers (Policy and Delivery, and Communications) of the Cabinet Office.</p> <p>Prior to this, the CMOH and/or delegates and officials from Public Health Ontario and Ontario Health regularly attended Central Coordination Table meetings when agenda items required their expertise.</p>
<p>Recommendation 5</p> <p>The Standing Committee on Public Accounts recommends that to better prepare for subsequent waves of COVID-19 and protect the health of Ontarians in future, the Ministry of Health and the Health Command Table should:</p> <ul style="list-style-type: none"> continually monitor and assess hospital bed capacity and wait times for elective surgeries across the province and by region to help identify ways of reducing the backlogs of those surgeries; <p>Status: Fully implemented.</p>	<p>Health-care system capacity measures, including hospital bed capacity and information about scheduled surgeries, have been reviewed at Health Coordination Table meetings.</p> <p>The Ministry has continued to monitor and assess hospital bed capacity and wait times for elective surgeries across the province and by region. It has been receiving twice-weekly data and updates on hospital bed capacity, weekly predictive modelling on hospital and intensive care unit (ICU) capacity, and weekly updates on wait times for surgeries across the province. This information has been used to develop a methodology for allocating hospital capacity based on wait times and the number of patients waiting outside of clinically recommended target times. The following surgical data has been monitored and assessed to identify ways of reducing backlogs of surgeries:</p> <ul style="list-style-type: none"> cumulative surgical volume summary data comparing oncology, non-oncology, cardiac and paediatric surgery volumes during the pandemic and pre-pandemic periods; cumulative surgical volume data at the regional level during the pandemic and pre-pandemic periods; monthly trend of volumes and wait times by service area; weekly trend of backlogs, completed cases, 90th percentile wait times and percentage of cases completed within target; weekly trends of surgical volume by priority level and service area; monthly trend of operating room hours utilized; and weekly trend of wait list entries created in the Wait Time Information System, which is the provincial information system used to standardize wait-time tracking and reporting of surgical procedures and diagnostic imaging services such as computed tomography (CT) and magnetic resonance imaging (MRI) scans. <p>The Ministry will continue to use the best available international evidence to inform modelling for Ontario regarding expected impacts on hospitalizations and ICU admissions of future waves of COVID-19.</p>

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<ul style="list-style-type: none"> assess the impacts of stopping or reducing elective surgeries to hospitals and patients and factor regional variations in hospital bed capacity and COVID-19 rates into future directives; Status: Fully implemented. 	<p>The impacts of stopping or reducing elective surgeries are being taken into account before decisions are made to stop non-emergency scheduled surgeries and procedures. These decisions have been based on the available modelling and projections on the number of beds needed for COVID-19 patients in addition to other patients who are critically ill.</p> <p>Directive #2 by the Chief Medical Officer of Health, requiring the cessation of certain clinical activities (such as non-urgent and non-emergent surgeries and procedures), was issued or re-issued on a temporary basis three times during the pandemic (March 19, 2020; April 20, 2021; and January 5, 2022). Each time, the duration of Directive #2 was as short as possible and for the period of time needed to minimize the impacts of stopping or reducing elective surgeries. When it was in effect, Directive #2 provided guiding principles to clinicians on minimizing the risk of harm to patients and ensuring equity.</p> <p>As a result of the emergence of the Omicron variant in December 2021, the Ministry of Health used the best available international evidence to inform modelling for Ontario regarding expected impacts on hospitalizations and ICU admissions. Real-time data, projections and modelling of the anticipated strain on the health-care system from Omicron prompted the re-issuance of Directive #2 on January 5, 2022, with a recognition of its impacts on surgical recovery.</p> <p>On February 10, 2022, the Province rescinded Directive #2. This decision was made through an assessment of health-care system and public health indicators, including but not limited to laboratory test positivity, outbreaks in the highest-risk settings and wastewater trends. The Province introduced a plan for the gradual resumption of surgeries and procedures in hospitals. This plan considers regional variations in hospital capacity and ensures continued equitable access to hospital care across the province by maximizing the use of available resources and load-sharing across regions.</p> <p>The Ministry will continue to use the best available international evidence to inform modelling for Ontario regarding expected impacts on hospitalizations and ICU admissions of future waves of COVID-19.</p>
<ul style="list-style-type: none"> regularly assess socioeconomic data on COVID-19 cases to identify people with a higher risk of contracting COVID-19 and places with a higher risk of community transmission; Status: Fully implemented. 	<p>The Ministry has regularly assessed at-risk communities or groups and provided them with appropriate support.</p> <p>On December 21, 2020, the government introduced the High Priority Communities Strategy. Through this strategy, the Ministry has provided funding to local lead agencies to work in partnership with Ontario Health, public health units, municipalities and other community partners to deliver key interventions for the province's hardest-hit neighbourhoods.</p> <p>In addition, Regulation 569 of the <i>Health Protection and Promotion Act</i> stipulates that public health units collect specific socio-demographic data such as race, income, and language for confirmed cases of COVID-19.</p> <p>The Ministry has also undertaken geographically targeted efforts in the following at-risk communities:</p> <ul style="list-style-type: none"> areas with high hospitalization and low vaccination rates; areas with low pharmacy capacity; areas identified in the High Priority Communities Strategy (those with high rates of COVID-19, high ethnic concentration, and high material deprivation); public health units with low pediatric vaccine uptake; and communities with large Indigenous populations.

Committee Recommendation	Status Details
<ul style="list-style-type: none"> implement education, testing, contact tracing and other initiatives that address the needs of people with a higher risk of contracting COVID-19. <p>Status: Fully implemented.</p>	<p>The Ministry also continues to work with community ambassadors hired through the High Priority Communities Strategy to translate guidance documents and distribute them as educational resources within at-risk communities. These documents include, but are not limited to, culturally relevant information about vaccines, clinics, testing and referrals to services.</p> <p>The Ministry has implemented the following initiatives to address the needs of people with a higher risk of contracting COVID 19:</p> <ul style="list-style-type: none"> On December 21, 2020, the Ministry announced the High Priority Communities Strategy, which provides funding to local lead agencies to work in partnership with Ontario Health, public health units, municipalities and other community partners to deliver key interventions to support the province's hardest hit neighbourhoods in Durham, Peel, Toronto, York, Ottawa and Windsor. Examples of these interventions include community outreach and engagement as well as increased access to testing and vaccination. These interventions are designed to support self-isolation for those who test positive, have been in close contact with COVID-19 patients or are awaiting test results, and to mitigate the negative impact of COVID-19 on vulnerable and marginalized communities. The High Priority Communities Strategy will also continue to support the highest-risk communities with recovery supports. As part of the Case and Contact Management (CCM) Initiative, the Ministry has continually assessed communities based on evolving needs to provide supports for people who are at higher risk of contracting COVID-19 due to living in a region that is experiencing a surge. The Ministry also provides surge support to public health units, which can access provincially funded case managers and contact tracers through the central pool or through direct assigned support. The Provincial Testing and Isolation Information Line (PTIIL) was launched in January 2022 to provide members of the public with information about recent guidance around testing and isolation requirements. The PTIIL phone number was also shared with public health units and the people they serve. The Contract Tracing Initiative, a collaboration between Statistic Canada and Public Health Ontario, operated between April 2020 and February 2022, when contact tracing was no longer done in Ontario. The Memorandum of Understanding between Public Health Ontario and Statistics Canada remained active until December 31, 2022, in case a surge in cases required the Province to resume contact tracing. On February 9, 2022, the Ministry announced a targeted rapid antigen test distribution initiative in partnership with High Priority Community lead agencies and community-based primary care providers. This ensures individuals living in high-priority communities have access to free tests through existing local partners such as community centres, community health centres, places of worship and food banks.

Committee Recommendation	Status Details
<p>Recommendation 6</p> <p>The Standing Committee on Public Accounts recommends that to improve how quickly Ontario can effectively respond to future health emergencies and pandemics, the Ministry of Health should:</p> <ul style="list-style-type: none"> review, improve and update the existing health emergency plans, namely the Ministry of Health and Long-Term Care Emergency Response Plan and the Ontario Health Pandemic Plan, as required in legislation; Status: In the process of being implemented by March 31, 2023. <ul style="list-style-type: none"> implement the Ontario Influenza Response Plan and continually update information as lessons are learned from COVID-19, including specific guidance for health-care providers and subsectors such as long-term care and hospitals. Status: In the process of being implemented by March 31, 2023. 	<p>The Ministry of Health is still in the process of reviewing the Province's response efforts to the COVID-19 pandemic. This work will inform any future updates to the existing health emergency response plans.</p> <p>The Ministry's management of the response included the development of almost 100 guidance documents that covered both public health and clinical recommendations (e.g. case and contact management, sector-specific guidance, testing, vaccine tools and resources). Guidance documents are updated as evidence is gathered. For example, the document "COVID-19 Fully Vaccinated Individuals: Case, Contact and Outbreak Management Interim Guidance" was released in May 2021 and updated in both August 2021 and October 2021 to supplement an earlier document called "Management of Cases and Contacts of COVID-19 in Ontario Guidance."</p> <p>The Ministry of Long-Term Care is developing its own Emergency Management Program division/branch and Emergency Plan as it is working to become compliant with all 16 requirements under the <i>Emergency Management and Civil Protection Act</i>. For the calendar year 2021, the Ministry of Long-Term Care has already completed a continuity-of-operations plan (COOP) as well as a yearly emergency simulation exercise to validate the plan. The Ministry of Long-Term Care will also collaborate with the Ministry of Health and other ministries, where relevant, to address needed linkages between their respective emergency plans.</p> <p>The new <i>Fixing Long-Term Care Act, 2021</i> includes a requirement for all long-term-care homes to have an emergency plan for a pandemic/epidemic and an annual attestation regarding the plan requirements. The Ministry of Long-Term Care has proposed regulations under this Act that will expand the requirements of the plans, including the need for regular consultations with health-care system partners. As well, the Ministry of Long-Term Care developed an emergency planning manual, which was released in May 2022, to support the new legislation and related regulation.</p> <p>The Ministry of Health and Ministry of Long-Term Care expect their emergency response plans will be compliant with the requirements under the <i>Emergency Management and Civil Protection Act</i> by the end of March 2023.</p> <p>While the Ministry has still not implemented the Ontario Influenza Response Plan (OIRP), it has continually updated information as lessons are learned from the management of COVID-19.</p> <p>Further, the Ministry indicated that with the emergence of COVID-19, implementing the OIRP would have had limited use since it mostly targets influenza outbreaks. Thus, the Ministry instead chose to create planning documents in the fight against the novel virus that could be adapted for many different infectious diseases (e.g., influenza, Middle East respiratory syndrome coronavirus, Ebola virus disease). This would help ensure flexibility and long-term adoption of lessons learned to a wide range of emerging threats. Prior to its response to COVID-19, the Ministry had been working on a framework for emergency management called "Building a Ready and Resilient Health System." This framework aims to improve the structures, skills and culture of Ontario's health-care system in order to ensure the system is ready to manage future infectious disease threats, and protect health-care workers and Ontarians. This framework will be reviewed in the context of COVID-19 lessons learned and updated accordingly in the fourth quarter of 2022/23, and on an as-needed basis.</p>

Committee Recommendation	Status Details
<p>Recommendation 7</p> <p>The Standing Committee on Public Accounts recommends that to create a cohesive and more effective public health system, the Ministry of Health should:</p> <ul style="list-style-type: none"> • resume its modernization of public health in a manner that does not undermine the ability of the public health system to respond to subsequent waves of COVID-19 or local public health needs; Status: Little or no progress. • incorporate information gathered from consultations and surveys into its modernization of public health. Status: Little or no progress. 	<p>Public health modernization consultations were put on hold in mid-March 2020 to allow the public health system to respond to the COVID-19 pandemic. The Ministry informed us that once the pandemic is contained and risks are mitigated, the government will consider how to move forward with the modernization process.</p> <p>This recommendation will be reviewed once that modernization process resumes, though no schedule had been set at the time of our follow-up.</p> <p>As mentioned in the previous recommended section, the Ministry has informed us it will only consider how to pursue the public health modernization process once the COVID-19 pandemic is contained and risks are mitigated. As such, this recommended action will be reviewed only after that modernization process resumes, though the Ministry said at the time of our follow-up that no schedule had been set.</p>
<p>Recommendation 8</p> <p>The Standing Committee on Public Accounts recommends that to reduce the spread of COVID-19 by travellers to Ontario, the Ministry of Health, with support from the Central Coordination Table, should:</p> <ul style="list-style-type: none"> • collaborate as necessary with other ministries or agencies to allocate the necessary resources to contact all travellers during their self-isolation period; Status: Fully implemented. • elevate the issue to the Premier and the Minister of Health to communicate to the federal government the importance of Ontario receiving accurate, complete and timely traveller information as soon as possible; Status: Fully implemented. 	<p>The Ministry has worked with the Ministry of the Solicitor General in Ontario, the Public Health Agency of Canada (PHAC), the Canadian Border Services Agency and other federal partners to strengthen how the government follows up with travellers returning to Ontario. From November 2020 to December 2021, through its outreach program, the Ministry followed up directly with travellers to ensure they were provided with resources and information on isolation requirements and available supports. Over 160 public sector staff were redeployed to support this work and made over 127,000 calls over the course of the outreach program.</p> <p>At the end of December 2021, the Ministry ended the program to eliminate duplication of outreach activities, as in fall 2021 PHAC implemented an outreach program that followed up with returning international travellers through email, phone and in-person communication.</p> <p>The Province has raised concerns about the federal management of borders through correspondence and meetings with relevant federal counterparts. Subsequent to our audit, provincial ministers (including the Minister of Health and the Solicitor General) sent letters to federal ministers (including the Minister of Health and Minister of Public Safety and Emergency Preparedness) requesting the following: to require everyone entering Canada to provide contact information; to clarify roles and responsibilities between federal and provincial monitoring activities (public health and enforcement); to develop a segmented and risk-based approach for returning travellers; and to ensure the proper protections, federal resources and personnel are in place to minimize risk.</p> <p>Since then, the Province has continued to meet and correspond regularly with its federal counterparts on the topics of border measures, arrival testing and traveller follow-up measures by the federal government, in consideration of the changing global, federal and provincial landscape regarding COVID-19. Besides providing suggestions to the federal ministers on these topics, Ontario has also raised concerns about and proposed improvements to the federal process for tracking international travellers and requiring quarantine plans for them. For example:</p>

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<ul style="list-style-type: none"> work with the Public Health Agency of Canada to clarify what information is needed on each traveller and how quickly the information will be provided to Ontario; work with the federal government and local public health units on communication, tracking and tracing when international travellers land at Ontario airports; Status: Fully implemented. work with public health units on case and contact management with an emphasis on COVID-19 cases related to close contact with travellers with COVID-19. Status: Fully implemented. 	<ul style="list-style-type: none"> Ontario's police and public health authorities have not had the resources or capacity to do follow-up tracking on every individual crossing the border into the province, which has become even more critical as the country has reopened. This work must continue to be done and scaled up as necessary by the Canada Border Services Agency and the Public Health Agency of Canada, and they must have the appropriate resources to carry out this function. Improvements to the current federal process for tracking and requiring quarantine plans for international travellers need to be made to address the issues such as a lack of timely information, missing records or contact information, and using paper-based system to collect data. <p>The Ministry has not entered into a formal agreement with the Public Health Agency of Canada (PHAC) to expeditiously clarify what information is needed on each traveller and how quickly the information will be provided to the Ontario government. However, starting in the summer of 2020, the Ministry has worked with PHAC to clarify required traveller information, including PHAC's requirement for travellers arriving by air to provide their information electronically to support improved and faster data-sharing. As a result of this collaboration, the timeliness of the data has improved.</p> <p>The Ministry has also received contact information and other details of travellers who have been identified by PHAC as required to quarantine on a daily basis. From November 2020 to December 2021, the Ministry operated a traveller outreach program to contact international travellers directly via email and phone to provide support and information. In fall 2021, the federal outreach program for international travellers had expanded its outreach capacity through email, phone and in-person follow-ups with international travellers. As this overlapped with Ontario's own outreach actions with travellers, in December 2021, the provincial international traveller outreach program was terminated.</p> <p>The Ministry has worked with public health units to report confirmed cases of COVID-19 by where they were likely contracted, including cases related to travel and close contact with travellers, on a daily and weekly basis. Daily epidemiological reports with acquisition data have been available on the Public Health Ontario website since March 27, 2020.</p>