



ATTESTATION

Prepared in accordance with section 14 of the
Broader Public Sector Accountability Act, 2010 (“BPSAA”)

To: The Board of Directors, Ontario Health atHome

**From: Anna Greenberg, Interim Chief Executive Officer
Ontario Health atHome**

**Re: Quarterly Declaration of Compliance
Reporting period of January 1, 2025 – March 31, 2025 (“the Applicable Period”)**

On behalf of Ontario Health atHome, I attest to:

- The completion and accuracy of reports, pursuant to section 5 of the BPSAA, on the use of consultants;
- Compliance with the prohibition, pursuant to section 4 of the BPSAA, on engaging lobbyist services using public funds;
- Compliance with all obligations under applicable directives issued by the Management Board of Cabinet; and
- Compliance with the obligations under the draft Memorandum of Understanding Among Minister of Health, Chair of Ontario Health, and Chair of Ontario Health atHome

during the Applicable Period.

In making this attestation, I have exercised the care and due diligence that would reasonably be expected of a Chief Executive Officer (“CEO”) in these circumstances, including making due inquiries of Ontario Health atHome staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Toronto, Ontario, this 4th day of March, 2025.

Original signed by

Anna Greenberg
Interim Chief Executive Officer
Ontario Health atHome

Schedule A

CEO Certificate of Compliance

For the Applicable Period: January 1 – March 31, 2025

1. COMPLIANCE WITH OBLIGATIONS UNDER THE DRAFT MEMORANDUM OF UNDERSTANDING AMONG MINISTER OF HEALTH, CHAIR OF ONTARIO HEALTH, AND CHAIR OF ONTARIO HEALTH AT HOME

See below

2. COMPLETION AND ACCURACY OF REPORTS, PURSUANT TO SECTION 5 OF THE BPSAA, ON THE USE OF CONSULTANTS

No known exceptions

3. COMPLIANCE WITH THE PROHIBITION, PURSUANT TO SECTION 4 OF THE BPSAA, ON ENGAGING LOBBYIST SERVICES USING PUBLIC FUNDS

No known exceptions

4. COMPLIANCE WITH APPLICABLE DIRECTIVES ISSUED BY MANAGEMENT BOARD OF CABINET

a. OPS Procurement Directives

- See below

b. OPS Travel, Meal and Hospitality Expenses Directive

- No known exceptions

c. OPS Perquisites Directive

- No known exceptions

Ontario Health atHome is non-compliant in the following instances:

Note 1 – Healthcare Insurance Reciprocal of Canada (HIROC) Section 28 of the *Financial Administration Act* (“FAA”)

The Community Care Access Centres (“CCACs”) HIROC Subscribers’ Agreements were transferred to the Local Health Integration Networks (“LHINS”) pursuant to a transfer order of the Minister of Health and Long-Term Care (“Minister”), as it then was, under section 34.2 of the historical version of the *Local Health Systems Integration Act, 2006* (“LHSIA”). A reciprocal, by its nature and composition, poses a compliance question under the FAA because risks are shared amongst all the members. There was uncertainty about the compliance of this specific HIROC arrangement. It is not certain from the Minister’s order or from applicable legislation whether or not this increase in the contingent liability of the Crown placed HCCSS in non-compliance with the FAA. As a new organization, Ontario Health atHome now has a single agreement with HIROC. The Ministry confirmed in Q2 of 2024/25 that the s. 28 exemption approval is internal to the Ministry and Treasury Board Services, and does not require Treasury Board Committee approval. The Ministry is continuing to develop the package of documents needed to support the s.28 exemption and will advise Ontario Health atHome if additional information is required.

Note 2 – Ontario Digital and Data Directive, 2021

The Directive requires all data created, collected and/or managed by ministries and provincial agencies to be made public as open data, unless it is exempt for privacy, confidentiality, security, legal or commercially-sensitive reasons. There will be an assessment of current state to inform a plan to improve compliance. In the interim, Ontario Health atHome ensures that they respond to data requests from the public in a timely manner.

Note 3 – *Archives and Recordkeeping Act, 2006*

Non-compliance with the Archives and Recordkeeping Act, 2006 (the “ARA”) is primarily related to the capability to implement the Patient Care records series in CHRIS which is not yet available. Ontario Health is working on a technical solution and once complete, Ontario Health atHome will proceed to identify the records and execute a plan to manage those records.

Note 4 – Leases

Leases were negotiated by legacy Community Care Access Centres (CCACs) which inadvertently violate s.28 of the *Financial Administration Act* by directly or indirectly increasing the indebtedness or contingent liabilities of the Crown. At the time of negotiation, the CCACs were not subject to S.28 as they were not Crown Agencies. The process for obtaining S.28 approval has been to work alongside Infrastructure Ontario (IO) to incorporate the S.28 approval requests into the broader work of extending leases as they come up for renewal decisions. This is deemed the most efficient way of obtaining S.28 approvals due to the costs associated with Ontario Health atHome’s requirement to utilize IO services for these activities. Ontario Health atHome will continue to seek S.28 approvals for all leases using this approach, with all approvals expected to be in place by March 31, 2029.

Note 5 – Accommodation Funding – Retirement Homes

In three transitional care programs (TCP) in retirement homes, the program funding includes funding for the patient accommodation component which does not align with the *Connecting Care Act, 2019*. Ontario Health atHome is working with the retirement homes on a phased approach to cease the current practice of funding accommodation costs, with all new patients entering the program required to pay the full accommodation costs. Furthermore, Ontario Health has advised that the Ministry of Health is working on a policy framework for accommodation funding.

Note 6 – Non-Compliance – Client Services Procurement Policy & Procedures for CCACs – Procurement of Service Provider Overflow No Volume Contracts

Ontario Health atHome is non-compliant with the Contract Management Guidelines for Local Health Integration Networks, issued in May 2017 where we are directed to adhere to the *2007 Client Services Procurement Policy & Procedures for CCACs*. Although Service Provider Organization (SPO) capacity is improving, the use of overflow contracts to augment patient care continues to be required in order to meet the escalating demand. Those SPOs with overflow no volume contracts exceeding \$250,000 in value have been requested to submit an application to Ontario Health to move through the next Pre-Qualification Process scheduled from January – June 2025.

Note 7 – Single or Sole Source Procurement

Ontario Health atHome is non-compliant with single or sole source procurement requirements. Single or sole source procurements require approved annual business cases with valid non-competitive exemptions.

- Annual renewal of software licenses which is non-compliant with competitive procurement requirements. The DocuShare solution (DocuShare), an integral component of the Client Health and Related Information System (CHRIS), is specific to one vendor and has not been competitively procured. DocuShare holds more than 10 million patient records. DocuShare was originally procured by the Ontario Association of Community Care Access Centres as a solution for document management in CHRIS. DocuShare is a tightly integrated solution, which has been customized to provide interoperability with the CHRIS and Health Partner Gateway (HPG) solution components and deployed specifically to enable enhanced security of stored personal health information. A solution to migrate to Ontario Health CHRIS Document Services in fiscal 2025-26 is in progress by Ontario Health.
- Continued non-competitive procurement of the existing Benefits carrier contracts. Ontario Health atHome received approval of its business case submission for an exemption from the open competitive requirements of the OPS Procurement Directive to renew the existing Benefits Carrier contracts for a term of up to eight months to April 1, 2024. However, as part of that approval, Ontario Health atHome was also directed to report the non-compliance. A competitive procurement proceeded, however, there was no successful vendor, and the competitive procurement was deemed to be a failed procurement. To ensure continued benefit coverage for

eligible employees as required through employment contracts and Collective Agreement provisions, Ontario Health atHome received TBS approval for a further extension of the existing contracts to March 31, 2025 with opportunity for further extension to September 2025. Ontario Health atHome will be exercising the extension option prior to March 31, 2025. Ontario Health atHome is seeking to relaunch a competitive procurement for Employee Benefits Carrier(s) with planned procurement in Q4 2024-25. Email notification was received from MOH advising that approval was received by TBS on January 15, 2025, with Cabinet ratification received by TBS on January 16, 2025. Ontario Health atHome has made adjustments to the planned procurement and process to significantly reduce likelihood of a failed procurement.

- Ontario Health atHome has been utilizing the same labour relations vendor who has supported HCCSS and its predecessor organizations for more than twelve years. This support includes acting as a spokesperson(s) for all labour relations and negotiations, such as collective bargaining and pay equity matters with bargaining agents; negotiating central bargaining processes covering unionized employees; and preparing arbitration briefs. Ontario Health atHome requires continuity of support for these matters particularly to support the Public Sector Labour Relations Transition Act activities for Ontario Health atHome. To ensure the historical and legacy knowledge of labour relations and collective bargaining is maintained, Ontario Health atHome entered into a two-year single source contract from April 1, 2024 to March 31, 2026.
- Ontario Health atHome continues with expired janitorial contracts on a month-to-month basis.
- Five contracts are non-compliant as it relates to the eShift Clinic Model of Care. The system licenses renew annually unless terminated. The model began as a pilot project using a new specialized technology. Contract extensions were implemented when the project was still in a research and development phase and there were no comparable solutions. It is now clear that alternative technology solutions may exist and Ontario Health atHome will explore new models of virtual care and the associated technology to do so. This technology is heavily embedded within SPO contracts and an integral component of patient care.
- One contract is non-compliant for Medical Equipment procurement. The contracted medical equipment vendor was unable to provide specific equipment for patient lifts during the peak of the pandemic. A secondary vendor was awarded a contract specific to provision of the required equipment, and a single source contract was extended for a one-year term allowing for time to move to the provincial Medical Supplies and Equipment (MES) contract. The provincial competitive procurement occurred, and Waterloo Wellington is being moved over to the provincial plan. A Notice of Termination for March 31, 2025 has been issued to the Waterloo Wellington vendor and at that time, Ontario Health atHome will be compliant.
- Ontario Health atHome has entered into a single sourced agreement with a third-party vendor for wound care technology, utilized by the nurse and patient in the patient's home. This agreement is specific to the legacy Central East agency and no procurement was undertaken. For this wound care technology, the Ministry has advised this procurement will be completed through the Ministry of Health Supply Chain Modernization which will result in a contract available to all Ministry agencies. The estimated timeline for a provincial procurement and implementation is estimated at up to 18 months, and therefore the legacy Central East agreement was approved to renew for an

additional one-year term, until November 17, 2025, to bridge Central East to the provincial solution. However, due to delays in onboarding the provincial solution, this agreement has been renewed with a new end date of March 10, 2026 to accommodate the roll-out of the provincial system anticipated to be available in Q2-Q3, 2025-26.

- Ontario Health atHome has ten contracts of up-to-one-year single source contract extension for remote care monitoring until such time as Ontario Health's remote care monitoring provincial solution is available to onboard Ontario Health atHome. Ontario Health atHome will be the first organization to beta test and onboard onto the new provincial solution anticipated to be available in Q2-Q3, 2025-26.

Note 8 – Legislative/Policy Requirements (Corporate Policy on Information Sensitivity Classification, Corporate Policy on Recordkeeping, Corporate Policy on the Protection of Personal Information)

Ontario Health atHome has not consistently implemented these policies to their full extent, however it has ensured robust implementation with respect to access and privacy of records. Sharepoint Online (Purview) has been configured and deployed as Ontario Health atHome's formal records management system. The system has capabilities that will support compliance with the Directives. Staff are being onboarded to the records management features (e.g. applying a classification sensitivity and the appropriate records series.) The records have been reviewed and are in the process of being migrated to the records management system. At the same time, Ontario Health atHome corporate policies are being drafted.

Note 9 – Receipt of money outside of the Crown in right of Ontario

Under section 27.8(4) of the *Connecting Care Act, 2019*, Ontario Health atHome shall not receive money or assets from any person or entity except the Crown in right of Ontario or Ontario Health without the approval of the Minister of Health. On October 3, 2017, HCCSS received a limited approval to receive money from designated Non-Crown in right of Ontario sources. Subsequently, Ontario Health atHome identified multiple situations of receiving money from entities that may not be captured by the October 2017 approval. Ontario Health atHome has worked to resolve all instances with the exception of two, and remains in active conversation with the Ministry to discuss options that will resolve.

Note 10 – Expired Banking Agreement

Ontario Health atHome has continued with its current banking agreements that expired on April 30, 2022. The agreement with Royal Bank of Canada (RBC) was part of a Vendor of Record program that expired in January 2021 and no further extensions were available. The Board of Directors approved a one-year single source contract extension with the RBC expiring December 31, 2023, which was subsequently extended to December 31, 2025.

Note 11 – Draft Memorandum of Understanding (MOU) Among Minister of Health, Chair of Ontario Health, and Chair of Ontario Health atHome

a) Risk Management:

Ontario Health atHome is non-compliant with Section 18.1 of the MOU related to Risk Management. Ontario Health atHome has a Board approved policy, Integrated Risk Management (IRM) Framework/Policy, January 2022, but this policy has not been fully implemented. Ontario Health atHome does comply with the Agencies and Appointments Directive Risk Register requirements, completing the document and submitting to the ministry on time. Ontario Health atHome is also subject to the Ontario Public Service Enterprise Risk Management Directive. A corporate initiative is underway to adopt the Ontario Public Service Enterprise Risk Management Directive in a phased approach, tailored to the organization's capacity and business objectives, facilitated through HIROC's IRM Framework and Risk Register, with targeted completion by June 30, 2025.

b) Annual Balanced Budget Requirements

Ontario Health atHome is required to operate within its approved budget in fulfilling its mandate as per Section 9.4(v). Ontario Health atHome is projecting a deficit position in its Patient Services envelope for fiscal year 2024-25. This is a recurring issue for Ontario Health atHome as patient demand for home care services is projected to continue growing for the next several years. The Ministry has provided verbal confirmation that additional funding will be provided to cover the expected 2024/25 deficit to achieve a balanced budget at fiscal year end.

c) Ontario Health atHome programs and Ontario Health atHome funding of external organizations outside of Ministry-approved programs:

Legacy LHIN initiatives unintentionally remained with Home and Community Care Support Services after the transfer of legacy LHIN functions to Ontario Health. Ontario Health atHome is working with Ontario Health on a plan to transfer these initiatives as appropriate, as they do not align with the mandate and accountabilities of Ontario Health atHome.

Ontario Health atHome Funding to external organizations:

- Various hospices for bereavement/spiritual services, volunteer hospice visiting, palliative care outreach teams
- Aphasia Centre of Ottawa, to provide on-site speech therapy groups, physiotherapy and counselling to clients with aphasia and serve as a centre of expertise, providing consultation, training and support to local therapists.
- Hospice Care Ottawa for a position to manage referrals and triage of patients at end of life being referred for admission to either Elizabeth Bruyere Hospital's Palliative Care unit or Hospice Care Ottawa's residential hospice beds.
- Region of Waterloo Sunnyside long-term care home community support services for a Community Resource Facilitator to assist patients in accessing community support services,

primary care, health services and other community-based activities and for a six-bed overnight stay program within its secure Adult Day Program.

- Kitchener Downtown and Guelph Community Health Centres for delivery of on-site mental health and addiction support in shelters, and to support homeless and vulnerable populations with palliative care nurse practitioner program.
- In-home, inter-professional teams in three family health teams and one community health centre in Waterloo Wellington providing services to marginalized, at risk individuals in residential settings to keep these individuals at home and safe in place.
- Physicians who participate in the Palliative Care Outreach Team consultations and for on call services.

Functions provided by Ontario Health atHome:

- Musculoskeletal Rapid Access Clinics - Centralized intake service and MSK Advanced Practice Physiotherapists provided by Ontario Health atHome to local hospitals for processing patent referrals to the hospital's Rapid Access Clinic for hip/knee and lower back care.
- Self-Management Program - provides educational sessions of varying lengths and frequencies to people living with chronic condition(s) on how to manage their conditions to keep them healthier and living independently in their own homes longer.
- Behavioural Supports Ontario - Dedicated regional program management from Ontario Health atHome for quality improvement and education coordination for long-term care homes and funding for a director lead role, responsible for overseeing region wide, planning and operation for integrated behavioural supports services, through direction and collaboration with Ontario Health.
- Shared Services Operations Model - hosts a Client Information System for 46 community support service organizations
- Purchase of CareDove software license, an intake and referral interface for community support service (CSS) agencies through which the CSS agencies can initiate a referral or make an appointment with any of the community agencies participating in the arrangement.
- Psychosocial spiritual clinicians support Hospice Niagara and Palliative Pain and Symptom Management consultation services support community providers

Funding to non-health organizations:

- Lansdowne Children's Treatment Centre in Brantford for shift nursing services for their summer respite program.

Note 12 – Quarterly OHRS/Management Information Systems (MIS) Trial Balance Submission

Ontario Health atHome is non-compliant with its reporting obligation to submit a quarterly OHRS/Management Information Systems (MIS) Trial Balance Submission through OHFS. Ontario Health atHome is unable to submit because the Ministry of Health, Health Data Branch has not created a submission account for Ontario Health atHome as a new legal entity. Ontario Health atHome has an ongoing dialogue with the Ministry of Health for submission of this report and achieving compliance.