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Message from the CEO

Through the strain of the pandemic, Ornge provided hope -- and a can-do spirit in terms of finding solutions. This was visible during Operation Remote Immunity, a campaign led by our organization in partnership with Nishnawbe Aski Nation, to deliver and administer life-saving vaccines to remote northern communities. It was visible through our Surge Response Team, comprised of paramedic staff from across the province who stepped up to help GTA hospitals manage their capacity, as well as communications officers who helped organize transport for thousands of additional patients. And it was visible during day-to-day operations, where Ornge continued to provide the same high-quality air ambulance and critical care transport services for which our organization is known. This is a testament to the spirit and resilience of Ornge paramedics, pilots, aircraft maintenance engineers, Operations Control Centre staff, Transport Medicine Physicians and corporate support staff.

While we are still waiting for the day when we can put the pandemic fully behind us, it’s not too soon to begin envisioning a post-COVID future and the next steps for our organization. Amid the challenges of the past year, we released our new three-year strategic plan – [**iPropel 2021-2024** (see more on page 19)](#iPropel)– which includes a renewed mission, vision and values, as well as a roadmap to how we see ourselves contributing for years to come.

This was also the year that galvanized so many of us to start a long overdue conversation about racism, social justice and inequality. These events underscored the need to prioritize equity, diversity and inclusion. At Ornge, this need is highlighted in our new motto: **Health Equity in Motion**. We feel strongly about extending access to health care throughout Ontario – particularly within the First Nations communities we serve in Northern Ontario -- and have made this a central component of our planning. We also think that by encouraging equity, diversity and inclusion in our own organization, we will be more successful in improving health equity in Ontario.

On behalf of everyone at Ornge, I invite you to read our Annual Report to learn more about an extraordinary year in the life of our organization -- and what’s ahead.

Dr. Homer Tien
President and CEO

Who We Are

Ontario Ornge is a not-for-profit charitable organization that provides air ambulance and critical care transport services to the province of Ontario. We are Canada’s largest air ambulance and critical care transport provider. Ornge is part of a province-wide hub-and-spoke model of care that links communities to hospitals, and local community hospitals to tertiary care centres. To do this, Ornge employs over 640 employees, including paramedics, pilots, communication officers, physicians, aircraft maintenance engineers, educators, researchers and support staff.

Fleet

Ornge owns and operates a fleet of fixed and rotor wing aircraft, including 12 Leonardo AW139 helicopters, eight Pilatus PC-12 airplanes, and 14 Crestline land ambulances. Service coverage extends over more than one million square kilometres into remote communities in Ontario. As well, Ornge has contracts with Standing Agreement air carriers who perform fixed wing non-urgent transports and some advanced care transports largely in the North. Ornge also works with Toronto Paramedic Services who deliver critical care land ambulance services within the GTA and are dispatched by Ornge’s Operations Control Centre.

Ornge’s Renewed Mission

In 2021, we were proud to introduce Ornge’s updated mission, vision and values as part of our new strategic plan: [**iPropel 2021 – 2024** (see more on page 19).](#iPropel)  The new mission reflects our evolving role in the provincial health care system and will help guide our organization in the years to come.

Mission

We save lives, restore health, create capacity and preserve dignity.

**Save Lives**

Our helicopters bring critical care capability to the scene to save the lives of critically ill or injured patients. Our air and land crews perform life-or-limb threatened and emergency inter-facility transfers. We can help staff at sending facilities with the acute resuscitation, and then rapidly transport patients to definitive live-saving care.

**Restore health**

In the North, geography can be a challenge for accessing diagnostic testing and specialist consultations. Ornge transports or organizes the air transport of all stretcher-bound patients in Ontario for diagnostic imaging and/or specialist consultation to help restore them back to health.

**Create capacity**

Ornge is asked to repatriate patients to hospitals closer to their home communities if air transport is required, and/or if patients require a critical care level of care during repatriation. This activity creates necessary capacity at hospitals to receive the next critically ill or injured patient.

**Preserve Dignity**

Ornge helps provide dignified end-of-life care by transporting patients back to their rural and remote communities to be with family and friends at the end of their lives. Ornge coordinates all aviation and critical care transport requirements in support of Trillium Gift of Life Network’s (TGLN) mission. This involves coordinating air transport for TGLN surgical transplant teams and for recovered organs.

Vision

The best care, wherever you may be.

Motto

Health Equity in Motion

Corporate Values

Kindness, Respect, Integrity, Safety, and Professionalism.

Facts, Figures and Trends

**Mission Count:** Total count of Unique Mission (related to patient transports).

**Transport Count:** Total Interfacility Patient Transport Count

**KM by Mission and Transport:** Total KM by Mission x total interfacility patient transport count.

**Total Distance Travelled:** total mission distance x total transports.

**Note:** These figures exclude Moosonee cross-river transports.

**Modified Scene Call:** A modified scene response occurs when Ornge is dispatched to a community hospital, local airport or an alternate landing site which is not the geographic location of an incident.

**Scene Calls:** This includes: medical supplies, facilities, and administrative support expenses.

**Interfacility Transports:** This includes: medical supplies, facilities, and administrative support expenses.

**Emergent 1:** Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.

**DEFINITIONS:**

**Interfacility Patient and Team Transports**

|  |  |  |
| --- | --- | --- |
| FIXED WING |  | 2020/2021 |
| Mission Count |  | 5,977 |
| Transport Count |  | 9,961 |
| Total Distance Travelled |  | 16,618,928 |
| Average KM by Transport |  | 1,668 |
|  |  |  |
| ORNGE ROTOR WING |  |  |
| Mission Count |  | 2,164 |
| Transport Count |  | 2,254 |
| Total Distance Travelled |  | 774,608 |
| Average KM by Transport |  | 344 |
|  |  |  |
| CCLA |  |  |
| Mission Count |  | 2,842 |
| Transport Count |  | 3,365 |
| Total Distance Travelled |  | 460,324 |
| Average KM by Transport |  | 137 |

Patient Response

**Emergent 2:** Conditions that are a potential threat to life, limb or function requiring rapid medical interventions. These patients have an acute illness or injury and have the potential for further deterioration.

**Urgent 3:** Patient conditions that could potentially progress to a serious problem requiring emergency intervention.

**Non Urgent 4:** Acute conditions that are treated appropriately and stabilized at sending facility going for a consultation at a higher level of care.

**Non Urgent 5:** Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem.

**DEFINITIONS:**

In 2021, Ornge transported 17,774 patients, down 0.9 per cent from the previous year. Presumably, the decline was related to the shut-down of non-emergent services at hospitals due to COVID-19. About seven per cent of these patients were transported from the scene of injury (or were modified scene calls), up about 7.2 per cent from the previous year. The remaining 93 per cent were inter-facility transfers, which was down 1.6 per cent from the previous year.

|  |  |
| --- | --- |
| **Table 1: Acuity of Interfacility Transfers**  | **Number** |
| Emergent 1 (Life or Limb) | 2749 |
| Emergent 2 | 5031 |
| Urgent 3 | 4133 |
| Non Urgent 4 | 1546 |
| Non Urgent 5 | 2845 |

Patient-Related Transports

Because of Ontario’s vast geography, patients may at times require transports by several different vehicles to arrive at their final destination. For example, a patient travelling from Moose Factory Island to Thunder Bay Regional Health Sciences Centre might require three patient-related transports: one helicopter transport from Moose Factory Island to Moosonee Airport, one fixed wing aircraft transport from Moosonee airport to Thunder Bay airport, and one land ambulance transport from Thunder Bay airport to Thunder Bay Health Sciences Centre. In some circumstances, Ornge may perform each of these transports.

In 2021, Ornge performed 20,582 patient-related transports to respond to the 17,774 patients, down approximately one per cent from the previous year. See Figure 2 for breakdown of patient-related transports by asset.

**Toronto Paramedic Services (TPS) Land**: Toronto Paramedic Services is the largest municipal Paramedic Service in Canada. They provide Critical Care Land ambulance support under the Ornge Base Hospital.

**Standing Agreement (SA) Carriers:** Ornge contracts three SA carriers to perform fixed wing patient transports on a fee-for-services basis; most of these transfers are non-urgent and require a ACP or PCP level of care.

**Ornge Land Ambulance Transports**: Transports performed by Ornge’s Critical Care Land Ambulance Program (CCLA) and transports involving Ornge paramedics traveling with a patient in a local Paramedic Service ambulance.

**Ornge Rotor-Wing:** Transports performed by an Ornge helicopter.

**Fixed-Wing (plane): T**ransports performed by an Ornge fixed-wing aircraft.

**Other:** Includes local land ambulance transports with Ornge Paramedics, James Bay Paramedic Service Marine Unit, provincial IMS transfers using non-Ornge assets, Ornge Surge Response Team.

**DEFINITIONS:**

PTAC During COVID-19

The Provincial Transfer Authorization Centre (PTAC) is funded by the Ministry of Health and administered on its behalf by Ornge. PTAC offers an online tool to screen for respiratory diseases prior to inter-facility patient transport within Ontario and maintains a database of patient transfers within the province of Ontario. PTAC has been invaluable over the course of a pandemic in terms of screening for COVID-19 and collecting data related to COVID transports.

From January 28, 2020 (the beginning of PTAC data collection related to COVID-19) to March 31, 2021, Ornge generated 334,599 Medical Transport (MT) numbers for PTAC. Among these, 31,922 patients screened positive for being either at risk of having COVID-19 or having a suspected/confirmed diagnosis, resulting in Ornge warning the receiving facilities and transport agencies for possible COVID-19 risk.

**COVID-19 Screening** (January 28-2020 – March 31, 2021)

|  |  |  |
| --- | --- | --- |
|  |  | 2020/2021 |
| No Screening Concerns |  | 302,677 |
| Possible COVID-19 Infection (LTC) |  | 6,457 |
| Identified Travel |  | 350 |
| Identified Close Contact with COVID-19 |  | 1,962 |
| Identified Symptoms |  | 16,473 |
| Identified Age with Symptoms |  | 2,912 |
| Suspected COVID-19 Diagnosis |  | 541 |
| Confirmed Covid-19 Diagnosis |  | 2,915 |

Telemedicine

In partnership with CritiCall Ontario, Ornge began providing enhanced telemedicine support for the province. Under this arrangement, any physician in any Ontario hospital can reach out to an Ornge Emergency Medicine Physician, ICU physician or Pediatrician to receive assistance in managing a patient. This service was not specific to COVID-19 and can be used for patients with general acute and critical care needs.

**MT Number:** Each inter-facility patient transfer within the Province of Ontario, must have a Medical Transfer (MT) authorization number.

**Transport Medicine Physician:** Ornge Transport Medicine Physicians are emergency medicine or critical care specialists who are immediately available 24/7 and play an active role in determining mode of transport and crew configuration based on the patient’s condition. The physician is directly involved with the call from its beginning to patient delivery at the receiving facility.

**DEFINITIONS:**

Ornge Transport Medicine Physicians (TMPs) have provided 252 telemedicine consultations this year.

Trillium Gift of Life and Organ Transplants (TGLN)

Ornge is responsible for providing transportation-related services to support organ transplant under contract with the Trillium Gift of Life Network, Ontario’s organ and tissue donation agency. In 2021 Ornge received 214 specific TGLN requests, down approximately 32 per cent from the previous year. This decline can be attributed to the pandemic and the ramp-down of non-emergent services. One TGLN request can generate several organ requests. For example, one TGLN request for service for an organ donor in Ottawa might generate an organ request to transport the transplant team from Toronto to Ottawa, and then generate an organ request to transport the team and one recovered organ (liver) back to Toronto and a separate organ request to transport one organ (kidney) separately to London. During the reporting period, the 214 specific TGLN requests generated 391 organ requests that that were serviced and transported.

How Did We Do

Rotor Wing Scene Calls for Trauma

Like all Paramedic Services, Ornge responds to the scene of major trauma. If trauma patients meet Air Ambulance Utilization Standards and meet Field Trauma Triage Guidelines, Central Ambulance Communication Centre (CACCs) will request a “scene” response from Ornge RW aircraft. These calls represent about seven per cent of our call volumes. Our response time is of the utmost importance in these situations. The chart below (Figure 3) shows Ornge’s 90th percentile response time for life-threatening trauma scene calls. This response time measures the time interval from the CACC request for service to the time when the RW aircraft is on the runway and requesting “Air Traffic Control” clearance to take-off.

**Figure 3: Rotor Wing Response Time for Scene Trauma Calls**

Interfacility Life or Limb Calls

When time is of the essence, when it is literally “Life or Limb”, the measure our patients and stakeholders value is how fast can we consistently launch an aircraft to transport the patient to definitive care. Our best efforts to respond are affected by the long distances required for transport (on average, over 1,700 km for fixed wing aircraft) and the effects of volume of transfers and weather.

Figure 4 shows how quickly (90th percentile) we can launch or turn a helicopter/fixed wing airplane towards a patient with an absolute time sensitive emergency known as an Emergent 1/Life or Limb. This metric is drawn from Ornge’s annual Quality Improvement Plan (QIP). The QIP is a framework for monitoring key aspects of Ornge’s service delivery, such as patient experience and care, clinical practice, and operational service delivery. QIP indicators are chosen each year and reflect organizational priorities, including some identified areas for improvement.

**Figure 4: Response Time (minutes) for Life or Limb (90th Percentile) for Helicopter (Rotor Wing) and Airplane (Fixed Wing) Aircraft**



This response time measures the time interval from when the OCC has completed taking the patient details to when the Ornge team starts moving towards the patient. This could be when the aircraft departs for a patient transfer or is triaged and re-routed, or when the Ornge medical team departs to pick patient up from the healthcare facility. Many variables impact our timeliness of response: asset availability, maintenance, staffing, weather, proximity of the facility to our bases.

In our Quality Improvement Plan, our goal is to reduce the time to launch an aircraft by 10 per cent.

Trillium Gift of Life Network

When TGLN requests Ornge to arrange air transportation, as per our Service Level Agreement (SLA) with TGLN, we aim to award the bid to a contract carrier within two hours, all in an effort to provide timely transportation of transplant teams and recovered organs to their destination.

Figure 5 shows the 90th percentile of the time Ornge OCC spent to solicit bids for TGLN. It also shows the 90th percentile for the time Ornge OCC spent to award the bid to a contractor for TGLN.

**Figure 5: TGLN Bid Award Response Time**

Our Renewed Strategic Plan – iPropel 2021-2024

Ornge began its strategic planning process in 2020 with an extensive review of our operating environment. We considered the impact that clinical developments are having on transport medicine, new opportunities for improving access to care most especially for patients in the North, and the importance of equity, diversity and inclusion in terms of culturally sensitive and appropriate care to all Ontarians, and in being an employer of choice for visible minorities, Indigenous peoples and LGBTQ2S+ members.

We gathered feedback on our proposed strategic directions from our patients and their families, our health care delivery partners across the province and our staff throughout the organization. We are grateful for their insights and look forward to working collaboratively on specific initiatives and reporting on progress as we move forward in implementing our strategic plan.

The result – our new 2021-2024 strategic plan, titled iPropel 2021-2024, was released in early 2021.

**iPropel: Our Strategic Propellers**

**iP1: Invent Practice**

**iP2: Improve Processes**

**iP3: Integrate Provincially**

**iP4: Inspire our People**

The hub or “lynchpin” of our strategic propeller is that we will be **SAFE** in everything we do:

**Safe:**  Aviation safety, patient safety and staff safety will always be at the core of our efforts

**Accountable:**  We will be accountable and transparent in all our actions and decisions.

**Fiscally responsible:** We are stewards of public funds. We will be fiscally responsible in how we spend public dollars to achieve our mission and vision.

**Equitable:** We will strive to improve equity by improving access to care, particularly for vulnerable populations. We will also strive to encourage equity, diversity and inclusion within our organization by reaching out, encouraging and mentoring our employees who belong to vulnerable communities.

COVID-19 Operations at Ornge

When the SARS-COV-2 became a public health emergency, Ornge faced not only the challenges of day-to-day clinical management, but also planning for a potential surge in cases -- both in urban settings and within the remote communities we serve.

Front line workers at Ornge answer the call each day to ensure ongoing essential air ambulance and critical care transport services during the COVID-19 pandemic.

Throughout the pandemic, Ornge staff have demonstrated their versatility, exceptional skills and expertise to the healthcare system.

Ornge’s response to the COVID-19 pandemic included:

* Operation Remote Immunity, a vaccination effort for adults 18 years and older led by Ornge, in partnership with Nishnawbe Aski Nation, for 31 of Ontario’s remote, fly-in Indigenous communities plus Moosonee.
* Surge Response, including the activation of Ornge’s Surge Response Team and Emergency Operations Centre to dispatch COVID-19 patients to hospitals across the Province.
* Temporary Land Ambulance Bases: Ornge opened a temporary CCLA base in Chatham-Kent to serve southwestern Ontario, and moved a staffed GTA ambulance to Hamilton and Halton region to better serve the Golden Horseshoe region.
* Transport of COVID-19 test swabs for Northern Ontario to ensure rapid turnaround times for testing
* Supporting the Ontario Critical Care COVID Command Centre in its Operations
* Conducting a dispersion study to develop and identify best practices and procedures for transporting a COVID-19 patient who requires oxygen in an aeromedical environment.
* Throughout the pandemic, Ornge continued to source personal protective equipment, screen our workforce and patients, offer frequent communication to staff relating to our operational response to the outbreak such as employee wellness, human resources, planning and procedures.

Read on for more on how Ornge contributed to provincial COVID-19 efforts.

2021 Operational Highlights —Operation Remote Immunity

*“I was very honored to be part of the vaccination effort in Fort Severn. The organizers of the Operation Remote Immunity brought together a really good team and the initiative was well put together. We flew in from Sioux Lookout and it took an hour and 45 minutes each way. During our week there, the plane stayed in Fort Severn and waited for us until we had completed our vaccinations each day, and then we flew back Sioux Lookout. Then we flew back in each morning. In my five days of being up there, I enjoyed being there and was very happy to be part of the vaccination team.”*

**— Brian Crowe,
Ornge Pilot and member of Fort Severn First Nation**

“The vaccine rollout has come together with undeniable success in the Northern Ontario First Nations fly-in communities.”

**— Globe and Mail, March 12, 2021**

**VOICES:**

Operation Remote Immunity

Remote, fly-in First Nations communities face unique geographic, social and infrastructure challenges that exacerbate the risks posed by the pandemic. To ensure Indigenous communities and vulnerable populations across remote Northern Ontario are protected from COVID-19, a unique collaboration was formed as a means of providing residents with access to the Moderna vaccine.

Operation Remote Immunity (ORI) was a partnership between Ornge and Nishhawbe Aski Nation and overseen by the Government of Ontario. Between January and April 2021, vaccination teams under the direction of Ornge travelled to 31 northern, remote NAN communities and the municipality of Moosonee to deliver and administer the vaccine to residents 12 years of age or older who wish to receive it.

Paramedics

Ornge paramedics provided strong leadership throughout Operation Remote Immunity. Each team consisted of a lead – typically a senior Ornge paramedic – as well as four other health care professionals – including physicians, nurses, paramedics and medical students — and an administrator. Team members received both doses of the COVID-19 vaccine and underwent cultural safety training prior to their participation.

“We had booked appointments, we had walk-ins, and we also had home visits. We were also very flexible for people who weren’t in the commu-nity. We made sure that there was a plan A, B, and C for them to ensure that they were able to get their vaccines as well. We did about 10 home visits in each community, which was great because then we’re minimiz-ing the amount of exposure and travel for our elders and knowledge-keepers in each community.

There was a lot of room for learning, for growth, and future opportuni-ties for having some of these specialists in allied health to come and help support us as we move forward as a partnership on the local level and the regional level. We have developed a very strong relationship with universities, as well as with Ornge, and ensuring that from an acute care perspective from the vaccine rollout we’re all working together and inte-grating into one system so we are able to meet the needs of the commu-nities and the region.”

**— Lynne Innes
President and CEO, Weeneebaykno Area Health Authority**

**VOICES:**

Aviation

Ornge’s aviation team worked closely with the Ontario Ministry of Natural Resources and Forestry (MNRF) to determine aircraft needs for the campaign. The MNRF secured aircraft for the transport of vaccines and teams, while Ornge’s Standing Agreement Carriers provided standby air ambulance coverage in the event of a medical emergency or adverse reactions.

**Operation Remote Immunity by the Numbers**

**Total Doses:** Upon completion of Operation Remote Immunity in April 2021, a total of over 25,000 first and second doses were administered. Total doses include doses for hospital and long-term care/chronic care staff and residents that were administered in Sioux Lookout in scope of Operation Remote Immunity.

**DEFINITIONS:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Total Number of Vaccination Team Members |  | 531 |
| Ornge Staff and Physicians on the Teams |  | 158 |
| Number of Operation Remote Immunity Flights |  | 595 |
| Flight Hours |  | 1,453 |
| Statute Miles Flown |  | 341,750 |
| Total Doses |  | 24,000+ |

Operations Control Centre (OCC)

“This was very much a cooperative working relationship. We had to rec-ognize that we are working with 31 independent communities. All of the communities have challenges related to infrastructure, support, health care resources and so on. Understanding the culture of the communities was essential. As an example, before we start the vaccination clinic, there might be a prayer, there might be a ceremony, and in some cases, the vaccine itself is blessed. These are all important considerations when we’re trying to get community support.”

**— Patrick Auger
Ornge Critical Care Paramedic and Incident Com-mander, Operation Remote Immunity**

**VOICES:**

Ornge’s Operations Control Centre handled logistical arrangements, dispatching aircraft and ongoing communication with the teams.

Corporate Services

Ornge’s corporate services group – including Human Resources, Finance, Procurement, Scheduling and Workforce Planning – provided back office support for all aspects of ORI. This included procuring essential supplies, equipment and consumables, finding suitable personnel to staff the teams, and tracking all costs associated with the initiative.

Communications

Working closely with in-community partners such as the Weeneebayko Area Health Authority (WAHA) and the Sioux Lookout First Nations Health Authority (SLFNHA), Ornge’s communications team supported promotional efforts for the vaccine efforts. This included targeted social media campaigns aimed at encouraging vaccination among community members, highlighting clinic dates and times, showcasing testimonials of community members who chose to receive the vaccine, and working with traditional media to tell the story of the campaign.

Partners

“This trip was almost career changing for me. I knew I was going to do some good, and probably enjoy parts of it, and seeing that part of our country. But I don’t think I knew that it was going to have such an impact personally.

I have been thinking of ways to connect in particular with some of the people that I met there and see what kind of things we can collaborate on and what kind of services I might be able to provide or help develop from the insideout.”

**— Dr. Karen Devon
Endocrine Surgeon, Women’s College Hospital, and Vaccination Team Member**

**VOICES:**

Many partners contributed to the success of Operation Remote Immunity. Ornge would like to express appreciation to the following organizations:

* Province of Ontario
* Nishnawbe Aski Nation
* Weeneebayko Area Health Authority
* Sioux Lookout First Nations Health Authority
* Lakehead University
* Queen’s University
* Porcupine Health Unit
* University of Toronto
* Canadian Red Cross
* Northwestern Health Unit
* Canadian Rangers
* Georgian College
* Northern Ontario School of Medicine
* Calian

2021 Operational Highlights —COVID-19

Ontario Critical Care COVID Command Centre

For hospitals, patient transportation was a key component of managing COVID-19. As one of Ornge’s strategic propellers is to integrate provincially, it was important for our organization to be represented as decisions were made involving hospital capacity.

The Ontario Critical Care COVID Command Centre, which was established during the initial response to the pandemic in April 2020, carefully monitors hospital capacity data throughout Ontario. **Ornge has provided administrative support and organization for this table since its inception, coordinating and participating in 171 meetings**.

During surge operations, with multiple partners at the table including Ornge, CritiCall, regional Ontario Health critical care leaders, and Critical Care Services Ontario (CCSO), daily transport requirements were determined and centrally coordinated to preserve hospital capacity.

Once a patient who required transport from a hospital under pressure was identified, patient information and other logistics were sent to CritiCall, then pushed to the Ornge Emergency Operations Centre (EOC) where specialized Communications Officers and Ornge Transport Medicine Physicians (TMP) reviewed every patient to assign the appropriate level of care required, and ensure patient safety.

Surge Response and Load Sharing

In Ontario’s third wave of the pandemic, intensive care units (ICUs) in the Greater Toronto Area experienced a volume of patients significantly higher than during the second wave.

This resulted in the need for ‘load sharing’ – where hospitals under capacity pressure would transfer patients to other facilities with ICU beds available.

This need to ‘decant’ patients resulted in increased demand for Ornge services. Over this period, ICU patients were transported using Ornge Critical Care Land Ambulances (CCLA) based in the GTA and southern Ontario, as well as Ornge helicopters and airplanes for medium and longer distance transports. In some instances, hospital-based teams were created in centres such as Kingston, Barrie, London, Sudbury, Ottawa and completed ICU transports in partnership with land based municipal Paramedic Services.

To help hospitals handle the extra demand, Ornge tripled its GTA land transport capacity by making new resources available, including extra Critical Care Land Ambulances based in Mississauga. These were staffed by members of the organization’s Surge Response Team, comprised of highly experienced Ornge paramedics who have volunteered for overtime.

Temporary CCLA Bases

Many COVID-19 transports performed by Ornge to date have been carried out by the organization’s Critical Care Land Ambulance (CCLA) program. Recognizing the need for critical care capacity in Southern Ontario at this time, Ornge opened two temporary CCLA bases in Hamilton and Chatham-Kent to serve the Niagara Peninsula and Southwestern Ontario respectively. This resource provides timely transport for patients to tertiary care centres.

***Patient Transports (in 2020/21):***

Chatham-Kent 291

Hamilton Staging Area 182

Halton Staging Area 143

COVID Testing Swab Transport in Northern Ontario

A significant COVID-related challenge in the North involved the transport of COVID-19 tests to regional and provincial laboratories. This was particularly critical as commercial air carriers reduced service over the course of the pandemic. To assist northern communities, Ornge made Standing Agreement aircraft available on specific weekdays and weekend days — when commercial carriers are unavailable — to transport COVID-19 tests from several northern communities to labs in larger centres for processing. This allows for faster results, which is critical at this time for preventing further outbreaks.

Since April 2020, SA Carrier aircraft transported 87,410 COVID testing swabs.

2021 Operational Highlights —AVIATION

Ornge’s aviation division is responsible for the operations and maintenance of Pilatus PC-12NG fixed wing aircraft and Leonardo AW139 helicopters, in addition to a robust and approved safety management system (SMS).

The holder of two Transport Canada Air Operator Certificates and an Approved Maintenance Organization, Ornge aviation employs fixed and rotor wing pilots, aircraft maintenance engineers, managers and support staff.

**Key Achievements for Aviation and Joint Operations include:**

* **New AW139 Livery**
In February 2021, Ornge’s first AW139 helicopter began its journey to be repainted. The new livery – developed by a committee of front line staff with support from Ornge’s corporate communications team – features a navy blue tail, a nod to the history of the air ambulance program, high contrast windows (in the event of an emergency) and increased corrosion control through the application of fresh paint and a clear coat. Seven AW139s will be painted throughout 2021 with the remainder scheduled to be painted in 2022.
* **Advanced Night Vision Imaging System Operations Rotor Wing**
Ornge Rotor Wing has been approved by Transport Canada for Advanced Night Vision Goggles (NVG) User Status. This Special Authorization allows Ornge rotor wing aircraft to operate beyond existing regulations at night with NVG, in accordance with two Global Exemptions issued by Transport Canada. The exemptions allow Ornge helicopters to operate to and from unlit aerodromes and to operate at minimum altitudes that are lower than standard. This approval will potentially reduce the number of declined calls due to weather that the rotor wing program incurs as a result of unsuitable cloud ceilings at night.
* **All Canada Aeromedical Transport Conference** For three days in March, Ornge’s Aviation Safety Department organized and hosted its fourth All Canada Aeromedical Transport (ACAT) Safety Conference. This year’s conference felt slightly different from years past as the group met virtually over the MS Teams platform. Nonetheless, our team welcomed over 90 registered participants, representing fixed and rotor wing EMS operations from nearly every province and territory across Canada. The ACAT Safety Conference continues to contribute to the advancement of safety in the Aeromedical Sector of the Canadian Aviation industry.

2021 Operational Highlights —Operations Control Centre

Ornge’s Operations Control Centre (OCC) coordinates all logistics related to Ornge medical transports.

The OCC is staffed with Communication Officers who ensure that each medical transport request is assigned the proper medical personnel and equipment in order to provide patients with the best possible care in the most efficient way possible. It is the role of the OCC to ensure transport is coordinated in a safe and efficient manner.

**Key Achievements for the Operations Control Centre include:**

* **Emergency Operations Centre**
Ornge’s Emergency Operations Centre (EOC) was activated to coordinate efforts for Operation Remote Immunity. This is to prevent any impact the operation may have had on regular operations in the OCC. As well, the EOC played an essential role in coordinating patient movements stemming from IMS Command Directives for both Acute and ICU patients as part of Ontario’s third COVID-19 wave.
* **COVID-19 and Provincial Transfer Authorization Centre Screening**
The OCC operates the Provincial Transfer Authorization Centre (PTAC) on behalf of the Ministry of Health. This tool allows for the screening of patients for infectious diseases and helps track their inter-facility movements throughout the system. In 2020, additional COVID-19 screening questions were specifically added for patients being transferred to or from long-term care facilities/retirement homes.

Additionally, the OCC updated the web platform upon which the PTAC platform is built. This new platform improves user experience and allows the user to book their transfers more effectively.

* **Ongoing Business Continuity Plan**In response to COVID-19 and the Ontario Government, as well as, Public Health Ontario’s guidelines on maintain social distancing, the OCC activated its Business Continuity Plan (BCP) in March 2020 by physically separating the OCC between day shift and night shift. As part of the process, each OCC location is deep cleaned after every shift to ensure a safe and clean work environment for the oncoming shift. Furthermore, we made significant staff scheduling changes in order to minimize cross pollination and exposure between different teams.

Looking After Our People

**Equity, Diversity and Inclusion (EDI)**

World events over the past year have demonstrated why organizations need to prioritize equity, diversity and inclusion.

As an organization which cares deeply about health equity, Ornge is well positioned to make a difference. This begins with ensuring our workplace embraces these principles and applies them to everything we do on a daily basis.

Ornge is committed to ensure a diverse, inclusive and respectful culture, where all employees feel they can thrive and contribute to our collective mission of saving lives, restoring health, creating capacity and preserving dignity in Ontario. In 2020, Ornge launched its Equity, Diversity and Inclusion (EDI) Committee to develop shared practices that promote equity, diversity, and inclusion within work teams, across the organization and with patients and stakeholders. In doing, Ornge will ensure that it is a place where employees do their best work and contribute to making health care better for Ontario’s patients.

**2020/2021 highlights include:**

* **Equity Diversity and Inclusion Charter**
Equity, Diversity and Inclusion Charter was created to provide a consistent, explicit and transparent description of operational processes and procedures across all locations/sites.
* **Intranet Website**
Ornge’s EDI Committee launched an Intranet site devoted to EDI topics, events, resources and references. The webpage also includes a feedback form which offers the opportunity for anonymous feedback.
* **Competitive Procurement Process**
Ornge initiated a competitive procurement process to assist in developing a sustainable Equity, Diversity and Inclusion Program.
* **EDI Training**
Throughout the year, Ornge has offered a number of training opportunities for staff, in addition to a series of Lunch & Learn Workshops including ‘Why Equity Matters’ and ‘What Everyone Should Know About Gender Identity.’

**EDI Related Dates of Recognition:**

* International Women’s Day
* Pride Month
* Black History Month
* International Day of Pink
* World Autism Awareness Day
* Asian and South Asian Heritage Month
* Eid Mubarak
* International Day Against Homophobia, Transphobia and Biphobia
* National Indigenous People’s Day

Greater Toronto Area Top 100 Employer

Building employee engagement is a top priority at Ornge, and over the past number of years, considerable effort has gone into providing our staff with a workplace that brings out the best in them. As we have seen measurable improvements in employee engagement, we thought it was the right time to see how we compare to workplaces across the country.

**The Canada’s Top 100 Employers** program is a national competition that recognizes employers that lead their industries in offering exceptional workplaces. To be successful, organizations that apply have to meet or exceed stringent criteria that focuses on several areas, including the physical workplace, benefits, employee communications, community involvement and training. **Ornge was selected as one of the GTA’s Top 100 Employers for 2021 in their regional award category.**

We are honoured to have made the Top 100 for the GTA and are delighted to be in the company of many forward-thinking organizations. The reasons for selecting Ornge, along with an organizational profile and a feature article, have been published on their website. While Ornge is located with an address in the GTA and therefore has been recognized as a top GTA employer, this achievement is a reflection of what is happening each day at Ornge bases across the province. Our application included initiatives which involve Ornge staff in every department, employee group and base community.

Education and Training

The Department of Education and Training, a team within Ornge’s Base Hospital, covers three main areas:

* ***Initial Education: Advanced Care Paramedic*** *– Flight bridge program, and Critical Care Paramedic training -- preparing our paramedics to perform at high-levels of care during air transport;*
* ***Continuing Medical Education****: Annual training and re-certification of our paramedics so as to maintain that high level of care;*
* ***Operational Training****: Maintenance of logistical skills such as CPR, Underwater Escape Training, Lift Testing and upgrading knowledge on new equipment; and the Aeromedical Theory Course that covers all aspects of medical air transport.*

Ornge has a team of highly skilled and qualified educators to deliver and/or coordinate Ornge’s training utilizing a combination of self-lead learning and instruction from experienced and trained professionals. Ornge’s educators operate a medium and high-fidelity Patient Simulation Centre which provides Paramedics with an opportunity to perform and practice high risk/low frequency skills. Patient Simulation is utilized in all aspects of training, except the Aeromedical Theory course.

COVID-19 restrictions have had a significant impact on the delivery of face-to-face Continuing Medical Education and Initial Education during 2020 and 2021. However, the Education and Training team continues to look for innovative and effective methods for training.

**Key Achievements for the Education and Training Department include:**

* **Initial Education:**
The Base Hospital had one initial certification day and nine Oral Boards; certifying a total of 12 paramedics, nine Primary Care Flight Paramedics Provisional (PCPf), two Advanced Care Flight Paramedics (ACPf)and one Critical Care Paramedic (CCP). Eleven Advanced Care Land Paramedics (ACP) were cross certified while 10 Primary Care Paramedics were cross certified to the PCP(f) designation.
* **Continuing Medical Education (CME):**
The Base Hospital delivered 42 ACPf/CCP days of face-to-face CME at eight base locations across the province. Twelve PCPf sessions of face-to-face CME were provided at five base locations across the province, for a total of 54 CME sessions in 2020/2021 CME year. In total:
	+ 20 paramedics were reintegrated back to Advanced Care Flight or Critical Care Paramedic status as a result of absence from clinical practice.
	+ 21 paramedics are progressing through the Critical Care Paramedic initial education program despite COVID-19 related challenges.

Corporate Services

Corporate services staff provide an essential function within Ornge by ensuring the administrative and financial aspects of the organization support the front-line mission. Based out of Ornge’s head office in Mississauga, this group includes Human Resources and Labour Relations, Finance, Information Technology and Project Management, Decision Support, Procurement, Legal Services, and Corporate Communications and Public Affairs.

**Key Achievements for the Corporate Services Department include:**

* **Operation Remote Immunity**
Securing the necessary IT equipment, vaccine storage and other medical consumables for the success of the operation.
* **Surge Operations**
Establishing the necessary facility space such as a stock room, staff lounges, showers and other essentials for a COVID-19 surge response base at Ornge’s headquarters.
* **Personal Protective Equipment**
Procuring the necessary personal protective equipment for Ornge staff to safely transport COVID-19 patients, reducing the risk of exposure.

**Staff Engagement Events**

Ornge is dedicated to engaging and empowering its 600+ employees across the province. Throughout the year our Corporate Services departments collect feedback from staff to offer a number of initiatives that help contribute to a healthy work/life balance. During COVID-19, staff had the opportunity to participate in a number of virtual or social media-based activities geared toward staff appreciation and engagement, including:

* Movember fundraising
* National Public Safety Telecommunications Week
* Paramedic Services Week
* Air Ambulance Week
* Aircraft Maintenance Technician Day
* World Pilot Day

Awards and Recognition

**Governor General Exemplary Service Medal**

The Emergency Medical Services Exemplary Service Medal recognizes professionals in the pre-hospital emergency medical services industry who have performed their duties in an exemplary manner, characterized by good conduct, industry and efficiency.

All recipients must have been employed with an emergency medical service on or after October 31, 1991 and have completed 20 years of exemplary service.

This year, 18 Ornge employees were honoured:

* Marcy Addley, Education
* Geoffrey Brown, Paramedic
* Michelle Collin-Thistle, Paramedic
* Peter Cunnington, Chief Operating Officer - Aviation
* David Dasti, Education
* Mark Etherington, Paramedic
* Gregory Harper, Pilot
* Jeffrey Hynes, Paramedic
* Natalie Lavergne, Paramedic
* Shawn McLeish, Paramedic
* Trevor Milne, Pilot
* Arden Penner, Paramedic
* Christopher Power, Pilot
* Justin Pyke, Director of Paramedic Operations
* Cliff Rundle, Pilot
* Matthew Tremble, Paramedic
* Rob van Houwelingen, Paramedic
* Tara Williams, Paramedic
* The following Ornge staff received their 30-year bar:
* Mark Etherington, Paramedic
* Daniel McGuire, Manager of Education
* Christopher Power, Pilot

**Years of Service Award**

Ornge announced the Years of Service Award for the second time. The recipients of the Award were announced at an Ornge town hall. The Award, in the form of a pin or pins, will be presented to employees who had five, 10, 20, 25, 30 and 35 years of service to the Ontario Air Ambulance Program.

Community, Public and Media Engagement

Ornge believes engaging with communities across Ontario is essential to creating positive interactions with the people we serve. Through events, social and traditional media, we seek to provide educational opportunities about our services for stakeholders, community leaders, potential future employees and members of the general public.

Ornge maintains a visible digital presence on digital and social media where information about our service is accessible to all Ontarians. Whether we are promoting safety on Ontario’s roads, waterways or trails, or keeping communities up to date with unfolding operational responses, Ornge strives to provide information for public benefit on a regular basis.

**Key Achievements:**

* *Operation Remote Immunity:* Leveraging the power of social media and the community, Ornge used social media platforms to promote and encourage vaccinations in 31 remote, Indigenous communities, plus Moosonee. This included sharing photos and videos of community members being vaccinated and videos from Elders and Knowledge Keepers on the importance of being vaccinated.
* *COVID-19 Surge:* Ornge’s social media channels also highlighted the severity of the third COVID-19 wave in Ontario and provide the public with an inside look at COVID-19 transfers. This includes video inside one of our Critical Care Land Ambulances as well as the interior of a Multi-Patient Transport Unit, borrowed from York Paramedic Service.

**Notable Media Stories:**

* [‘It’s non-stop’” Ornge takes lead on moving COVID-19 patients as Ontario ICUs fill up](https://toronto.ctvnews.ca/it-s-non-stop-ornge-takes-lead-on-moving-covid-19-patients-as-ontario-icus-fill-up-1.5285703)
Ornge shared with CTV its approach to ICU surge, including dispatching, coordinating and transporting COVID-19 patients across Ontario to create ICU capacity in the Greater Toronto Area.
* [Ornge mitigates risk during uncertain times](https://skiesmag.com/news/ornge-mitigates-risk-uncertain-times/)
Air Ambulance operations can have risk. Add a global Pandemic to the mix and the need for crew safety becomes even more essential. Dr. Homer Tien speaks with Skies Magazine abouts how Ornge mitigates risk during these uncertain times.
* [‘Operation Remote Immunity’ ramps up as Ornge prepares to vaccinate 31 fly-in First Nations](https://www.cbc.ca/news/canada/thunder-bay/operation-remote-immunity-1.5878114)
CBC News reports on how Operation Remote Immunity helps ensure Indigenous communities are safe and protected from COVID-19.

**Community Engagement**

Throughout the year, Ornge receives many requests to attend events in communities across the province. In the past year, with pandemic restrictions in place, we’ve participated in and hosted a number of virtual events and taken part in campaigns including:

* All Canada Aeromedical Transport (ACAT) Safety Conference
* Bell Let’s Talk Campaign
* CP24 Chum Christmas Wish campaign
* International Air Ambulance Week
* International Nursing Week
* Paramedic Services Week
* The Canadian Paramedic Memorial Bell Tour
* Movember fundraising
* Pride Celebrations

Financial Stewardship

Total funding received by Ornge in fiscal 2020/21 included $233.6 million from the Ministry of Health (inclusive of annual funding and one-time funding) for air and Critical Care Land Ambulance services, as well as $2.3 million from Ontario Health for transporting organs and transplant surgical teams.

We continue our mission of providing patients with the safe and ready access to healthcare by the most efficient means.Maintaining our operation with fiscal discipline to ensure public funds entrusted to us are utilized effectively remains a cornerstone of Ornge’s strategic plan. Rising operating cost of our fleet, fluctuating fuel prices, changing labour markets and service cost of our legacy debt obligations are some of the challenges we had to address and will continue to manage in the coming year.

Operating Expense by Area

**Labour:** This is the cost associated with salary, employee benefits and other labour related expenditures.

**COVID-19 Response:** This is the cost incurred to respond to the COVID-19 pandemic. Includes: labour, aviation, and other operations expenditures.

**Aviation:** This is the cost associated with fleet operation including aircraft maintenance, fuel, and Standing Agreement carriers.

**Critical Care Land Ambulance Program:** Ornge’s Critical Care Land Program provides care throughout the Greater Toronto area, Ottawa and Peterborough regions.

**Other Operations:** This includes: medical supplies, facilities, and administrative support expenses.

**Note:** The charts illustrate the components of Ornge’s operating expense and the percentage of each component to total annual operating expenses for the current and prior fiscal year.

**DEFINITIONS:**

Consolidated Statement - Operations

|  |  |  |  |
| --- | --- | --- | --- |
| (in thousands of Canadian dollars) | **2021** |  | **2020** |
| **REVENUE** |   |   |
| Ontario Ministry of Health Transport Medicine Program | **$200,353** |  | $190,633 |
| Critical Care Land Ambulance program | **13,801** |  | 13,801 |
| COVID-19 response funding | **19,430** |  |  -  |
| Other income | **3,123** |  | 6,634 |
|   |   |   | **236,707** |  | 211,068 |
| **EXPENSES** |  |   |   |
| Salaries, employee benefits and other labour-related | **77,784** |  | 79,562 |
| Carrier and fleet-related | **67,251** |  | 74,760 |
| Supplies, facilities and other | **12,482** |  | 16,509 |
| Critical Care Land Ambulance program | **13,801** |  | 13,801 |
| COVID-19 response expenditures | **18,806** |  | 624 |
| Interest | **13,719** |  | 14,581 |
| Amortization of capital assets | **11,579** |  | 11,265 |
|   |   |   | **215,422** |  | 211,102 |
| Excess/(deficiency) of revenue over expenses before other income | **21,285** |   | (34) |
|   |   |   |  |  |   |
| **OTHER INCOME** |  |  |   |
| Gain on capital asset disposal - net | **40** |  | 55 |
| Excess of revenue over expenses | **21,325** |  | 21 |
| Net deficiency, beginning of the year |  |  | **-59,304** |   | -59,325 |
| **NET DEFICIENCY, END OF THE YEAR** | **($37,979)** |  | ($59,304) |

Consolidated Statement – Financial Position

|  |  |  |  |
| --- | --- | --- | --- |
| (in thousands of Canadian dollars) | **March 31, 2021** |  | **March 31, 2020** |
| **ASSETS** |   |   |
| Cash | **$5,234** |  | $1,529 |
| Other current assets | **25,990** |  | 19,950 |
| **Current assets** | **31,224** |  | 21,479 |
|  |  |   |   |
| Restricted cash | **400** |  | 400 |
| Maintenance contract | **14,358** |  | 17,889 |
| Capital assets | **172,296** |  | 176,540 |
| **TOTAL ASSETS** | **$218,278** |  | $216,308 |
| **LIABILITIES** |  |   |   |
| Short-term loan | **$-** |  | $8,000 |
| Accounts payable and other short-term liabilities | **29,668** |  | 27,077 |
| Current portion of long-term debt | **11,202** |  | 10,360 |
| **Current liabilities** | **40,870** |  | 45,437 |
|  |  |   |   |
| Long-term debt | **215,030** |  | 226,073 |
| Long-term maintenance contract |  **-**  |  | 4,725 |
| **Total liabilities** | **255,900** |  | 276,235 |
| Net deficiency |  |  | **-37,979** |   | -59,304 |
| Unrealized remeasurement gains (losses) |  |  | **357** |   | -623 |
| **TOTAL LIABILITIES AND NET DEFICIENCY** | **$218,278** |  | $216,308 |

The Last Word — Grand Chief Alvin Fiddler, Nishnawbe Aski Nation (2015 - 2021)

When COVID-19 vaccines were approved for use in Canada, we knew that administering them in our remote First Nations would be a major undertaking. It would require considerable skill and expertise to navigate the many logistical challenges, and it was clear to us from the outset that we needed a trusted partner to lead the distribution.

The Ontario government and Nishnawbe Aski Nation (NAN) knew that Ornge was uniquely positioned to accomplish this with us in a good way, and we were right.

Operation Remote Immunity (ORI) was an unprecedented response to an unprecedented challenge, requiring 31 custom plans tailored to the unique needs and context of each First Nation. After co-developing a list of guiding principles for the operation, Ornge’s vaccination teams participated in cultural training before visiting our communities, which helped create a positive experience for our citizens. The Ornge teams engaged with our members to provide them assurance and care, and even a few laughs along the way. They went to great lengths to provide information about the vaccines and demonstrated patience and grace in their interactions.

ORI was a tremendous task. It required collaboration between Ornge, the provincial government, area health authorities, and the Canadian Rangers working hand-in-hand with our community leadership and local pandemic teams. And it happened very fast – many people worked many hours to get this right. ORI might be one of the biggest things we have accomplished together, and the positivity and dedication of all partners was incredible.

I still feel a sense of awe at the success of the rollout across NAN territory, and I am grateful for Ornge’s invaluable contributions and dedication to the success of this mission. We are pleased that Ornge was tasked with leading the vaccination of our young people through Operation Remote Immunity 2.0, and I am confident that we will see similar success.

Earlier this year we signed a series of Relationship Accords with Ornge and other partners to improve health outcomes for communities across NAN territory, and we look forward to continued collaboration on other innovative projects that aim to improve the health and wellbeing of our Nations.

Collaboration, coordination, and communication has been key to our success with Ornge to develop creative solutions to the unique challenges faced by NAN First Nations. I know that this willingness to work together as true partners will continue long after this pandemic.

*Miigwetch* to everyone at Ornge for your outstanding work and dedication to protecting the health of NAN citizens.