

Follow-Up on the 2023 Performance Audit:

Public Health Ontario
Ministry of Health

Public Health Ontario

// Overall Conclusion

24 Recommended Actions



Public Health Ontario (PHO) and the Ministry of Health (Ministry), as of November 21 and November 27, 2025, respectively, have fully implemented 33% of actions we recommended in our 2023 audit, **Public Health Ontario**. PHO and the Ministry have made progress in implementing an additional 46% of the recommendations.

PHO has fully implemented recommendations such as performing a jurisdictional scan of other public health laboratory test menus, and updating its memorandum of understanding with the Ministry to clarify PHO's role in relation to Ontario Health's role.

PHO has made progress in implementing recommendations such as working toward centrally procured courier services for laboratory samples and specimens in the province. PHO is in the process of developing and implementing controls and processes around procurement and vendor performance.

However, PHO and the Ministry have made little progress on 17% of the recommendations, including developing and implementing a process to include PHO's review of evidence when developing provincial policy decisions that impact public health. PHO has not yet updated and publicly reported on key performance indicators that focus on client satisfaction.

PHO will not be implementing one (4%) recommended action, specifically, creating a searchable research repository consisting of all public health journal articles and research products prepared by PHO as well as individual public health units (PHUs).

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 September 2025. We obtained written representation from PHO and the Ministry that effective November 21 and November 27, 2025, respectively, they have provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

1. Ministry of Health Has Not Leveraged Public Health Ontario Effectively to Achieve Its Full Intended Capacity and Potential to Improve the Health of Ontarians

In our original audit, we found that PHO had been unable to meet some of its legislated responsibilities under the *Ontario Agency for Health Protection and Promotion Act, 2007*. This was partially due to a lack of direction from the Ministry. The introduction of Ontario Health in 2019 resulted in a lack of clarity on roles and responsibilities. Although PHO is responsible for providing scientific and technical advice and support to clients in the government, it was not consulted on critical decisions concerning public health.

We found that since 2019/20, PHO had some of its base funding replaced by one-time annual funding. Between 2019/20 and 2022/23, one-time funding totalled approximately \$261 million or 29% of the total funding in this period. This lack of consistent funding threatened PHO's ability to fully deliver on its mandate and hindered the agency's ability to continue to provide services.

We also found that lack of information sharing between the Ministry, PHUs and PHO had limited the agency's ability to centralize and co-ordinate work effectively in the area of research and evidence synthesis. We noted examples where multiple PHUs had independently developed local resources when it would have been more cost-effective for PHO to develop resources centrally.

Recommendation 1: Action Item 1

To enhance the clarity, relevance and value of Public Health Ontario's role in Ontario's public health system, we recommend that Public Health Ontario work with the Ministry of Health (Ministry) to:

- develop and implement a process to include Public Health Ontario's review of evidence when developing provincial policy decisions that impact public health;

Status:  Little or no progress.

Details

We found that PHO and the Ministry have not developed a process to include PHO's review of evidence when developing provincial policy decisions that impact public health. The Ministry and PHO have each indicated that there is common interest to formalize a process for this since public health advice is an important consideration for policy. PHO tabled a discussion item at the September 2025 meeting of the newly reinstated Joint Liaison Committee (discussed in **Recommendation 4, Action Item 1**) to discuss the development of a comprehensive process to clarify the points of engagement between PHO and the Ministry to discuss provincial policy. The process will outline the forums in which PHO and the Ministry will discuss provincial policy and opportunities for PHO to inform policy with evidence. It will also track the support PHO provides to the Ministry to inform policy. Subsequent to the completion of our follow-up work, in November 2025, a revised process was brought forward to the Committee and approved.

Recommendation 1: Action Item 2

- clarify the agency's roles and responsibilities in the memorandum of understanding between the agency and the Ministry, especially with respect to Public Health Ontario's role in relation to Ontario Health's role.

Status:  Fully implemented.

Details

We found that PHO worked with the Ministry to review and update their memorandum of understanding (MOU) in 2024 and early 2025. The MOU has been fully executed by both parties as of July 2025, and in August 2025, it was publicly posted. This MOU established provisions such as:

- » the Acts that PHO exercises powers and authority under; and
- » quarterly meetings between the Chair of the Board and the Minister of Health to review emerging issues.

We also found that PHO had established an MOU with Ontario Health in fall 2023. This MOU provided clarity on each agency's roles and responsibilities with respect to the co-ordination and development of diagnostic laboratory medicine services in Ontario. This MOU established provisions such as:

- » shared leadership accountability for medical microbiology in Ontario within both public health and clinical medicine;
- » guiding principles, including agreement to avoid duplication of services wherever possible; and
- » the Ontario Laboratory Medicine Program and Network Microbiology Expert Panel, which is co-chaired by Ontario Health and PHO.

Recommendation 2: Action Item 1

To ensure that Public Health Ontario has sustainable resources required to deliver on the agency's mandate effectively, we recommend that Public Health Ontario work with the Ministry of Health to develop a business case that addresses reallocation of one-time annual funding to base funding.

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

Details

We found that PHO submitted its annual business plans to the Ministry in December 2023 and December 2024. Through these documents PHO requested that the Ministry reallocate historical one-time funding to base funding, which would cover items such as building occupancy costs, PHO laboratory site modernization costs and the impacts of Bill 124 (*Protecting a Sustainable Public Sector for Future Generations Act, 2019*) on PHO employees who are affected by Bill 124 wage adjustments.

PHO reported to us that since 2022/23, the provincial base funding that it receives has increased by approximately \$17.3 million or 12.1%. This includes annual growth funding of \$2 million between 2023/24 and 2025/26, and restoring one-time funding to base funding in the sum of \$11.2 million. These funds support building occupancy costs related to the relocation of PHO laboratories and transition costs associated with the modernization of Ontario's public health laboratory system.

PHO noted that, under current conditions, these base funding increases will not be sufficient to cover the costs resulting from Bill 124, going forward, as well as PHO's genomics sequencing laboratory and data management program, which was born out of one-time funding for the COVID-19 pandemic. As a result, PHO has requested the reallocation of one-time funding to base funding to support laboratory costs incurred to monitor, detect and contain COVID-19, and the impacts of Bill 124. As of the time of our follow-up, provincial decisions on 2025/26 funding were pending. The Ministry only finalized 2024/25 funding in March 2025.

PHO expects to receive further guidance and a decision from the Ministry on this in March 2026, noting that it will continue to work with the Ministry to monitor the agency's capacity and funding requirements.

Recommendation 3: Action Item 1

To improve the cost-effectiveness and efficiency of generating public health research in Ontario, we recommend that Public Health Ontario work with the Ministry of Health and public health units to:

- evaluate the feasibility of a formal process to centralize public health research across all three pillars of the public health system in Ontario;

Status:  Fully implemented.

Details

We found that in March 2025, PHO performed a review of existing resources and mechanisms aimed at centralizing information about public health research, including an environmental scan of existing resources as well as a feasibility assessment of the practicality and value of proposed solutions for centralizing public health research. This feasibility assessment determined there is an opportunity for efficiencies in the production of knowledge exchange and knowledge products such as evidence syntheses and educational resources to support its public health partners. It also identified key limitations, including ownership and copyright issues related to content being owned by local governments, the need for a directive or mandate from the Ministry to do this since oversight of PHUs are the responsibility of the Ministry, and resources for initial set-up and maintenance.

Recommendation 3: Action Item 2

- if the current process is kept, create a searchable research repository consisting of all public health journal articles and research products prepared by Public Health Ontario as well as individual public health units and share access to this repository with all public health units.

Status:  Will not be implemented.

Details

PHO concluded in its feasibility study that it would take actions including enhancing awareness of existing tools such as the shared library services partnerships, and leveraging forums to build awareness among public health partners of existing knowledge products and institutional reports. PHO determined that creating a repository as described would be duplicative of existing mechanisms to access public health research.

PHO indicated that its Library Services Team will attempt to use alternate strategies to cultivate collaboration on shared priorities, through mechanisms such as the development of scholarly communities of practice across program areas. For example, in March 2025, PHO inquired with PHUs within their Shared Library Services Partnership, which is a funded and co-ordinated partnership by PHO, to see if any had worked on research on how public health practitioners can support educators of school-aged children to implement health curricula. This was done to reduce duplicative research efforts.

Recommendation 4: Action Item 1

To allow Public Health Ontario to more effectively plan its activities, we recommend that the Ministry of Health:

- share any review reports with Public Health Ontario and follow up on the implementation of any outstanding recommendation at least on an annual basis;

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

Details

We found that the Ministry and PHO took steps to formally reinstate the Joint Liaison Committee (Committee), which had not met since 2017/18 as noted in our 2023 audit. The Committee is a forum designed for the Ministry and PHO to collaboratively address any issues, such as those raised from mandate reviews, and to discuss the direction of PHO. It is co-chaired by the Chief Medical Officer of Health and the CEO of PHO. Terms of reference for the Committee were updated in September 2024, and include the Committee's responsibilities, its membership and the frequency of meetings. They also established a planned review of the Committee's effectiveness at the 12-month mark.

The Ministry informed us that the next mandate review for PHO would occur in 2026/27, despite the last review having been completed in 2016. In our original audit, we noted that as per the Agencies and Appointments Directive a mandate review should have been completed in 2022, but it was put on hold due to the COVID-19 pandemic. Following the completion of the 2026/27 mandate review, the Ministry plans to share the results with PHO by December 2027.

Recommendation 4: Action Item 2

- provide annual mandate letters to the agency on a timely basis in accordance with the Agencies and Appointments Directive.

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

Details

We found that the Ministry still had not met the Agencies and Appointments Directive requirement to issue mandate letters 180 days before the start of the fiscal year. It issued the mandate letter for 2024/25 to PHO in February 2024, when it should have been issued by September 2023. In 2024/25, the Ministry worked with PHO to carry out a joint planning process that identified areas of focus and priorities for 2025/26. The Ministry indicated that it used the outcomes of this planning process to inform recommendations for the agency's letter of direction for 2025/26. The Ministry provided PHO with a draft 2025/26 letter in October 2024 to inform the agency's annual planning process and issued a final mandate letter on April 8, 2025. For 2026/27, the Ministry issued a draft letter of direction, but not the actual mandate letter, to PHO in October 2025. The Ministry will aim to meet the directive requirement in September 2026 for the 2027/28 mandate letter.

2. Public Health Ontario Laboratory Not Operating Efficiently

In our original audit, we found that PHO's laboratory sites were not operating efficiently. Three sites were able to perform tests on only 9% to 20% of the samples and specimens they received, transferring the remainder of samples to other laboratory sites. Each of these three sites had base operating costs ranging from \$5 million to \$10 million over the last five years.

PHO developed a plan with the Ministry in 2017 to modernize its laboratory operations by consolidating resources into fewer laboratory sites and discontinuing or restricting eligibility for certain tests; however, the government still had not approved the plan at the time of our audit. The Ministry stated this was due to reasons that include the COVID-19 pandemic and more recent recommendations relating to provincial laboratory optimization from an external consulting firm.

We also found that PHO's courier services that deliver samples and specimens did not cover all regions of the province. Additionally, PHO was not taking the lead in performing or co-ordinating testing for the surveillance of some diseases of public health significance, such as latent tuberculosis.

Recommendation 5: Action Item 1

To more efficiently deliver public health laboratory services, we recommend that Public Health Ontario, in conjunction with the Ministry of Health, update and implement a plan within 12 months to streamline public health laboratory operations.

Status:  **In the process of being implemented by March 2028.**

Details

We found that in early November 2024, PHO received written confirmation of the Ministry's decision to defer decision-making on laboratory modernization to allow for further stakeholder engagement. During this period, the Ministry is providing PHO with additional support toward maintaining the current operations of PHO laboratory sites. Later that month, the Ministry and PHO discussed next steps on laboratory modernization at a Joint Liaison Committee meeting.

The Ministry expects to provide its decisions on laboratory modernization by March 2027, after which implementation will occur in a phased approach and is expected to be substantially completed within 12 months of the Ministry providing its decision.

Recommendation 6: Action Item 1

To achieve better value for money for the province's use of couriers for the public health laboratory, we recommend that Public Health Ontario, in conjunction with the Ministry of Health, consult with all public health units to determine whether centrally procured courier services for laboratory samples and specimens would be beneficial, and make centrally co-ordinated courier services available to all public health units.

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

Details

We found that PHO completed a review of its courier routes in summer 2025. The review indicated that 95% of the agency's health sector clients that submit specimens and samples make their own arrangements for courier services, while 5% of clients use PHO-managed couriers.

The Ministry has since taken the lead on an element of this work, engaging with Supply Ontario to provide advice on how courier services can be consolidated and procured in an open, fair, transparent and competitive manner to achieve the best value for Ontarians. The Ministry and PHO worked with Supply Ontario between September 2024 and April 2025 to outline service requirements.

Subsequently, the Ministry noted that since PHO receives very low daily volume of specimens and samples from many of the clients served by PHO-managed couriers, more work needs to be done to understand the extent of courier contracts and services held by PHUs and health sector clients more generally.

The Ministry expects to gather the information from PHUs to understand options to streamline courier services within the public health sector and continue to work with Supply Ontario to develop a centralized strategy by December 2027.

Recommendation 7: Action Item 1

To help ensure the public health laboratory in Ontario applies current and best practices to conduct surveillance on diseases of public health significance, we recommend that Public Health Ontario, together with the Ministry of Health:

- perform a jurisdictional scan to compare public health laboratory test menus;

Status:  **Fully implemented.**

Details

We found that in March 2025 PHO completed a jurisdictional scan of three other provincial public health laboratories, including Alberta Precision Laboratories, British Columbia Centre for Disease Control and Cadham Provincial Laboratory in Manitoba. PHO considered the mandates of these laboratories and their setup in relation to the rest of the health care system in selecting these three provinces.

PHO obtained test menus from these laboratories to compare against its own. PHO noted that test menus are generally not standardized across laboratories, and that there may be jurisdictional differences that result in differences in testing menus, including population size and local epidemiology of certain infectious diseases. This scan identified four notable tests for diseases of public health significance that are offered by other provincial laboratories but not PHO, including Interferon Gamma Release Assay (IGRA) testing for detection of latent tuberculosis, which was highlighted in our original audit report. This test was offered by all three other provincial public health laboratories.

PHO also identified several tests that PHO does that are not offered elsewhere, including pathogen testing for diseases such as Babesia (contracted through tick bites) and Lassa fever (transmitted by infected rodents). PHO noted that it performs certain testing through advanced methods such as polymerase chain reaction testing while other laboratories use serology (blood) testing.

Recommendation 7: Action Item 2

- conduct a cost/benefit analysis on the tests not conducted by the public health laboratory in Ontario to determine whether the alternative tests would yield more accurate and timely results;

Status:  Fully implemented.

Details

We found that PHO contributed to a cost/benefit analysis on IGRA that was included in a December 2024 Health Technology Assessment by Ontario Health. The Health Technology Assessment found that using IGRA to test for latent tuberculosis infection was cost-effective or cost-saving compared with the tuberculosis skin test (the current publicly-funded test) for populations that the Canadian Tuberculosis Standards recommends for IGRA testing. This analysis also found that health-care providers surveyed indicated that most patients prefer IGRA, as a standalone test. It requires a single visit to a clinic, compared to two visits required for the skin test. This is an important consideration in northern and rural communities where accessing a clinic may present a barrier.

PHO indicated that the other tests identified in its jurisdictional scan that are not part of PHO's current test menu are low volume, and as such they do not yield a positive cost-benefit analysis. PHO noted that the current tests used for the identification of the associated pathogens are sufficient.

Recommendation 7: Action Item 3

- develop a plan to incorporate new tests into the Ontario public health laboratory test menu.

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

Details

We found that PHO's Test Review and Advisory Committee (TRAC) completed a review of 13 new and replacement tests from January 2024 to March 2025. PHO noted that, while TRAC is serving PHO well to respond to emerging threats within its current resources, there needs to be a mechanism to work with the Ministry to implement new testing and testing programs while ensuring the laboratory is resourced sufficiently. For example, PHO is currently developing a framework to outline how IGRA testing could be implemented for TRAC's review. Since this would be a new program requiring significant resources, it is subject to Ministry approval for funding.

PHO indicated that it would seek to discuss this with the Office of the Chief Medical Officer of Health and expects to develop a plan by December 2026.

3. Weaknesses in Corporate Procurement Policy and Lack of Enforcement, Resulting in Poor Procurement Governance

In our original audit, we found that PHO laboratory staff were using purchasing cards (P Cards) in ways that are contrary to their intended purposes. This resulted in instances where PHO did not acquire goods or services through an open, fair and transparent process.

We also found that PHO did not have a formal process to track vendor performance and non-compliance and did not always evaluate whether vendors had accomplished deliverables before it made payment.

Recommendation 8: Action Item 1

To help ensure that Public Health Ontario is using taxpayer money to procure goods and services in an open and transparent manner and is receiving value for money, we recommend that Public Health Ontario:

- review the use of purchasing cards at least on an annual basis to identify recurring transactions with vendors, and take corrective actions as necessary;

Status:  In the process of being implemented by December 2025.

Details

We found that PHO implemented a new accounts payable automation platform in February 2024, which moved PHO's accounts payable processes from paper-based and manual data entry to a digital automated solution. The approval workflow for this was configured in accordance with PHO's delegation of authority policy and reduced P Card usage in its laboratory operations.

As of March 6, 2024, PHO limited these cards to 80 staff, down from 126 staff when we completed the audit in 2023. PHO also began a phased approach to reduce P Card credit limits. In December 2024, PHO saw a downward trend in the overall monthly usage of P Cards and was on track to convert purchases of high-dollar, recurring laboratory goods and services to contracts by March 2025. PHO further decreased credit limits in June 2025 based on an analysis of actual spends. A process was also established to have the Laboratory Operations Director meet monthly with Finance and Procurement to discuss progress on the overall procurement strategy, and address vendor-specific spends.

Up until August 2025, PHO maintained a master P Card for laboratory services with a monthly limit of \$400,000 as an interim solution for tracking expenditures by vendor and type across all PHO laboratories. The collected data was used to establish formal contracts with vendors, thereby eliminating the need for continued card-based payments. Use of this card required pre-approval by the Laboratory Operations Director, who would check to verify that purchases with this card could not be done through existing Vendor of Record arrangements. PHO closed this card in August 2025 as contracts had been put in place for many of the common items ordered for PHO laboratories.

PHO expects this work to be complete in December 2025, including the development of a Procurement Oversight Committee, which will be tasked to meet quarterly to address non-compliance incidents and develop non-compliance remediation measures, including around the use of P Cards.

Recommendation 8: Action Items 2, 3 and 4

- monitor that payments to vendors are made only when goods and services have been satisfactorily delivered and within the contract ceiling price;
- evaluate vendor progress and performance in accordance with contract terms;
- develop and implement a process to include evaluation results in the consideration of vendor selection in future projects.

Status:  **In the process of being implemented by December 2025.**

Details

We found that PHO began working with an external vendor to establish a risk-based vendor performance program in December 2024. This vendor was tasked to help PHO ensure that appropriate tools, education and documents are in place to support implementation, including the development of contract templates.

This vendor drafted a Procurement Policy and Protocols Manual in March 2025 to address our recommendations. PHO began training procurement and legal staff on these changes in June 2025 and plans to distribute this manual to all PHO staff by December 2025. This manual covers:

- » a Supplier Performance Evaluation Protocol which outlines the responsibility of PHO staff in holding vendors accountable as well as inclusion of an interim and final evaluation; and
- » a Qualified Supplier Roster Protocol which allows for PHO to establish a list of qualified vendors that it can work with if the agency requires the same type of good or service on a regular or recurring basis.

One of the contract templates provided by the vendor to PHO was for Schedule of Deliverables, Rates and Specific Provisions, which provides a breakdown of all deliverables for any given contract. A section of this template outlines a ceiling price and payment terms, which allows for a requirement of full payment upon acceptance of deliverables.

4. Public Health Ontario Has No Succession Plan in Place for Specialized Management Roles

In our original audit, we found that PHO did not have a formal succession plan in place to identify when key roles need to be filled, leaving the agency at risk and potentially affecting its ability to appropriately respond to public health risks.

Recommendation 9: Action Items 1, 2, 3 and 4

To better prepare Public Health Ontario in continuing to deliver its mandate with the support of skilled staff and management, we recommend that Public Health Ontario:

- conduct an analysis to determine when senior positions and specialized roles are expected to become vacant;
- identify and develop potential talent from within the organization, or identify the need to recruit;
- develop and track key performance indicators that support succession planning;
- develop and implement a succession plan for senior leadership and specialized roles.

Status:  Fully implemented.

Details

We found that PHO developed and issued its first People Strategy in October 2024. As part of this strategy, PHO underwent Phase One of a succession planning process in February 2025 that included a succession risk assessment for all executive leadership positions. This risk assessment was done with the support of a vendor procured by PHO and separated all executive leaders into one of three succession risk categories:

- » High—no successors ready within three years;
- » Medium—fewer than two successors ready within two to three years; and
- » Low—successor identified is ready now or ready in one year.

PHO identified mitigation plans for any executive leader identified as high-risk, including the identification of interim internal and external candidates. Key development steps were outlined for internal candidates to achieve the necessary competencies and experience to compete for the role. These development steps were mapped out over time in order to estimate when these candidates may be ready to step into higher roles and their retention risk to leave the organization.

Key performance indicators and targets were also developed, including the percentage of executive committee positions with:

- » an identified interim candidate;
- » successor in “ready now” or “within one year”; and
- » at least one successor ready within two to three years.

PHO established a regular succession planning review cadence for all members of its executive leadership and added executive succession planning to PHO’s Board of Directors’ annual review activity. This process proceeded to Phase Two, which was rolled out in March 2025 to directors to support next-level talent management. PHO noted that the level of leaders being planned for would be determined by each executive leader at the Deputy Chief level, at a minimum.

5. Continuous Improvement Efforts Needed to Collect Better Data on Performance Indicators

In our original audit, we found that while PHO established performance indicators as well as targets in its annual business plans, these indicators mostly focused on quantifying the output of the agency’s operational activities rather than client satisfaction or actual performance of its core activities. This focus made it difficult for the agency to demonstrate that it had been effective in meeting the needs of its clients. We also found that the agency’s performance indicators did not cover all of its key functions.

Recommendation 10: Action Items 1, 2 and 4

To increase its value and impact on public health units and other clients, we recommend that Public Health Ontario:

- conduct a jurisdictional scan of key performance indicators used by other public health agencies, focusing on those that measure client satisfaction;
- establish and collect data on key performance indicators that are focused on client satisfaction and outcomes;
- publicly report on key performance indicators, including those that relate to client and stakeholder requests, broken down by program areas.

Status:  Little or no progress.

Details

We found that PHO has not implemented these recommended actions. PHO indicated to us that an external vendor was procured in late 2024 to support PHO's internal performance measurement refresh, including input on a jurisdictional scan of key performance indicators used by other public health agencies and provincial agencies. At the time of the follow-up, PHO had not yet finalized the contract, due to factors that include internal staff turnover and a pause in procurement activity during the election period. The file has since been transferred to another internal lead, and PHO will commence this work in fall 2025 using in-house expertise.

Recommendation 10: Action Item 3

- update the request tracking database to categorize requests according to public health issue, and report on this in its annual report.

Status:  In the process of being implemented by December 2025.

Details

We found that PHO had updated its user manual for the Client Request Tracking Database to include tracking by public health topic, with a list of types and subtypes for internal categorization. PHO had also included the tracking results for client and stakeholder requests by public health topic in its draft annual report for 2024/25, which was awaiting approval by the Ministry.

// 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 | 2 | 1 | | 1 | | |
| Recommendation 2 | 1 | | 1 | | | |
| Recommendation 3 | 2 | 1 | | | 1 | |
| Recommendation 4 | 2 | | 2 | | | |
| Recommendation 5 | 1 | | 1 | | | |
| Recommendation 6 | 1 | | 1 | | | |
| Recommendation 7 | 3 | 2 | 1 | | | |
| Recommendation 8 | 4 | | 4 | | | |
| Recommendation 9 | 4 | 4 | | | | |
| Recommendation 10 | 4 | | 1 | 3 | | |
| Total | 24 | 8 | 11 | 4 | 1 | 0 |
| % | 100 | 33 | 46 | 17 | 4 | 0 |