

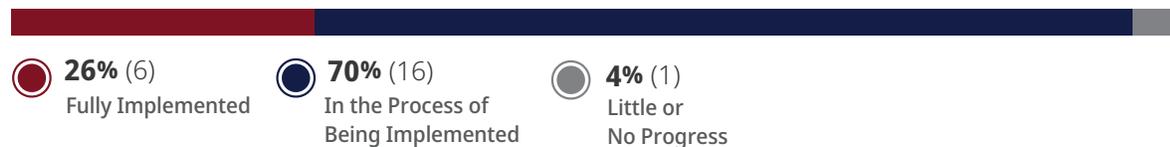
Follow-Up on the 2023 Performance Audit:

Ontario Health
Ministry of Health

Emergency Departments

// Overall Conclusion

23 Recommended Actions



The Ministry of Health (MOH) and Ontario Health (OH), as of November 28, 2025, have fully implemented 26% of actions we recommended in our 2023 performance audit, **Emergency Departments**. MOH and OH have made progress in implementing an additional 70% of the recommended actions. However, MOH has made little progress on 4% of the recommended actions.

MOH and OH have fully implemented recommendations such as putting in place mechanisms to incentivize physicians to take permanent roles in rural and remote emergency departments; working with hospitals to reduce the need for hallway medicine by expanding the capacity of inpatient beds and increasing the availability of community resources; and enhancing the Dedicated Offload Nurse Program (DONP) to ensure that it supports improvement in offload times.

MOH and OH have made progress in implementing recommendations such as conducting a comprehensive review of the usage of the Emergency Department Locum Program (EDLP) to identify systemic issues with physician staffing; reviewing existing practices and usage of medical directives across hospitals; expanding existing data collection to include vacancy data of emergency departments to identify staffing challenges; comprehensively collecting and monitoring hospital expenditures on agency staffing to determine the reasonableness of payments to staffing agencies; evaluating the effectiveness of the Pay for Results (P4R) program; and working with hospitals to identify initiatives that successfully and safely diverted low-acuity patients away from emergency departments and to share those practices province-wide.

MOH has made little progress in implementing one recommendation on working with collective-bargaining organizations to implement permanent mechanisms that allow for more flexibility of staff movement within each hospital.

The status of actions taken on each of our recommendations is found in the **Appendix**.

// Status of Actions Taken on Recommendations

We conducted assurance work between April 2025 and August 2025. We obtained written representation from MOH and OH that, effective November 28, 2025, they have provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

1. No Comprehensive Provincial Strategy Was in Place to Prevent Emergency Department Closures

In our original audit, we found that between July 2022 and June 2023, there were 203 temporary emergency department closures, involving 23 hospitals primarily located in rural or remote areas, largely due to nursing shortages. The absence of a comprehensive province-wide strategy to help hospitals maintain nurse staffing levels to avoid closures meant that hospitals had to manage these situations independently.

We also found that in 2006, MOH created the EDLP to provide urgent coverage for hospitals facing challenges filling physician shifts. In 2022/23, hospitals requested over 96,000 hours of support from the EDLP, which was able to cover only about 60,000 hours. The EDLP helped to avoid more than 400 emergency department closures in 2022/23.

Recommendation 1: Action Item 1

To help ensure the stability and continuity of emergency department services across Ontario, especially in smaller or remote communities, we recommend that the Ministry of Health, in collaboration with Ontario Health and hospitals, evolve and regularly update a strategy or action plan to prevent emergency department closures through mechanisms and initiatives including supporting local communities in training and retaining their health-care workforce as well as building capacity in primary and community services.

Status:  **In the process of being implemented by December 2026.**

Details

We found that MOH, in collaboration with OH, has updated the following strategies and programs to prevent emergency department closures.

- » **Implementation of Emergency Department Staffing Stabilization Strategy (Strategy).** MOH launched the Strategy in 2023/24, with an investment of \$4.7 million to strengthen and stabilize the nursing workforce in emergency departments through education and training initiatives. MOH continued to fund the Strategy in 2024/25, with \$10 million per year for three years. As part of the Strategy, OH developed the Emergency Department Nursing Education, Retention and Workforce Program to provide nurses with education and skills training. OH also developed and delivered a virtual education curriculum to prepare new emergency department nurses for patient care and assessment skills. Between August 2023 and March 2025, the virtual orientation and courses supported 1,622 nurses. In 2024/25, OH expanded the number of courses to keep up with demand, including the courses for specialty populations such as geriatrics, pediatrics, mental health and addictions patients.
- » **Expansion of Emergency Department Peer-to-Peer Program.** MOH launched the program in October 2022, with a roster of 25 emergency department physicians across Ontario to provide peers with 24/7 support for complex patient care issues through calls or videoconferencing. In June 2023, this program was expanded to cover all emergency departments, with primary engagement from physicians in rural and remote areas. Recognizing the valuable role of nurse practitioners, in 2024/25 OH expanded peer support to a small number of rural emergency departments with nurse practitioners to provide respite to physicians.
- » **Modernization of P4R Program.** In 2024/25, OH collaborated with MOH to identify opportunities for improvements for the P4R program. Recommendations for improvements were shared with key partners, with phased implementation commencing in the third quarter of 2024/25. Several improvements have been made, including updated policies and processes in the P4R program manual and the establishment of regional governance and oversight of the P4R program. OH provided education and training on the P4R program's updates to hospitals in January and February 2025. OH will conduct ongoing evaluation and improvement of the P4R program.
- » **Expansion of P4R Program.** In 2023/24, OH began to expand eligibility for the P4R program to 87 small and rural emergency departments, with an investment of \$15 million from MOH. The expansion was designed to standardize the operational governance framework of emergency departments and to help stabilize staffing by reducing dependency on agency nurses and the EDLP. OH expects that the expansion will be completed by December 2026.

Recommendation 2: Action Item 1

To enable consistent and reliable access to emergency department physician care across Ontario and prevent future emergency department closures due to physician staffing, we recommend that the Ministry of Health, in collaboration with Ontario Health and hospitals:

- conduct a comprehensive review of the usage of the Emergency Department Locum Program to identify systemic issues with physician staffing across the province and develop a go-forward strategy;

Status:  **In the process of being implemented by April 2027.**

Details

On April 22, 2025, MOH and the Ontario Medical Association (OMA) received a mediated arbitration award that defined new targeted investments for emergency medicine. Investments include changes to base compensation, activity-based payments and incentives to enable local recruitment to small, rural and remote communities.

As a result, the Rural Emergency Medicine Coverage Investment Fund (REMCIF) was established in April 2025 to incentivize the provision of reliable, local emergency department coverage in rural and northern communities. In order to develop REMCIF, a review of current supports for emergency department staffing was conducted, which included programs such as the EDLP.

At the same time, the mediated arbitration award included \$10 million to support changes and improve funding to multiple Underserved Area Programs, pending a review of these programs. This review has been underway since July 2025, focused on determining whether changes are needed to improve the effectiveness of the Northern and Rural Recruitment and Retention Initiative and the Northern Physician Retention Initiative. By April 2027, MOH plans to undertake and complete a review to understand the impact of the newly created programs on EDLP utilization and operations.

Recommendation 2: Action Item 2

- implement mechanisms to incentivize physicians to take permanent roles in rural and remote emergency departments.

Status:  **Fully implemented.**

Details

As mentioned under **Action Item 1** above, REMCIF was announced in April 2025. This funding is intended to support long-term emergency department scheduling and to prevent closures of emergency departments, especially in rural and northern communities. These compensation changes were implemented in June 2025.

In September 2025, MOH and OMA received an arbitration award for the remaining years of the 2024–28 Physician Services Agreement.

2. Wait Times for Emergency Care Have Gotten Longer

In our original audit, we found that in 2022/23, patients waited an average of about two hours after being triaged, about 30 minutes longer than they waited in 2013/14. Patients in the 90th percentile waited almost four and a half hours in 2022/23, up from about three hours in 2013/14. Low-acuity patients accounted for approximately 23% (or 1.29 million) of all emergency department visits in 2022/23. Some of these patients did not require emergency care but chose to visit the emergency department as they did not have other options, such as a family doctor.

We also found that, while medical directives were developed by physicians to help nurses and other hospital clinicians start assessing patients and performing procedures (such as ordering blood work) before their physician initial assessment, we noted significant variations in their use. At the hospital sites we visited, the number of medical directives in use ranged from nine to 37, with variation in their use for specific conditions.

Furthermore, we noted that in 2022/23, patients waited an average of 13 hours for an inpatient bed, a significant increase from eight hours a decade ago. Patients in the 90th percentile waited 35 hours for an inpatient bed, up from an average of about 21 hours in 2013/14. Long wait times were partly the result of a lack of inpatient beds and “hallway patients” who did not require hospital-level care but were waiting for rooms elsewhere in the health-care system.

Recommendation 3: **Action Item 1**

To offer equitable and timely access to emergency department care for patients who require it, we recommend that the Ministry of Health, in collaboration with Ontario Health, work with hospitals to identify and address challenges, such as the lack of timely access to primary care and lack of awareness of other health-care options, to help ensure lower-acuity patients receive care in the most appropriate care setting.

Status:  **In the process of being implemented.**

Details

We found that MOH and OH worked with hospitals to identify and address the following challenges to help ensure that low-acuity patients receive care in the most appropriate care setting:

- » To address the lack of timely access to primary care, MOH increased access to team-based care for patients during regular hours and after-hours. On February 1, 2024, MOH announced an investment of \$90 million to fund 78 new or expanded Interprofessional Primary Care Teams (IPCTs), which will help connect approximately 328,000 people to team-based care. As of April 2025, all 78 IPCTs have been providing primary care services as part of this expansion, with 400,000 people attached within the first year of receiving their funding, exceeding the target. The IPCTs include family health teams, nurse practitioner-led clinics, community health centres and Indigenous primary health-care organizations.
- » To address the lack of awareness of other health-care options, OH and MOH worked with Family Health Organizations and Family Health Networks to have their hours of operation posted online. FHOs and FHNs have published their hours through a new portal that is accessible to their enrolled patients.

Recommendation 4: Action Items 1 and 2

To reduce the amount of time that patients spend in an emergency department, we recommend that Ontario Health, in collaboration with hospitals and emergency department physicians:

- review existing practices and usage of medical directives across hospitals;
- develop and regularly update a set of standard medical directives that have shown success for hospital use when possible.

Status:  In the process of being implemented by June 2026.

Details

We found that OH completed its review of existing practices and usage of medical directives across hospitals and was in the process of examining the results of its review to determine next steps. OH identified that medical directives to authorize nurses to initiate diagnostic tests (blood work), treatment (intravenous fluid or oxygen) and pain/fever control (administration of medications) have been the leading practices in emergency departments across Ontario. OH also noted that, while medical directives have helped expedite patient care and reduce wait times, they have not been universally available across all emergency departments.

OH, in collaboration with 25 high-performing emergency departments, has also started compiling and developing an Emergency Department Leading Practices Toolkit. The focus of developing this Toolkit is a broad review of medical directives, including their usage, their value and how hospitals maintain the practices of using these directives to meet the standards for regulated health professionals. The review was completed in the first quarter of 2025/26. The results of this review will inform OH of the next steps, which include developing by June 2026 a set of standard medical directives that have shown success for hospitals.

Recommendation 5: Action Item 1

To improve patient flow within emergency departments and reduce wait times for inpatient beds, we recommend that the Ministry of Health work with Ontario Health and hospitals to expand the capacity of inpatient beds and increase the availability of community resources to reduce the need to treat patients in hallways, and speed up the transfer of inpatients to more appropriate facilities.

Status:  Fully implemented.

Details

We found that MOH worked with OH and hospitals to expand the capacity of inpatient beds and increase the availability of community resources through various initiatives. For example:

- » **The Post-Construction Operations Plan (PCOP)** runs on an annual basis to provide investment in capital projects that increase the number of beds in hospitals. MOH completed the PCOP 2024/25 funding allocation and has been working on the 2025/26 funding schedule. The PCOP provided funding to open 198 new beds in 2023/24 and 160 new beds in 2024/25.
- » **The Alternate Level of Care (ALC) and Patient Flow Program** supports the implementation of initiatives such as capacity maximization, discharge support and admission diversion. These initiatives aim to enable patient flow and to provide patients with the right level of care in the right location. Through this program, the number of patients designated as ALC on the wait list in acute and post-acute care settings was reduced by 4% between March 31, 2024, and March 31, 2025. MOH will continue this program in 2025/26.
- » **The Acute and Post-Acute Bedded Capacity Program** enables patient flow through all stages of care. This includes a \$1.5-billion investment in 2022/23 to support the continuation of over 3,500 critical care, acute and post-acute beds that were added to the health-care system in 2020 as part of the pandemic response, enabling the right level of care to be provided throughout a patient's care journey. As a result of this program, the occupancy rate for all bed types was 95.3% in December 2024, a slight reduction from 95.9% in December 2023.

3. Long Wait Times Impacted the Quality of Emergency Department Care, Resulting in Poor Patient Outcomes

In our original audit, we found that in 2022, patients made 274 return visits to emergency departments soon after their initial visit with a severe or significant diagnosis; of these incidents, 104 of such visits were due to a quality issue or adverse event such as lack of follow-up, a delayed or missed diagnosis, or an unsafe discharge. Our review of return visits also noted numerous examples where long wait times resulted in poor outcomes, such as requiring a surgery or being admitted to the critical care unit.

We also found that in 2022/23, 20% of patients were brought into the emergency department by ambulance. While 30 minutes or fewer to offload patients was considered best practice in the industry, this target was not consistently met. Offload delay was mainly due to a lack of nursing staff to quickly triage patients and limited assessment of room availability. These issues delayed paramedics from returning to the community to respond to other emergency calls.

Recommendation 6: Action Item 1

To help ensure that emergency departments provide high-quality care, we recommend that Ontario Health expand and monitor the Emergency Department Return Visit Quality Program by requiring all hospitals with emergency departments to participate and report their data on return visits and patient outcomes or issues related to adverse events consistently and on a timely basis.

Status:  In the process of being implemented by April 2026.

Details

We found that OH has started expanding and monitoring the Emergency Department Return Visit Quality Program (EDRVQP). Specifically:

- » As noted in **Recommendation 1**, in 2023/24, OH began to expand eligibility for the P4R program to 87 small and rural hospitals, with an investment of \$15 million from MOH. 86 of these hospitals have joined the P4R program. As EDRVQP is a component of the P4R program, OH has been working with each hospital participating in the P4R program to complete a site readiness assessment and develop an implementation plan with timeline for onboarding to EDRVQP. According to the implementation plan, the small and rural hospitals participating in the P4R program will be fully onboarded into EDRVQP by April 2026, after which all hospitals will report their data on return visits and patient outcomes or issues related to adverse events.

- » In September 2023, OH established an Emergency Services Community of Practice (ES CoP), which is a group with members in the emergency services sector to collaborate and share best practices and lessons learned from initiatives such as EDRVQP. OH's EDRVQP team presented case reports and findings biannually at ES CoP webinars to share lessons learned from EDRVQP. ES CoP webinars have been held monthly since November 2023 and engaged emergency department leadership, physicians, and OH and MOH teams.

Recommendation 7: Action Items 1 and 2

To efficiently offload patients arriving at an emergency department by ambulance and more quickly free up ambulances to address other emergency calls, we recommend that the Ministry of Health, in collaboration with Ontario Health:

- continue to review and enhance the Dedicated Offload Nurse Program to ensure that it supports improvement in offload times;
- work with hospitals and regional paramedic groups to continue identifying other initiatives, such as the Fit2Sit program in Peel region, that have improved the offload process, and share these practices across the province to help address lengthy ambulance offload times.

Status:  **Fully implemented.**

Details

We found that MOH has taken actions to enable ambulances to offload patients more efficiently at emergency departments and to free up ambulances more quickly to address other emergency calls. Specifically:

- » MOH enhanced the DONP by investing over \$33 million in 2024/25 to help hospitals in 32 municipalities, up from 30 in 2023/24, hire more nurses and other eligible health-care professionals that are dedicated to offloading ambulance patients in emergency departments. The DONP has allowed paramedics to return to the community faster and respond to other 9-1-1 calls sooner.
- » MOH promoted best practices by sharing the Toronto Ambulance Offload Time Toolkit across the province. MOH also confirmed that London Health Sciences implemented several best practices, including the Fit2Sit program used in Peel region, to reduce its offload times.

Our review of data from MOH noted that the provincial ambulance offload time (AOT) has continued to fall as a result of increased DONP funding, enhanced performance monitoring of AOT, and promotion of evidence-based best practices. Since its peak of 111 minutes in October 2022, the provincial AOT has reduced by 66%. The provincial AOT was 38 minutes in September 2025, compared to 55 minutes in September 2024, representing a 31% reduction.

We also found that OH has taken the following actions to address this recommendation. Specifically:

- » As noted in **Recommendation 6**, OH established an Emergency Services Community of Practice (ES CoP) to share best practice initiatives with the emergency services sector. The ES CoP provides opportunities to foster connection, support knowledge exchange and dissemination of best practices, and connect with clinicians and allied health professionals. The ES CoP involves monthly webinars hosted by OH to share clinical, operational and process improvement topics with emergency departments. For example, there were several sessions given by London Health Sciences Centre and North York General Hospital on strategies to improve ambulance offload performance. Future topics and speakers will continue to focus on emergency department performance and operational improvement strategies.
- » OH launched the Hospital/Emergency Department Performance Measurement and Monitoring Initiative to track key performance indicators, which include AOT. The initiative aims to develop a provincial framework to monitor performance of both hospital capacity and emergency department metrics. Through the initiative, OH developed and launched a performance scorecard in April 2024. Senior leaders of hospitals with the lowest performance had regular engagements with paramedic leadership and OH to discuss how to improve the offload process and help address lengthy ambulance offload times.

4. Triage Process Has Improved but More Oversight and Further Changes Are Needed

In our original audit, we found that in response to our 2010 audit recommendations, the electronic Canadian Triage and Acuity Scale system (eCTAS) was implemented to help nurses assess the level of care patients need. We found that 44 emergency departments did not use eCTAS. While OH was in the process of onboarding 11 more emergency departments in 2023/24, 33 worked outside the system. Triage nurses could manually override the system by increasing the eCTAS level to prioritize care for any patient. In the last five years, the provincial average override rate consistently exceeded the 10% threshold. In 2022/23, about 13 hospitals' override rates exceeded 25%. Some overrides were attributable to nurses who may not have been adequately trained.

Recommendation 8: Action Item 1

To safely, effectively and equitably triage patients, we recommend that OH:

- work with all hospitals in the province to implement the electronic Canadian Triage and Acuity Scale (eCTAS) system;

Status:  In the process of being implemented by December 2026.

Details

As noted in **Recommendation 6**, in 2023/24, OH began collaborating with MOH to expand eligibility for the P4R to 87 small and rural hospitals, with an investment of \$15 million from MOH. 86 of these hospitals have joined the P4R program. OH has been working with each newly onboarded P4R site to determine its readiness and implementation timeline for eCTAS, which is a key component of the P4R program. All 162 hospitals in the province are expected to implement eCTAS by December 2026.

Recommendation 8: Action Items 2 and 3

- conduct a thorough analysis of why some hospitals, such as pediatric hospitals, have consistently high triage override rates and determine whether changes to the system are necessary;
- ensure that triage nurses are adequately trained on the use of the eCTAS system and receive regular ongoing training as needed.

Status:  In the process of being implemented by March 2027.

Details

We found that OH has taken the following actions to ensure that hospitals safely, effectively and equitably triage patients:

- » As noted in **Recommendation 7**, OH developed the Hospital/Emergency Department Performance Measurement and Monitoring Initiative to track key performance indicators, which include eCTAS override rates. As part of this initiative, OH should obtain a better understanding of why some hospitals have consistently high triage override rates and determine whether changes to the eCTAS system are necessary.

- » OH has started conducting a current state assessment of triage in emergency departments to identify opportunities to standardize triage performance and measurement. An analysis and evaluation of acceptable eCTAS override rates will be part of this assessment, which is expected to be completed by March 2027.
- » As noted in **Recommendation 1**, OH developed the Emergency Department Nursing Education, Retention and Workforce Program, as part of MOH's Emergency Department Staffing Stabilization Strategy launched in 2023/24, to provide nurses with education and competency skills training. Through this program, OH has been working in collaboration with the Canadian Association of Emergency Physicians and the National Emergency Nurses Association to support the 2024 CTAS updates to emergency departments across the province. All hospitals have access to virtual CTAS courses through this program and are required to adequately train their triage nurses on the use of the eCTAS system.

5. Human Resource Shortages and Payment Structures Posed Risks to Emergency Department Accessibility

In our original audit, we found that emergency departments we visited experienced a significant increase in nursing vacancy rates between 2019/20 and 2022/23. For example, one emergency department's vacancy rate for full-time registered nurses increased from 6% to 26% and for part-time nurses from 23% to 51%. Worsening staffing shortages forced hospitals to hire agency nurses at significantly higher hourly rates than permanent staff. For example, one hospital spent about \$8 million on agency nurses in the emergency department in 2022/23, compared with \$2.4 million in 2021/22. Collective agreements also limited the ability of hospitals to move nursing staff between units, leading to increased reliance on agency nurses.

We also found that most emergency department physicians were compensated through an alternative funding arrangement that included a base funding component, which was essentially a salary divided among doctors. Others used a fee-for-service (FFS) model to bill the Ontario Health Insurance Plan directly. MOH did not review information on the funding provided to each physician or the volume of patients seen by each physician. The FFS model appeared to incentivize physicians to see more patients in order to receive payment, which in turn could result in shorter patient wait times.

Recommendation 9: Action Items 1 and 2

To efficiently and economically deliver emergency care, we recommend that the Ministry of Health, in collaboration with Ontario Health:

- expand existing data collection to include vacancy data of emergency departments to identify staffing challenges and determine whether any province-wide actions need to be taken;
- comprehensively collect and monitor hospital expenditures on agency staffing to determine the reasonableness of payments to staffing agencies and the need to negotiate or legislate such payments to ensure fairness and transparency;

Status:  In the process of being implemented by June 2026.

Details

We found that the *Health Care Staffing Agency Reporting Act, 2025*, which received royal assent on June 4, 2025, will create a regulatory framework for staffing agencies to report administrative and billing information to the government. The framework will help address the above recommended actions by:

- » increasing cost certainty for employers, for example, hospitals and long-term care homes, and stabilization of agency rates;
- » achieving transparency regarding the rates charged by the agencies;
- » providing MOH with access to more data, including on vacancies and expenditures on agency staffing.

MOH will continue to collect information regarding hospitals' compensation expenses based on hours worked by agency staff versus contracted hospital staff who provide direct care. MOH expects to collect and monitor more data from the hospitals by June 2026.

Recommendation 9: Action Item 3

- work with collective-bargaining organizations to implement permanent mechanisms that allow for more flexibility of staff movement within each hospital in urgent and temporary situations.

Status:  Little or no progress.

Details

MOH informed us that, given the various collective agreements in place and the timing of negotiations, work and an implementation timeline related to this recommended action have yet to be determined.

Recommendation 10: Action Item 1

To effectively and efficiently compensate emergency department physicians, we recommend that the Ministry of Health work with Ontario Health and hospitals to comprehensively review all current compensation structures and make changes to help ensure they are patient-focused and incentivize timely patient care.

Status:  Fully implemented.

Details

As noted in **Recommendation 2**, MOH has been in ongoing negotiations with OMA, the exclusive representative of physicians practicing in Ontario. Under the OMA Representation Rights and Joint Negotiation and Dispute Resolution Agreement, MOH is required to seek advice from OMA about significant health-care policy and system issues that affect physicians, including emergency department issues. Further, changes related to physician compensation, including activities and accountabilities under non-fee-for-service agreements with emergency department physicians, are subject to the negotiations process set out in the binding arbitration framework.

Since October 2023, MOH and OMA have been in negotiations for the 2024 Physician Services Agreement. On April 22, 2025, MOH and OMA received a mediated arbitration award that defined the new targeted investments for emergency medicine. The goal of these investments was to enhance patient care and ensure reliable access to emergency services for Ontarians. These investments included base funding increases for emergency department physicians. These compensation changes were implemented in June 2025.

In September 2025, MOH and OMA received an arbitration award for the remaining years of the 2024–28 Physician Services Agreement.

6. Oversight of Emergency Department Performance Was Lacking and Initiatives to Improve Performance Were Not Evaluated

In our original audit, we found that MOH had created the P4R program in 2008 to incentivize hospitals to improve patient flow in emergency departments. Early on, some key performance indicators showed a reduction in wait times. However, a significant number of hospitals had seen their performance deteriorate in recent years.

Recommendation 11: Action Items 1 and 2

To more effectively improve patient flow across emergency departments in Ontario, we recommend that Ontario Health, in collaboration with the Ministry of Health and hospitals:

- evaluate the effectiveness of the Pay for Results (P4R) program to determine what changes are necessary to meet the intended objectives, such as setting performance targets;
- review hospitals' use of performance funding to ensure that these practices align with the objectives of the P4R program and that effective practices are adopted by more hospitals.

Status:  In the process of being implemented by March 2027.

Details

We found that OH has initiated the following actions, which are expected to be completed by March 2027, to address this recommendation with respect to the P4R program:

- » As noted in **Recommendation 1**, in 2024/25, OH collaborated with MOH to identify opportunities for improvements for the P4R program. Recommendations for improvements were shared with key partners, with phased implementation commencing in the third quarter of 2024/25. Several program improvements have been made, including updated policies and processes in the P4R program manual and the establishment of regional governance and oversight of the program. OH provided education and training on the P4R program's updates to hospitals in January and February 2025. OH will conduct ongoing evaluation and improvement of the P4R program, such as reviewing hospitals' use of performance funding to ensure alignment with the P4R program's objectives. Refreshing the P4R program addressed several gaps, which include leveraging performance-related incentives, to drive performance improvement.

- » As noted in **Recommendation 7** and **Recommendation 8**, OH developed the Hospital/ Emergency Department Performance Measurement and Monitoring Initiative to track key performance indicators against set targets. The initiative was designed based on several principles, such as promoting knowledge exchange and learning on best practices and approaches; identifying, establishing and supporting health system partnerships and collaborations, and using data-driven approaches to learn and improve processes.

7. Province Does Not Have Framework to Evaluate and Encourage Use of Effective or Emerging Practices

In our original audit, we found that some hospitals had practices in place to divert low-acuity patients away from the emergency department to a more appropriate setting for care. While these best practices showed success, hospitals often did not share them province-wide. MOH and OH also did not track or evaluate the use of these effective practices.

We also found that Urgent Care Centres (UCCs) were designed to care for patients without prior appointments who were seeking prompt or immediate treatment for non-life-threatening conditions and injuries. At the time of our audit, there were 11 UCCs in Ontario. In 2022/23, there were approximately 230,000 patient visits to the seven UCCs that reported data to OH. In 2022/23, patients spent an average of 2.3 hours in the UCC, three times less than those visiting an emergency department.

Moreover, we found that in 2020, MOH approved approximately \$4 million in one-time funding to support a virtual urgent care pilot program, sometimes referred to as a virtual emergency department. In 2022/23, patients made over 50,000 virtual urgent care visits, more than double the previous year. OH planned to integrate the virtual urgent care pilot program into the provincial Health811 call service to connect patients with a registered nurse 24 hours a day.

Recommendation 12: Action Item 1

To provide patients with timely access to appropriate care, we recommend that Ontario Health work with hospitals to identify initiatives that have successfully and safely diverted lower-acuity patients, or those with specific symptoms, away from emergency departments, and share those practices for province-wide implementation.

Status:  In the process of being implemented by March 2027.

Details

We found that OH has started working with hospitals to identify initiatives that have diverted lower-acuity patients away from emergency departments and to share those practices province-wide. This work is expected to be completed by March 2027.

One of the key initiatives is Emergency Department Diversion Clinics. In 2023/24, OH allocated \$26 million base funding and \$2 million one-time funding to support Pediatric Emergency Department Access and Diversion initiatives within hospitals. Thirteen hospitals across Ontario received funding to open and enhance emergency department diversion clinics. Between June 2023 and December 2024, these clinics reported serving about 128,000 patients, with an estimated over 67,000 patients diverted from emergency departments. For example, in 2024/25 the pediatric emergency department diversion clinic at Windsor Regional Hospital is open seven days a week, providing care to approximately 10 patients a day and reducing the average wait times for pediatric patients at the emergency department from close to two hours to less than 30 minutes.

Recommendation 13: Action Items 1 and 2

To improve access to emergency care for low-acuity patients, we recommend that the Ministry of Health, in collaboration with Ontario Health:

- assess the feasibility of a review of the Urgent Care Centres (UCCs) model and determine where expansion of this model can be best utilized;
- work with hospitals to raise public awareness of alternative care settings such as UCCs that may be more appropriate for low-acuity patients.

Status:  **In the process of being implemented by March 2026.**

Details

We found that in 2024/25, MOH, with the assistance of OH, conducted a current state assessment of Urgent Care Centres (UCCs) in Ontario. This included reviewing the current models (that is, UCCs being led by hospitals versus physician groups). MOH was reviewing the results of this assessment at the time of our follow-up. Based on the results of the current state assessment, MOH will work with hospitals to determine next steps, including raising public awareness of alternative care settings, by March 2026.

In addition to assessing the UCCs model, MOH is focused on providing primary care in the community, which reduces reliance on emergency departments and hospitals. In January 2025, the Province announced an investment of \$2.1 billion in the Primary Care Action Plan to connect every person in Ontario to a publicly funded family doctor or primary care team by 2029.

MOH is working with partners such as primary care providers, hospitals, OH and Health811 to educate patients about their care options that would help reduce unnecessary visits to emergency departments.

Recommendation 14: Action Item 1

To reduce the number of unnecessary emergency department visits and improve access to urgent care, we recommend that Ontario Health work with hospitals and physicians that deliver virtual urgent care to determine what changes should be made to the provincial Health811 program to better address health-care system gaps and meet patient needs.

Status:  **Fully implemented.**

Details

We found that OH worked with hospitals and physicians that deliver virtual urgent care to identify and implement changes to the provincial Health811 program to better address health-care system gaps and meet patient needs, as noted in **Recommendation 12**. Specifically:

- » In 2024/25, OH began exploring opportunities to integrate patient care and transitions between emergency departments and other virtual care services, including the provincial Health811 telephone service. OH's Annual Business Plan outlined a plan to increase access to virtual care models and other navigation supports via Health811 in 2024/25, and to advance Health811 based on user experience and needs in 2025/26 and 2026/27.
- » In 2024/25, Health811 began technical integration to enable Online Appointment Booking (OAB) for Episodic Access to Virtual Care/Virtual Urgent Care clinics and to create a centralized OAB access point on the Health811 website. This is expected to be completed by March 2026. Between March 2024 and March 2025, Health 811 handled 618,418 calls. Of the calls in March 2025, the majority were classified as "Immediate—urgent care" or "Contact medical care within 24 hours."

// Appendix

Recommendation Status Overview

	# of Action Items	Fully Implemented 	In the Process of Being Implemented 	Little or No Progress 	Will Not Be Implemented 	No Longer Applicable 
Recommendation 1	1		1			
Recommendation 2	2	1	1			
Recommendation 3	1		1			
Recommendation 4	2		2			
Recommendation 5	1	1				
Recommendation 6	1		1			
Recommendation 7	2	2				
Recommendation 8	3		3			
Recommendation 9	3		2	1		
Recommendation 10	1	1				
Recommendation 11	2		2			
Recommendation 12	1		1			
Recommendation 13	2		2			
Recommendation 14	1	1				
Total	23	6	16	1	0	0
%	100	26	70	4	0	0