

ANNUAL REPORT — 2016



ornge

care in motion

www.ornge.ca

Safety, **Excellence**, Integrity,
Preparedness, **Compassion**.

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Message from the CEO



DR. ANDREW MCCALLUM

We are now mid-way through our three-year strategic plan and we continue in our focus on its four pillars of patient outcomes, service and system integration, fiscal responsibility and becoming a learning organization. The foundation of these pillars is our ongoing commitment to provide the best possible care to the patients of Ontario, and to keep the safety of those patients and our crews at the forefront of everything we do.

The entire organization has worked hard to deliver on our goals and objectives and this annual report

provides us with an opportunity to highlight some of the projects and initiatives we have underway.

Over the past year, the organization undertook a careful, thorough review of our helicopter fleet. Many staff were involved in the process of developing and issuing a Request for Information. This process confirmed the AW139 as the model that will continue to serve as Ontario's air ambulance fleet. Along with this, we examined how best to continue to provide service to the communities of Moosonee and the James Bay coast. In our strategic plan, we signaled

our intent to retire the legacy S-76A fleet (the remaining two stationed in Moosonee) and transition to a new aircraft for the base. This transition is now underway, and we look forward to the deployment of an AW139 helicopter to the James Bay community in fall 2016.

We have a number of flight safety enhancements completed or in progress, including the introduction of Night Vision Goggles, which will assist in making our night operations safer.

In addition, we have developed company-defined helicopter approach procedures for select high-frequency use remote helipads as part of our efforts to improve design and inspection criteria for helipads. These procedures provide a higher level of safety by identifying an assessed arrival and departure route and establishing minimum safe altitudes.

From a communications perspective, we set out to totally revamp our intranet site and create something truly user-friendly, interactive and supportive of the needs of our employees. To that end, we began the process of procuring a vendor in January of 2015 and our new site, Compass, was launched in March of 2016. In addition, we have been profiled in a number of industry publications, have increased our social media presence with campaigns on Twitter and Facebook, and have had the pleasure of participating in a number of community events across the province.

Our focus on training our paramedics to the highest certification continues. Once again, our education team has worked diligently to increase the skill levels of our paramedics in our drive to achieve our goal of staffing a single level of care at the critical care level. As was outlined in our previous annual report, our partnership with Cambrian College is proving to be

very successful in supporting the demand for flight paramedics within the province.

In addition, we were privileged to have Dr. Homer Tien join us as our new Chief Medical Officer in June of 2015. Homer comes to us from Sunnybrook Health Sciences Centre, and is also a Colonel in the Canadian Forces. We are excited to have him with us, as he brings with him a wealth of experience and a renewed interest in evidence based reviews of our activities along with novel approaches to health care both locally and in our northern communities.

We know that our work is never finished. We are constantly seeking improvement in all areas of our operation. I continue to focus on providing patient-centred care, enhancing the safety of our crews and patients, improving the quality of our service and being good financial stewards. None of our goals can be accomplished without the contributions of the entire Ornge organization. I want to thank our frontline staff, our team at the corporate office, and our Board of Directors for their continued support, their hard work and their dedication to our service and to the patients of Ontario.

Our Team

EXECUTIVE MANAGEMENT



Dr Andrew McCallum
President and CEO



Rob Giguere
Chief Operating Officer



Dr Homer Tien
Chief Medical Officer



Dan Wright
**Chief Financial and
Corporate Services Officer**



Susan Kennedy
**General Counsel and
Corporate Secretary**

BOARD OF DIRECTORS



Ian W. Delaney
Board Chair



Dr Barry A. McLellan
MD, FRCPC
Board Member



Maneesh Mehta
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Dr Annelind Wakegijig
M.D., C.C.F.P.
Board Member



Charles A. Harnick
Q.C., B.A., LL.B., LSM.
Board Member



Patricia (Trish) Volker
BSc., CPA, CA, CMA
Board Member

BOARD COMMITTEES

Corporate Governance; Human Resources and Compensation;
Finance and Audit; Quality of Care; Operations.

About Ornge

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Ornge provides air ambulance and related services for the province of Ontario.

A not-for-profit charitable organization, Ornge has more than 600 employees, including paramedics, pilots, communication officers, physicians, and aircraft maintenance engineers, along with a team of educators, researchers and support staff.

The organization owns and operates a fleet of fixed and rotor wing aircraft, including AgustaWestland AW139 helicopters, Pilatus Next Generation PC-12 airplanes, as well as new Crestline land ambulances. Ornge also operates a dedicated paediatric transport program out of the GTA.

The Operations Control Centre (OCC) is responsible for the coordination of Ornge's services and works with Central Ambulance Communication Centres (CACCs) and well as sending and receiving hospitals, to facilitate the transport of patients, plan flights, and authorize patient transports through the Provincial Transfer Authorization Centre (PTAC).

Through the OCC, Transport Medicine Physicians are available 24/7 to provide medical guidance to paramedics in the field and to make triage decisions when there are multiple requests for resources.

OUR BUSINESS



OUR CORE BUSINESS

Ornge provides timely patient transportation involving high quality paramedic services, including:

- Emergent and urgent interfacility transfers;
- Scene calls
- Non-urgent transfers based on geographic and population needs
- Provincial Transfer Authorization Centre: managed by Ornge, PTAC maintains a database of patient transfers into/out of and within the province of Ontario by screening for infectious respiratory diseases prior to every interfacility patient transfer in Ontario
- Transportation related to organ transplant.

OUR VISION

A trusted and responsive partner in extending the reach of healthcare in Ontario.

OUR VALUES

Safety, Excellence, Integrity, Preparedness, Compassion

OUR MISSION

Providing high quality and timely care for our patients while transporting them safely to the healthcare they need.



BASE LOCATIONS



Patient Story

AUGUSTA'S STORY

In June 2014, seven year old Augusta Toews was vacationing with her family at Lake Rosseau in Muskoka. One morning, they set out for a day of waterskiing. Augusta was riding in the front of their open-ended ski boat with her mother at the controls. Her dad was the first to ski and, while being towed by the boat, quickly lost his balance. As he fell, Augusta's mother abruptly stopped the boat; due to the waves and momentum of the watercraft, Augusta was ejected. When the boat drove over top of her, the fins nearly amputated Augusta's leg. En route to Sick Kids Hospital in Toronto, Augusta was losing a significant

amount of blood; three and a half times her blood volume. The Ornge team made an unscheduled stop at Royal Victoria Regional Health Centre in Barrie for additional blood products. Finally, she landed at Sick Kids hospital and after 10 hours of surgery, her leg was reattached.

About a year after her incident, Augusta reconnected with Ornge and was able to share her experience with our staff. It was a priceless reminder that the work we do dramatically changes the lives of patients across Ontario.





Patient Safety and Satisfaction

Since 2010, Ornge has surveyed patients on their perceptions of the organization of their transport. They provided valuable feedback and have highlighted what is important to them in order of priority:



I am updated when there is a change in plans



I know the plan for my care during the transport



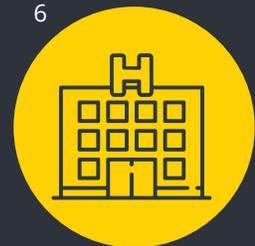
I understand the steps in my transport



I know what to expect during different stages of my transport



I know approximately how long my transport will take



I know when to expect Ornge's arrival at the hospital



I am aware of communication with other agencies



I know what type of vehicle will be used



I receive written information about what to expect

In 2015/16, patients were 99.2% positive when asked "Overall how would you rate the quality of care received from Ornge?"

Information collected through these surveys is used by our Patient Advocate and staff in an effort to continuously improve to meet patient needs.

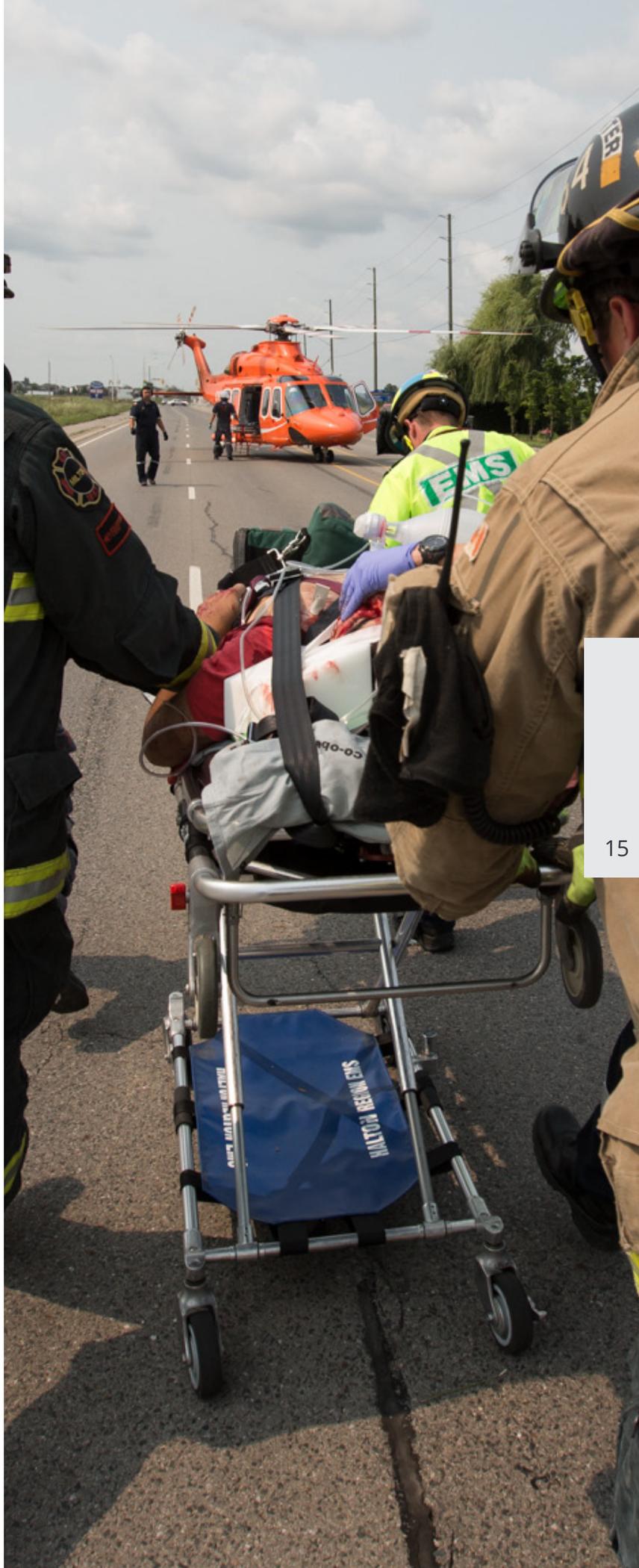


99.2%

Patients were positive when asked "Overall how would you rate the quality of care received from Ornge?"

PATIENT SAFETY PLAN

This was the second year of our Patient Safety Plan implementation. A new Patient Safety Policy was developed this year which provides overall direction and understanding of roles and responsibilities. Paramedic education and improvement initiatives continue to include curriculum to enhance patient safety. This year, these initiatives focused on transitions in care and communications, as well as medication controls and safety. A new Adverse Event Report framework was implemented which will provide trending and identify key areas for improvement. The Medical Advisory Committee continues to provide oversight related to patient safety and clinical quality.



Making Safe Safer

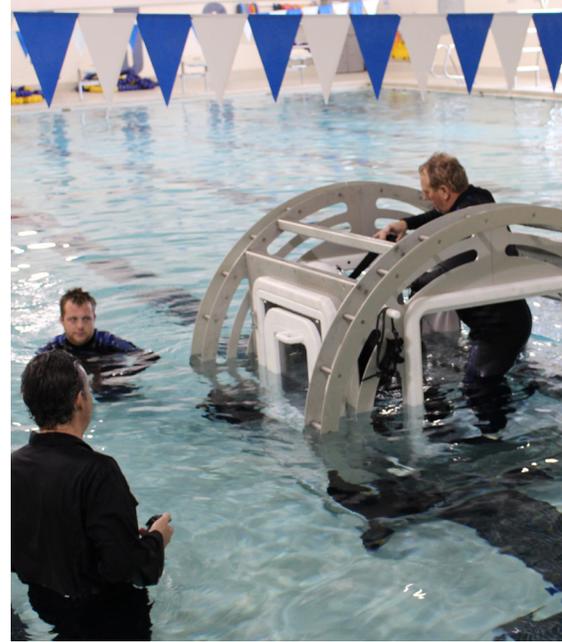
UNDERWATER ESCAPE TRAINING

Safety is a key priority at Ornge, and we have a dedicated and experienced aviation team working to ensure patients and crews are safe when they fly with us.

Our Aircraft Maintenance Engineers maintain our fleet of aircraft to the highest standards and our robust Safety Management System addresses safety concerns.

The nature of aviation means that our staff must be prepared for every type of emergency, including the ability to exit a helicopter under water. Underwater Escape Training (UET) equips our staff with the necessary skills and knowledge so that in the event of an emergency, they can evacuate and escape from a ditched/capsized aircraft. Ornge paramedics and pilots spend one day at a UET and Sea Survival course provided by Survival Systems Training that consists of both theoretical and practical components.

The morning session allows crews to participate in a classroom environment where they learn about hazards, equipment, aircraft procedures, preflight emergency evacuation, aircraft upright evacuation, and survival theory and signals. In the afternoon, they move to a pool in order to complete their practical training, using emergency evacuation rafts and an Aircraft Ditching Egress Practical Trainer (ADEPT). ADEPT is an aircraft simulator configured to match our cockpit layout; it trains staff to exit an aircraft through the emergency window while upside down and underwater.





UET FACTS

13
SESSIONS Ornge offers 13 UET sessions each year.

01
YEAR New employees participate in UET within their first year at Ornge.

03
YEARS Full recertification, including a practical session, is required for all pilots and paramedics every three years.

01
YEAR In addition to the practical component, pilots and paramedics must annually complete an on-line review and test/ assessment for UET/ Sea Survival Training.

Aeromedical Resource Management Training (AMRM)



AMRM is a multi-disciplinary training course derived from Cockpit Resource Management and Crew Resource Management designed to teach and review principles regarding:

- Threat and Error Management
- Crew Communication
- Just Culture
- Human Factors in Aviation
- Proper Briefing/Debriefing/Feedback Loops

AMRM 2016

Geared to paramedics, pilots, Aircraft Maintenance Engineers, medical physicians, members of the Operations Control Centre (OCC), managers and directors, AMRM training offers an excellent opportunity to enhance and encourage communication regarding operational matters. It provides a focus on human factors in an aeromedical environment as well as discussion on briefing, debriefing and feedback loops designed to improve the effectiveness of our operation, largely through effective communication at all levels.

AMRM training began in early 2015, and we've made excellent progress since then. 26 AMRM sessions have been conducted for frontline staff, 121 staff from the corporate office participated in six condensed sessions, and in partnership with Altitude Training Solutions, we've developed, filmed and edited course content. This training has resulted in a standardized approach to shift briefings (- beginning-of-shift meetings involving all base personnel -) which has been implemented in London, Thunder Bay and Toronto.

AMRM training is helping to cultivate an organizational culture where staff share information, identify, report and resolve issues and build a stronger and more effective team. We believe that the successful implementation of this program will improve teamwork and cross-functional understanding of roles across the organization. In addition, the ongoing use of AMRM processes has the potential to positively impact Flight Safety Operations at Ornge for years to come.



AMRM STATISTICS

COURSE COMPLETION



176

PILOTS (RW/FW)



121

CORPORATE STAFF



156

PARAMEDICS



18

OCC STAFF



26

SESSIONS



36

AMEs

Technological Innovations



NIGHT VISION GOGGLES

At Ornge, our main goal is to always maintain a safe environment for our crews and our patients. As was shared in last year's annual report, we began the process of procuring night vision goggles (NVGs) for a trial of the technology in our rotor operations. NVGs are light intensifiers, where ambient and cultural light is gathered and amplified to provide enhanced vision for the pilots, allowing them to "see" their surroundings clearly, even in almost total darkness.

A 90-day trial period commenced at our Sudbury base in December, 2015 and proved to be very successful. Following a careful review of the trial data, it was decided to proceed with the roll out of this technology across the AW139 fleet. The next steps in the process will be the procurement of the devices, modification of the aircraft and training. NVGs will be introduced base by base with an initial focus on the north and we anticipate that it will take up to a year to fully implement the program.

ELECTRONIC FLIGHT BAGS

In an effort to enhance and standardize functions pertaining to document access, flight planning and weather briefing and to make them available to all flight crew members, Ornge investigated the use of Electronic Flight Bags, or EFBs. In essence, an EFB allows the flight crew to go "paperless" by using an iPad Air or iPad mini to access the materials and information they need to plan and conduct their flights. An EFB will also allow for a reduction in aircraft weights and flight deck clutter, while putting operationally relevant information at the pilot's fingertips. An EFB platform has the potential to enhance many of our current processes.

In January 2015, we undertook a trial involving our rotor wing operation in Toronto, and our fixed wing operation in Thunder Bay, to determine the best possible tablet model for our fleet. Following an evaluation of the trial process, we decided the iPad mini 3 was best suited for our purposes. To that end,



ZOLL MONITORS

In 2015, Ornge Operations made one of the largest clinical equipment improvements in our ten year history by providing our paramedics with Zoll X Series critical care monitor defibrillators. This particular cardiac monitor was selected through an RFP process using a committee which included several front line Critical Care Paramedics, as well as representatives from Base Hospital, IT, management, and Paramedic Education.

The X Series is significantly smaller and lighter than our previous monitor, which is an ergonomic improvement that also helps to address weight restrictions in aviation. It's a fully featured monitor designed for use on all patients, ranging from neonates through to adults. In addition, it features state-of-the-art technology

that will provide our front line staff with more options and is scalable for future monitoring parameters. Rugged and durable to meet the needs of our operating environment, the X Series was designed and built to meet air transport and military needs, and with its lithium-ion battery, it delivers six hours of continuous run time with built in AC power as a backup. With advanced communication capabilities, the X Series has built in WiFi and Bluetooth for quick data communication and transmission, making it easier for Ornge paramedics to perform post-call documentation.

Feedback on the new cardiac monitor from our frontline staff has been very positive, and in 2016, Operations will continue to roll out the device to five Standing Agreement carriers operating on behalf of Ornge, with full implementation planned for the early summer.

we acquired 66 additional tablets for the project and in May/June 2015, installed the appropriate software and enterprise settings for use as EFBs in the flightdeck of the AW139 aircraft.

The feedback we've collected from our frontline staff demonstrated strong support for full implementation of the program. In July of 2015, all the EFBs were fully configured for: Mobile Device Management; electronic documents; weather and flight planning tools; as well as Instrument Flight Rules/Visual Flight Rules (IFR/VFR) maps and charts, and distributed to the bases where the rotor wing pilot group was provided with training.

The fixed wing pilots began using the EFBs in the third week of August 2015 and are actively working towards completing the training program.

LEARNING MANAGEMENT SYSTEM

This year marked the launch of a new Ornge Learning Centre that will facilitate an on-line and/or blended learning approach for everyone at Ornge. The system has a user-friendly interface, which makes it easy to access the electronic platform. Well refined social learning tools, quiz design tools with the ability to score assignments using weighted rubrics, ePortfolios for learners and the ability to create learning paths, all contribute to further developing a culture of learning at Ornge.

Other LMS Features:

- Web access
- Central repository of learning resources
- Announcements and news related to educational opportunities
- Assist in driving best practices

Research

APRIL 2015 / MARCH 2016

The Ornge Quality and Research Group is actively involved in a number of projects to enhance patient safety, improve operational efficiencies, and ensure optimal resource allocation in the transport medicine setting. To carry out these projects, our group has collaborated with many external agencies, including the University of Toronto (both Faculty of Medicine and Faculty of Engineering), Western University, Cornell University, Sunnybrook Health Sciences Centre, St. Michael's Hospital, and the University Health Network.

While small in number, the overall impact of the group's work is significant. There are currently 20 major projects underway that directly or indirectly impact our Operations Control Centre (OCC), aviation, operations and the Base Hospital. Of particular interest and impact on service delivery are the evidence-based applications and decision-support tools that assist OCC staff in making sound dispatch decisions for emergent and scheduled patient transfers. The first of these tools will be incorporated into the Flight Vector computer aided dispatch software in the fall of 2016, helping OCC staff with time-critical decision-making. Ornge is also a key participant in a clinical trial assessing the impact of a drug to minimize bleeding in patients with severe traumatic brain injury. This study is planned to end in mid-late 2017, with results potentially setting a new standard in treatment for this patient population. Finally, the group's industry-leading work in the domain of in-transit critical events has shifted to our pediatric population. Several studies underway hope to shed light on the incidence and predictors of risk in transport





for this population, with publication of results planned for late 2016.

In the past 12 months, the group has authored and published eight papers in peer reviewed journals and nine textbook chapters, and presented 20 lectures and abstracts at 12 conferences or symposia. Members also represented Ornge on the Boards of Directors of three industry-related organizations, steering committees or scientific advisory panels of two major conferences, and served as chair of committees in three industry-related organizations.

The group was actively involved in refining the medical metrics that compare the care delivered to our patients with an evidence-based standard of care. This process of benchmarking against best practice helps improve our quality of care, and can ultimately improve patient outcomes. Ornge is making plans to partner and share this process with other air and land critical care transport agencies, both in Canada and internationally, to allow multi-agency comparisons of performance and sharing of best practice.

Finally, the group is reorganizing to allow expanded opportunities for staff, trainees, and others to participate in research that takes place at Ornge. This is being done to engage others who are not traditionally involved in research. By providing an opportunity to participate and the mentorship to succeed, it is hoped they will bring new and innovative ideas and ultimately improve the care we deliver to our patients.

OCC 2.0



The Operations Control Centre (OCC) is the hub of the organization. Staffed by a team of Communications Officers who plan and direct air transport, critical care land ambulance and organ retrieval trips, the centre runs 24 hours a day, seven days a week. Employees work 12 hour shifts, the bulk of which are spent at their respective work stations. These stations were comprised of typical office furniture which was not designed specifically for the ergonomics of a 24/7 work environment.

To investigate this issue, we consulted with other 24/7 operations, including Central Ambulance Communications Centres, Fire and EMS services in order to learn from their experiences. Through this process, we gained valuable insight into the importance of ergonomic emergency consoles and realized the positive impact they can have on employee health and wellbeing.

A REDESIGNED WORKSPACE

In October of 2015, Ornge began work on renovations to our OCC that would provide a number of enhancements to the work place, including:

- ➔ New and enhanced layout
- ➔ New ergonomic sit-and-stand emergency dispatch workstations
- ➔ Efficient and task-oriented lighting
- ➔ Improved situational awareness displays and
- ➔ Devices and technological enhancements that will allow for future growth and expansion

In December of 2015, Ornge completed renovations to our OCC and the new environment has proven to be a great success.

Flight Vector

On June 1, 2015, Ornge successfully completed the first phase of a changeover to Flight Vector, the new computer-aided dispatch (CAD) system, from the legacy Optimas system. This project was two years in the making, involving a number of departments with Ornge collaborating with the vendor, Softech Inc. Flight Vector provides Ornge with a robust and effective dispatch tool which offers significant improvements in terms of situational awareness, system integration, and efficiency of asset use. The first phase involved integrating Flight Vector with

Ornge's financial system, the Provincial Transfer Authorization Centre (PTAC) and the Ministry of Health and Long-Term Care's OHIP validation system.

With the implementation now complete, attention now turns to the second phase, which involves enhancing Flight Vector's reporting capabilities, continued automation and adding functionality. Future considerations will also be given to an interface for hospitals to arrange next day non-urgent transports and for Trillium Gift of Life Network to arrange organ transports.



Mission Profile

As we stated in our 2014 Annual Report, one of the strategies we employed to improve patient outcomes was the concept of a mission profile. At the heart of this project was how to make better transport decisions for patients; this initiative aims to optimize aircraft and ambulance usage in relation to the patient's condition.

Throughout 2014 and 2015, Ornge undertook a significant stakeholder consultation process to raise awareness about air ambulance practicalities. In the course of these consultations, Ornge invited specific Paramedic Services to enter a partnership aimed at making a meaningful difference to trauma patients in particular.

GEOFENCE

Throughout the course of this project, we partnered with 12 EMS services near our helicopter bases to map a 30 minute drive around each Lead Trauma Hospital (Ottawa, Sudbury, Thunder Bay, London, Hamilton and Toronto) based on normal driving conditions. This “geo-fence” is a tool that provides a common geographic reference to land paramedics and local Ambulance Communications Officers (ACOs) in requesting on-scene air response.

It is by no means restrictive, as air response is available as necessary whether the call is located inside or outside of the geo-fence; it remains our practice to launch upon request when the provincial Air Ambulance Utilization Standard criteria are met. In addition, an Ornge Communications Officer will

continue to advise the ACO if they believe a patient can be transported to the receiving hospital more quickly using local EMS than an Ornge helicopter.

Our partner Paramedic Services have included this model in their own deployment plans and have provided the geographic coordinates to their affiliated Central Ambulance Communications Centre. To provide support at a local level, Ornge prepared a tailored training video for each area.

We are pleased to be partnering with these twelve Paramedic Services, and will continue to work with our service delivery partners to best serve patients and optimize the use of air ambulance assets.



Meet Our New CMO

INTRODUCING DR HOMER TIEN

Following an intense international competition, Dr. Homer Tien joined Ornge as our new Chief Medical officer in June of 2015. Coming to us from Sunnybrook Health Sciences Centre where he was the Medical Director for the Tory Regional Trauma Centre, Homer is also a Colonel in the Canadian Forces, having served as a Staff General Surgeon and Medical Officer in Afghanistan, Bosnia and Herzegovina, Croatia and Myanmar.

Chief Medical Officer is a relatively new position at Ornge; as such, Homer is responsible for providing strategic guidance and operational leadership to all clinical affairs of the organization including the base hospital, medical research, professional practice, corporate quality and patient safety.

What attracted him to Ornge was our mission focus, the people, the equipment, the need to go when and where necessary to provide service. Externally, he is very interested in how Ornge integrates into the healthcare system as a whole and has made it a personal priority to get out and speak to as many hospitals and care groups as possible. This includes groups like the Cardiac Care Network, the Ontario Trauma Advisory Committee and the Critical Care Secretariat to name just few.



He has identified a number of projects both internally and externally directed on which to focus and will be looking at how technology and telemedicine can help Ornge provide better service to our patients in remote northern communities. Ultimately, his goal is for Ornge to be a good system partner and to seek ways in which we can do things better.



We believe engaging with the communities we serve is an essential step to educating our partners and raising awareness about the services we provide as well as the career opportunities that exist at Ornge. Connecting with our communities is just as important as patient care.

We take pride in our staff and the work they do on a daily basis and we encourage and welcome opportunities where members of the public can meet with our teams. We hope these interactions provide insight into the broader healthcare system, and how Ornge is an essential partner in care.

Throughout the year, we make every effort to attend events and participate in awareness and safety campaigns. In the past year, we've participated in a number of events and campaigns including:

- The Arrive Alive Drive Sober Campaign;
- Canada Day celebrations at the Canada Aviation and Space Museum
- Base Open Houses
- Peterborough Farmer's Market
- Ottawa Capital Pride
- Kenora Emergency Services Safety Night
- Paramedic Services Week
- The Canadian Paramedic Memorial Ride
- CTV and the Salvation Army's Toy Mountain Christmas toy drive

For the year ahead, we look forward to working with and engaging more of our communities to attend their events. To collaborate with Ornge for a health or awareness campaign, or to invite us to an event, please contact us using info@ornge.ca.

In the Community

Financial Stewardship



FISCAL RESPONSIBILITY

In fiscal 2015-2016, Ornge received funding of \$172.4 million from the Ministry of Health and Long-Term Care to operate Ontario's air medical transportation system, a Critical Care Land Ambulance transportation program and the Patient Transfer Authorization Centre. A further \$2.8 million was reimbursed by the Trillium Gift of Life Network for organ and transplant surgical team transportation.

Fiscal responsibility is one of Ornge's four strategic goals and we are committed to achieving maximum value for the funding we receive. In addition to rising operation and labour cost, our legacy debt payment and the ongoing need for capital investment in our fleet of 19 aircraft present unique challenges. As such, prudent financial management remains a key focus. Over the past year we implemented a number of initiatives to enhance the effectiveness and efficiency of how we deliver patient care in conjunction with our healthcare partners.

2015-2016

- As part of the One Number to Call (ONTC) initiative, we implemented a communications and data interface with CritiCall as well as a provincial transportation decision algorithm.
- We reviewed our rotor wing fleet options through a Request For Information (RFI) process.
- We rationalized our aircraft fleet through the sale of three aircraft not required for patient care.
- Introduced a quality management information system (MIS) to measure progress on the strategic plan, operational plan, and quality improvement plan.
- We expanded our fleet of land ambulances, improving the availability of our paramedic teams for patient care. We also made changes to our land system, improving availability at a lower cost.
- We made important investments in aviation inventory to improve parts availability, in turn reducing aircraft down time.
- We continued to improve our dispatch efficiency to reduce, for example, empty flight legs.
- We negotiated reductions in insurance costs with no reduction in coverage.
- We improved our disaster recovery capabilities, at a lower overall cost.

We continue to partner with Ministry of Health and Long-Term Care to develop a sustainable funding model that will address long term patient needs while providing best value for money for Ontarians.

OPERATING EXPENSES

Labour: salary, employee benefit and other labor related expenditures.

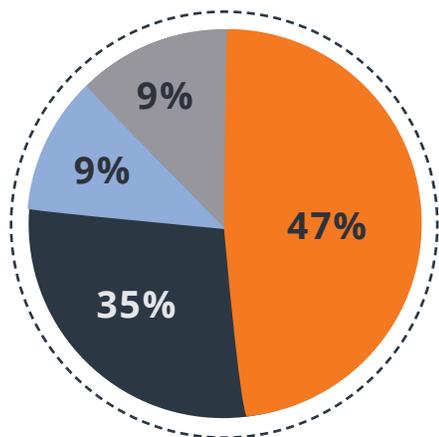
Aviation: cost for fleet operation including aircraft maintenance, fuel, and standing agreement carrier cost.

Other Ops: medical supplies, facilities, administrative support expenses.

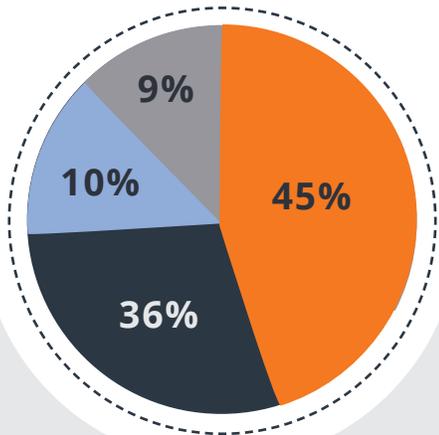
Specifically Funded Programs: Critical Care Land Ambulance Program



FINANCIAL YEAR 2016



FINANCIAL YEAR 2015



CONSOLIDATED FINANCIALS

Ornge Consolidated Statement of Operations (in thousands of Canadian Dollars)

	2016	2015
REVENUES	\$176,545	\$181,241
EXPENSES		
Labour Related Expenses	69,086	66,704
Aviation and other operating expenses	78,837	82,446
	147,923	149,150
EXCESS OF REVENUE OVER EXPENSES BEFORE	\$28,622	\$32,091
Amortization and other	10,282	14,425
Interest expense	16,087	16,510
Income tax recovery and others	(15)	15
SURPLUS OF REVENUE OVER EXPENSES	\$2,268	\$1,141
Unrestricted net deficiency, beginning of the year	(86,506)	(87,647)
UNRESTRICTED NET DEFICIENCY END OF YEAR	\$(84,238)	\$(86,506)

Certain comparative figures have been reclassified to conform with financial statement presentation for the current year. Please refer to Audited Consolidated Financial Statements.

Ornge Consolidated Statement of Financial Position (in thousands of Canadian Dollars)

	March 31, 2016	March 31, 2015
ASSETS		
Cash and cash equivalents	\$9,973	\$6,208
Other current assets	14,031	16,878
CURRENT ASSETS	24,404	23,086
Restricted cash and cash equivalents	280	226
Capital assets	183,376	187,878
TOTAL ASSETS	\$207,660	\$211,190
LIABILITIES		
Accounts payable and other short-term liabilities	\$20,206	\$19,534
Current portion of bonds payable	8,230	7,607
CURRENT LIABILITIES	28,436	27,141
Bonds payable, net of transaction costs	263,462	271,535
Capital lease and other long-term obligations	-	-
TOTAL LIABILITIES	291,898	298,676
Unrestricted net deficiency	(84,238)	(86,506)
Accumulated remeasurement gain	-	(980)
TOTAL LIABILITIES AND NET DEFICIENCY	\$207,660	\$211,190

Certain comparative figures have been reclassified to conform with financial statement presentation for the current year. Please refer to Audited Consolidated Financial Statements.



ornge

care in motion

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