

2024/2025



ANNUAL REPORT



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A red helicopter is shown in flight, its rotors blurred, against a backdrop of a dense green forest and a grey, rocky cliff face. The helicopter is positioned on the right side of the frame, flying towards the left. The text is overlaid on the lower left portion of the image.

Land Acknowledgement

We begin by acknowledging the Indigenous Peoples of all the lands that we are on today. We acknowledge the importance of the lands, which we each call home. We do this to reaffirm our commitment and responsibility to improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures. From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this land home. We take a moment of reflection to acknowledge the harms and mistakes of the past and present and to consider how we can each, in our own way, try to move forward in a spirit of reconciliation and collaboration.



Table of Contents

Message from the President and CEO	05
Board of Directors	06
Senior Leadership Team	06
Who We Are	07
We Respond: Ornge's New Strategic Plan 2024 – 2029	08
Mission, Vision, Values	09

2024/25 Highlights

Expanding and Modernizing Ornge's Air Ambulance Service – Update	10
Expanding Access to Critical Care in Northern Ontario	10
Expanding our Reach: Announcing the Special Mission Aircraft	11
CritiCall and Ornge – Partnership to Integration	11
Leading the Way in Aeromedical Safety: ACAT 2025 Conference	11

Ornge Performance

Patients Transported	13
Patient Transport Legs	15
Distance Travelled	18
Provincial Transfer Authorization Centre	18
Telemedicine	18
Ontario Health – Trillium Gift of Life Transports	19
Emergent Transport Performance	19
What We Are Doing to Improve	21

Our People

Governor General Emergency Medical Services Exemplary Service Medal	22
Paramedic Education at Ornge	22

In the Community	24
Financial Stewardship	26
The Last Word Goes to our Patients	28
Definitions	30



Message from the President and CEO

This past year at Ornge has been marked by momentum and meaningful progress, as we continued to evolve and deliver on our mission of overcoming time and distance when it matters most to Ontarians across the province.

A cornerstone of this momentum is the launch of our new **Strategic Plan 2024–2029: We Respond**. This plan sets a clear path forward, grounded in a deep understanding of how Ornge fits within the broader provincial healthcare system. Over the past several years, we've carefully examined our mission, fleet, staffing levels, and role in supporting health equity across the province. The result has been tangible investment and support from the Government of Ontario, enabling us to strengthen our operations and expand our reach. Now, with many foundational elements coming into place over the next two-to-three years, this strategic plan will guide us as we build on that work and continue to meet the evolving needs of the patients we serve.

2024-25 saw the first step in our expansion and the promise of more in the future. While we await the arrival of our first new Pilatus PC-12 aircraft in 2026, we launched our new Sudbury fixed wing operation early on a limited basis in our new facility in order to better serve the patients of Northeastern Ontario. Looking to the future, we began planning for a new base at the Lake Simcoe Regional Airport for our Special Mission Aircraft: a state-of-the-art Pilatus PC-24 jet aircraft. This will significantly enhance our capabilities of reaching special patient populations wherever they may reside in Ontario – particularly the far north – and will enable us to complete

long-distance inter-regional transports much more quickly.

One of the most transformational efforts currently underway is our integration with CitiCall Ontario. CitiCall Ontario and Ornge have a long history of working together to ensure that critically ill patients in our province get the care they need as quickly, safely, and smoothly as possible. We are now able to take this partnership further with the formal voluntary integration of Ornge and CitiCall – an initiative that will improve service to Ontario's hospitals, and ultimately, to the patients we serve. We have been making steady progress in aligning our systems, teams, and processes. At the same time, Ornge is in the process of taking on a new and meaningful responsibility: oversight of the Emergency First Responder Teams (EFRT) program which will help reduce barriers to care for First Nations communities in Northern Ontario.

Every initiative we take on ultimately supports our core purpose: being there for Ontarians when it matters most. Whether transporting a critically ill patient or planning for the system of tomorrow, our team remains united in delivering care with compassion, skill, and reliability. I invite you to learn more about our organization's performance and successes in this year's Annual Report.

Dr. Homer Tien
President and CEO
Ornge



Board of Directors



Ian W. Delaney

Chair



Charles A. Harnick

Director



Patricia Lang

Director



Maneesh Mehta

Director



David Murray

Director



Dr. Andrew Smith

Director



Patricia (Trish) Volker

Director



Dr. Annelind Wakegijig

Director

Senior Leadership Team



Dr. Homer Tien

President & CEO



Peter Cunningham

Chief Aviation Officer



Wade Durham

Chief Operating Officer &
Deputy CEO



Abbie Hudson

Chief of Staff & Lead,
Corporate Planning



Percy Gyara

Chief Financial & Facilities
Officer



Lorinda Lee

Chief People & Learning
Officer



Dr. Bruce Sawadsky

Chief Medical Officer



Susan Kennedy

General Counsel &
Corporate Secretary



James MacDonald

Director, Communications &
Public Affairs

Who We Are

Ornge delivers air ambulance and critical care transport services for the province of Ontario, serving as Canada's largest provider in this field. As an integral part of the province's healthcare system, Ornge connects communities with hospitals and links local hospitals to specialized tertiary care centres. The organization operates with a team of approximately 800 staff, including paramedics, pilots, communications officers, physicians, aircraft maintenance engineers, educators, and support staff.

Full and Part Time Employees as of March 31, 2025:



276

Paramedics



14

Paramedic Operations, Professional Standards and Safety



61

Aircraft Maintenance Engineers



57

Fixed Wing Pilots



87

Rotor Wing Pilots



53

Communications Officers (OCC)



26

OCC, Logistics and Central Scheduling



30

Medical Affairs



47

Aviation Operations



18

Base Management



3

Mental Health Transport Team



128

Corporate and Support Staff (including Human Resources, Information Technology, Finance, Decision Support, etc.)

We Respond

**Ornge's New
Strategic Plan
2024 - 2029**

This year, we introduced a blueprint for the future of air ambulance and critical care transport in Ontario with the launch of **We Respond – 2024 – 2029**.

We Respond is guided by four strategic priorities. First, we are enhancing timeliness and efficiency through a focus on operational excellence—ensuring our teams, resources, and systems are optimized to meet patient needs effectively. Second, we are advancing health equity by developing and launching innovative programs that address geographic and systemic disparities in access to care. Third, we are strengthening our organizational culture to foster unity and align our team around a shared mission. Finally, we are investing in collaborative partnerships that are critical to achieving our goals and sustaining long-term success.

WE RESPOND...

TO THOSE WHO NEED CARE

We save lives. We preserve health.

TO SYSTEM AND COMMUNITY

We enable timely access to care. We grow system capacity to meet need.



AS LEADERS IN HEALTH EQUITY

We research and implement innovative services and programs to address geographic inequities in care.

AS ONE TEAM

We are a patient-focused team unified in delivering our mission.

Mission, Vision and Values

As part of the process of developing We Respond 2024-2029, we took the opportunity to look inward and reflect on our organization, what we do, and what qualities are important to our stakeholders. With that in mind, we introduce our renewed vision, mission and values.

Vision

Health Equity in Motion

Mission

We overcome time and distance when it matters most.

Values



S

Safe

We prioritize the health, safety and well-being of our patients, our Ornge team members and our partners. We foster a culture where safety is everyone's responsibility. We are dedicated to ongoing learning and innovation in safety.

P

Patient-Centred

Across Ornge, we place patients at the heart of everything we do. The needs of our patients are our highest priority. We provide care that is respectful of and responsive to individual patient needs, values and optimal health outcomes.

A

Accountable

It is our responsibility to Ontarians to set clear goals, develop actionable plans and execute them effectively. At Ornge we foster a culture of trust, transparency and open communication to ensure shared accountability for high performance always

R

Respectful

For those we care for, respect means diligent attention and individual consideration of health, social, cultural, and geographic impact for each patient under our care. Within Ornge, mutual respect fosters a positive and inclusive workplace where all individuals feel heard and empowered to contribute their best. For our partners, respect means listening, responding and conducting our mandate with integrity at all times.

K

Kind and Compassionate

Treating our patients, colleagues and partners with kindness and compassion supports a positive team culture and patient experience.

Learn more about **We Respond** at www.ornge.ca/stratplan2029

2024/25 Highlights

Expanding and Modernizing Ornge's Air Ambulance Service - Update

There has been significant progress in our ongoing efforts to modernize and expand our fixed wing fleet to meet the growing healthcare needs of patients across Ontario. Last year, we received Government of Ontario approval to renew our fleet. This includes:

- Replacement of all eight existing fixed wing Pilatus PC-12 aircraft, as well as adding four additional PC-12 aircraft. The manufacturing process is well underway, while in parallel, work continues on the design of the medical interior in collaboration with Ornge front line paramedics.
- Expanding fixed wing operations to Sudbury, creating a hub in the Northeast with two 24/7 staffed fixed wing aircraft.
- Acquiring two Special Mission Aircraft Pilatus PC-24 aircraft which are larger and faster with the ability to transport multiple patients, bariatric, paediatric/neonatal transport teams.



Through strategic investments in infrastructure and service enhancements, we are ensuring patients across the region have better access to the urgent care they need—when they need it most.

Expanding Access to Critical Care in Northern Ontario

This year, Ornge has made significant strides

in expanding our capacity to provide high-quality air ambulance and critical care transport services to the communities of Northern Ontario.

New Hangar Acquisition at Greater Sudbury Airport

In November 2024, Ornge acquired a new hangar at Greater Sudbury Airport, marking a major step forward in our efforts to modernize and expand our services. Located at 8555 Aviation Road in Garson, this 35,000 square foot facility—originally constructed in 2015—features a 21,500 square foot hangar bay, airside apron space, and over 10,000 square feet of office and technical areas. This versatile space will support the operation of both fixed wing and rotor wing aircraft, as well as critical care land ambulances. With its convenient access to both ground and airside operations, the new hangar enhances our ability to deliver safe, reliable, and timely care to more patients than ever before.



Launching Rotary and Fixed Wing Services at the New Sudbury Base

In February 2025, Ornge launched Rotary Wing operations out of the new Sudbury hangar, strengthening our mandate to improve health equity and support urgent patient transport across Northern Ontario. To further address the region's transport needs, progress was made toward launching our first dedicated fixed wing service from Sudbury on a 12/7 basis starting in April 2025. Although the full 24/7 fixed wing service was originally slated to begin in the

summer of 2026 with the arrival of new PC-12 aircraft, the pressing gaps in patient transport prompted us to accelerate our timeline. This early launch helps to relieve immediate patient needs while ensuring a smooth transition to expanded services next year.

Expanding Our Reach: Announcing the Special Mission Aircraft

This year marked a major milestone for Ornge with the Government of Ontario's approval to fund the purchase of two Pilatus PC24 jets, which will serve as our new Special Mission Aircraft. Announced at Lake Simcoe Regional Airport by the Hon. Sylvia Jones, Ontario's Minister of Health and Deputy Premier, this investment represents a transformative step forward in our ability to deliver critical care across the province.

The PC-24 is a highly versatile aircraft capable of transporting two critically ill or three stable patients, as well as specialized medical teams, equipment, and supplies. It will also enhance care for special patient populations, including those requiring bariatric transport, infectious disease precautions, or bypass services. The aircraft will be based at our newly announced Lake Simcoe base, further expanding our operational footprint in Ontario.

While significant work lies ahead, including construction of a new hangar and operational planning in preparation for the aircraft's arrival in 2027, this investment reflects a bold vision for the future of medical transport in Ontario—and a shared commitment to timely, equitable, and responsive care for the most complex patients in the most remote parts of Ontario.



CritiCall and Ornge – Partnership to Integration

CritiCall Ontario and Ornge have a long history of collaboration. The two organizations have worked closely together to improve service to our stakeholders through data sharing, the “One Number to Call” initiative and others. We are now prepared to take this to the next step. In December, the Ministry of Health gave approval for the formal integration of CritiCall Ontario and Ornge into one organization in an effort to improve service and critical care patient outcomes. This voluntary integration brings together the expertise of CritiCall Ontario and Ornge, enhancing support for smaller hospitals, enhanced digital services such as virtual care, and resource optimization. The integration is expected to take place in late fall 2025.

Leading the Way in Aeromedical Safety: ACAT 2025 Conference

In March 2025, Ornge proudly hosted the All Canada Aeromedical Transport (ACAT) Safety Conference in Mississauga, reaffirming its leadership role in advancing aviation and paramedicine safety. This bi-annual event continued to serve as a premier forum for aeromedical transport operators and safety professionals from across Canada to come together to learn, share, and collaborate on solutions to common safety challenges. With a hybrid format accommodating both in-person and virtual attendees, the conference underscored Ornge's commitment to knowledge-sharing and continuous improvement.

The conference featured thought-provoking presentations by leading experts in both the aviation and paramedicine fields. Notably, Paul LeSage, Founding Partner of SG Collaborative Solutions, delivered an inspiring keynote address on Collaborative Just Culture and High Reliability.

Additional highlights included:

High Risk Pathogens and Transport— Ornge Special Operations Live Demo

Presented by Patrick Auger (Special Operations Coordinator, Ornge) and Anne-Marie Piche (Special Operations Team Member, Ornge), this live demonstration showcased best practices and capabilities for safely managing and transporting patients with infectious diseases.

Paramedic Health 4.0: Advancements in Health and Safety Research

Led by Dr. Amin Yazdani (Executive Director, Canadian Institute for Safety, Wellness, and Performance), this session focused on emerging research and best practices to support paramedic health and well-being in the field.

Managing Safety and Risk in Autonomous Flight

Led by Dr. Jeremy Wang (Co-Founder & COO, Ribbit), this session focused on the integration of autonomous flight technology and its implications for aeromedical transport.

By leading the ACAT 2025 conference, Ornge demonstrated its unwavering commitment to enhancing safety and operational excellence in the aeromedical community—setting a high standard for collaboration and innovation that will benefit patients and providers across Canada.



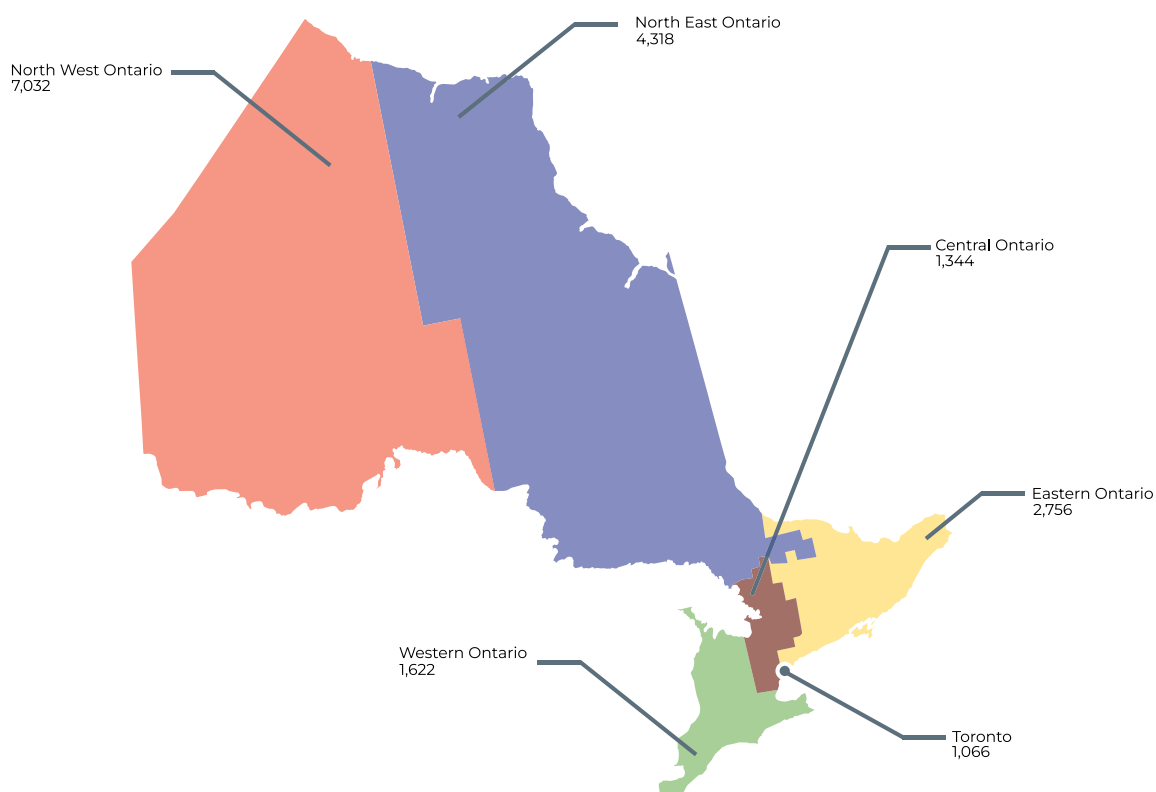


Ornge Performance by the Numbers

Individual Patients Transported – By Region and Type of Call

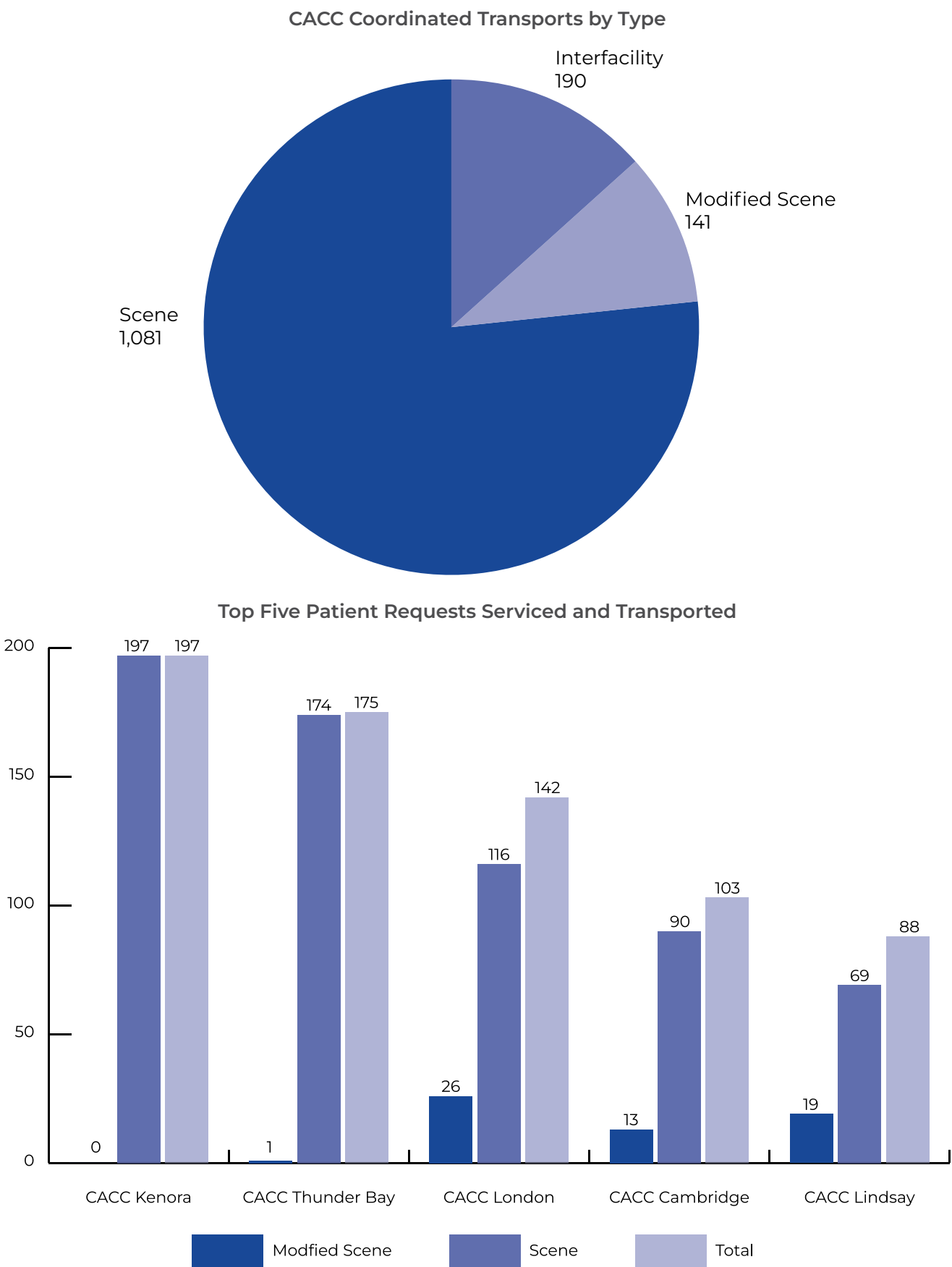
In 2024, Ornge serviced and transported 19,550 individual patients, up 4.8 per cent from the previous year. Below, this is broken down by Ontario region. Nearly 60 per cent of these patients originated in Northern Ontario.

FY24/25



Scene Calls and Interfacility Transports not Defined by Ontario Health Region: 1,412
See breakdown on page 14.

Scene Calls, Modified Scene Calls and Interfacility Transport Coordinated By Central Ambulance Communication Centre (CACC)



Patient Transport Legs

Ontario's vast geography often necessitates the use of multiple transportation methods to ensure patients reach their final destination. For instance, a patient traveling from Moose Factory Island to Thunder Bay Regional Health Sciences Centre (TBRHSC) may require three separate transfers: first, a helicopter from Moose Factory Island to Moosonee Airport; second, a fixed-wing aircraft from Moosonee Airport to Thunder Bay Airport; and finally, a land ambulance from Thunder Bay International Airport to TBRHSC. We count any of these components as an Ornge 'patient transport leg' if Ornge is responsible for performing the transport. If a local Paramedic Service performs the transport, Ornge does not count it as its own patient transport leg.



To transport 19,550 individual patients, 23,725 patient transport legs were required.

Patient Transport Legs by Vehicle Type

In 2024/25, Ornge performed 23,725 patient transport legs. The following is the breakdown by the vehicle/mode of transportation:

Fixed Wing Aircraft

Total Patient Transport Legs	11,310
Ornge Fixed Wing (Airplane)	3,058
Other (includes scheduled flights, Manitoba LifeFlight)	55
Standard Agreement Carrier	8,197

Rotor Wing Aircraft (Helicopter)

Total Patient Transport Legs	4,439
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Land Ambulance

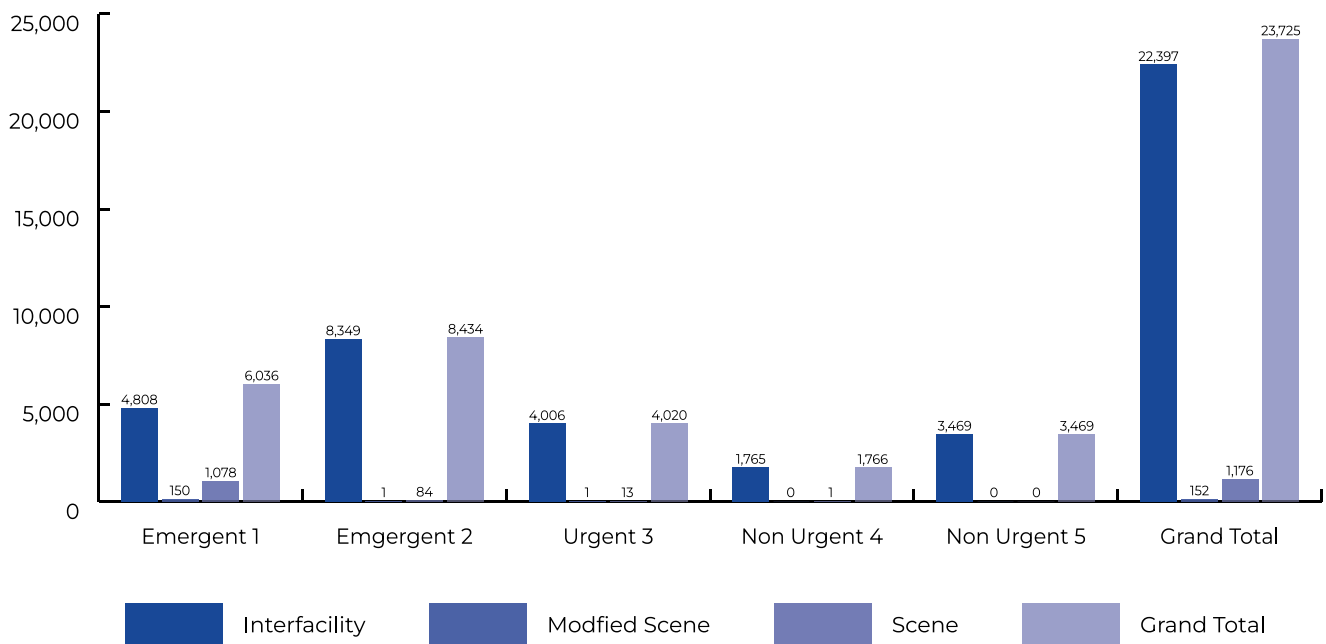
Total Patient Transport Legs	7,976
Ornge Land (includes Critical Care Land Ambulances, land ambulances at Ornge air bases and Ornge Primary Care Land Ambulances)	6,452
Toronto Paramedic Services Critical Care Transport Unit (CCTU)	1,374
Other (includes local land Paramedic Services with Ornge paramedics, WAHA Paramedic Services Marine Unit, Medical Transport Services, etc.)	150



Definitions:

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 Primary Care Paramedic (PCP) level of care. Cumulatively, these calls represent the largest proportion of our transports. The transports often relate to patients in Northern Ontario who require air ambulance travel for repatriation to home hospitals, diagnostics or scheduled appointments but are unlikely to require complex medical interventions en route.

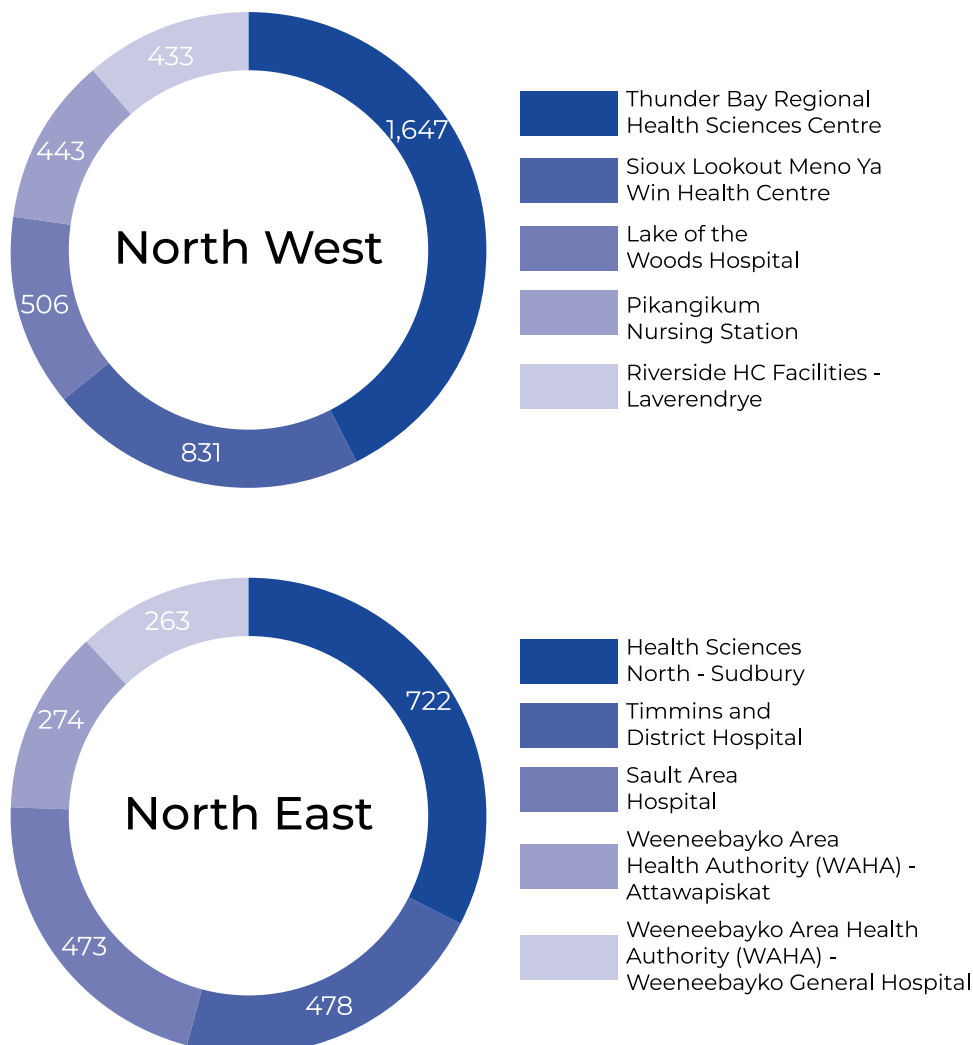
Patient Transport Legs – By Patient Acuity





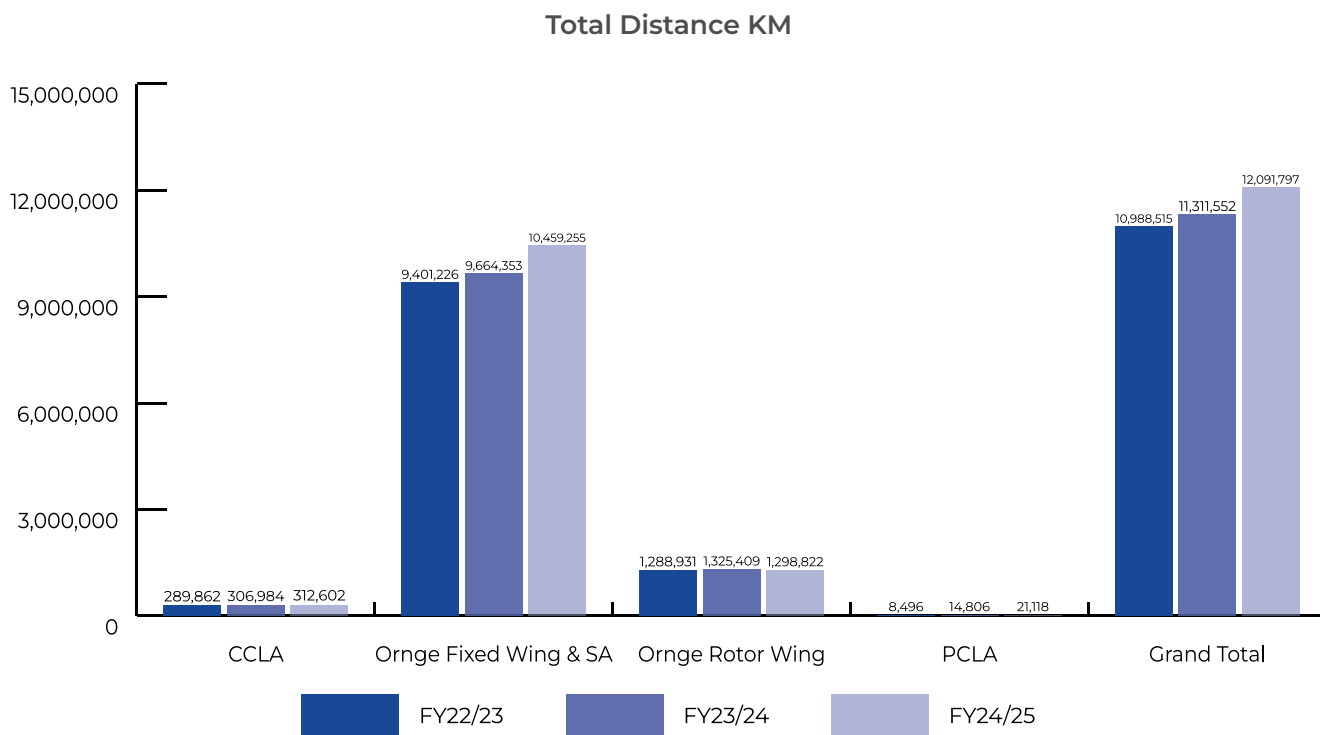
Top Five Sending Facilities – Northern Ontario

Ornge's air ambulance service is critically important in Northern Ontario due to the region's vast geography, remote communities, and limited access to specialized healthcare facilities. We work closely with hospital and nursing station partners in the north to ensure patients receive timely air ambulance transport to facilities where they can receive a higher level of care. The following charts show the top five sending facilities in Northern Ontario for both the Northeast and Northwest. Combined, these ten facilities account for approximately half of all individual patient transports in Northern Ontario.



Distance Travelled

With Ontario spanning more than 1 million square kilometres – approximately the size of France, Spain and the Netherlands combined – Ornge often transports patients across vast distances. The following shows the total distances traveled by rotor wing, fixed wing (including Standing Agreement Carriers) and Ornge's Critical Care Land Ambulances. The distance traveled in each vehicle type has increased over the past three years. Ornge's Primary Care Land Ambulance (PCLA) program – which primarily performs airport to hospital transports – travelled 21,118 km.



Provincial Transfer Authorization Centre

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. Each inter-facility patient transfer within Ontario must have a medical transfer (MT) authorization number.

In FY 2024/2025,
315,477 MT numbers were
issued.



Telemedicine

In partnership with CriteCall Ontario, Ornge provides 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 is not specific to COVID-19 and can be used for patients with general acute and critical care needs.

Ornge Transport Medicine
Physicians (TMPs) have
provided 154 telemedicine
consultations this year.





Ornge is responsible for providing transportation-related services to support organ transplant under contract with the Trillium Gift of Life Network (TGLN - part of Ontario Health), Ontario's organ and tissue donation agency. During the reporting period, Ornge responded to 805 organ requests. This number includes both organs and hospital-based organ transport teams. In addition, Ornge serviced 21 living donor kidney requests.

Performance

Overview – Risks and Factors Affecting Performance

Ornge continues to extend its reach, serving more patients each year. In the past year, the number of individual patients transported increased by 4.8%, totaling 19,550. This trend has been consistent over the past few years in the post-COVID-19 period. Our teams remain committed to delivering high-quality care around the clock—24 hours a day, seven days a week.

Efficient patient movement relies on multiple factors: for air transport, this includes a fully staffed team of two paramedics, two pilots, and a functional aircraft; for land transport, two paramedics and a fully operational vehicle are required. A base is considered “serviceable” when all these components are in place. When serviceability is reduced, transport times are impacted, underscoring the importance of maintaining readiness across all bases.

Serviceability and Timeliness

Timeliness is at the heart of everything we do at Ornge. Our healthcare stakeholders expect us to respond to a variety of calls – from life-threatening emergencies to scheduled appointments for patients in remote communities. Every call is important to us, which is why timeliness will be a primary focus as we measure our performance in the years to come.

Several factors influence Ornge's ability to respond in a timely manner, including asset availability, maintenance schedules, staffing levels, weather conditions, and the proximity of scene locations to our bases. While some variables—such as weather—are beyond our control, others, like staffing, are key areas of focus as we work to strengthen our operational readiness and improve overall response times.

Median Interfacility EI Response Time

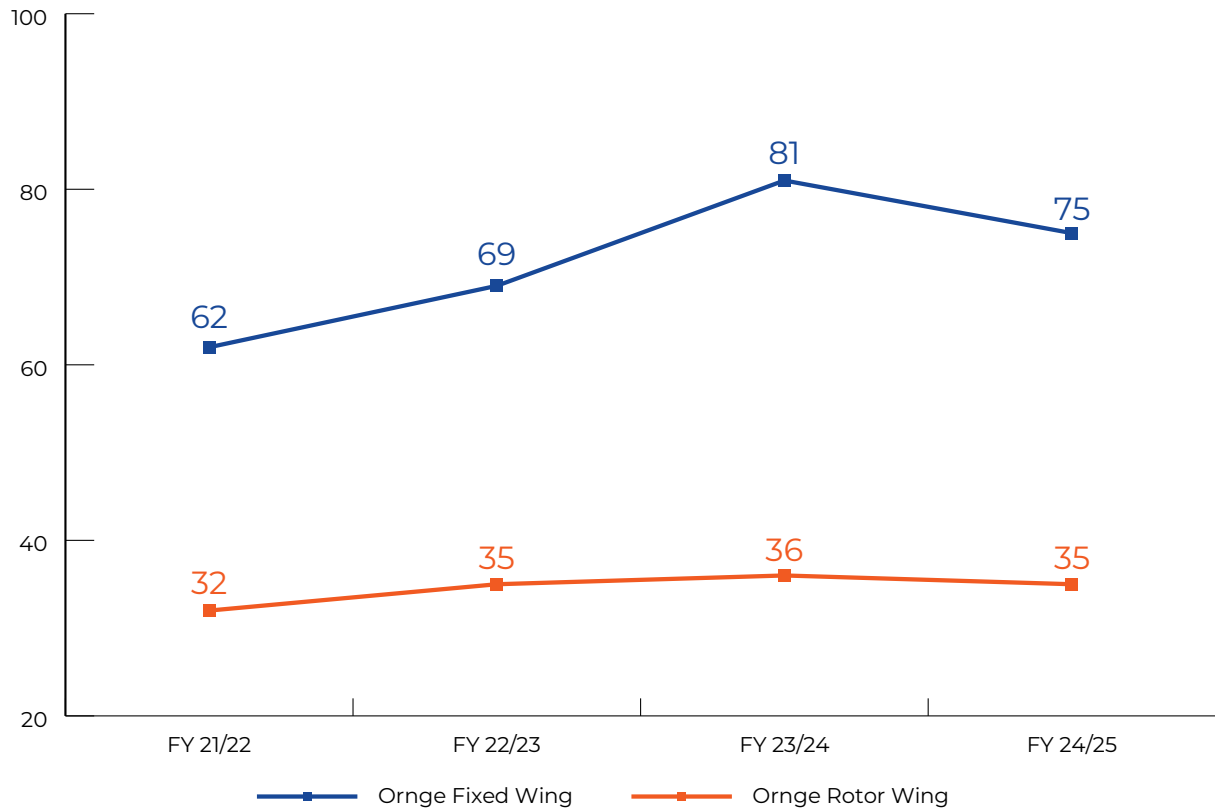
When every second counts—when it's truly a “Life or Limb” situation—the most meaningful measure for our patients and partners is how quickly we can mobilize an aircraft to get them to the critical care they need.

Our ability to respond swiftly is shaped by several factors:

- The long distances often involved in transfers
- The need for ground ambulance support between airports and hospitals
- The volume of transfer requests
- Weather conditions

This performance metric tracks the median time from when our Operations Control Centre (OCC) completes intake of patient details to when the Ornge team begins moving toward the patient. That movement could be an aircraft departing for a transfer, a triage decision that reroutes a team, or a medical crew heading out to retrieve a patient from a healthcare facility.

Fiscal Trend Interfacility Emergent 1 Responsiveness (Median)



Ornge tracks emergent response via its Quality Improvement Plan (QIP), available on [Ornge.ca](https://www.ornge.ca). This report provides a structured framework for monitoring and enhancing key aspects of our service delivery. It includes performance indicators focused on patient experience and care, clinical practice, and operational efficiency. Each year, QIP indicators are selected to align with organizational priorities and to address identified opportunities for improvement.

Correction for 2023/24 Annual Report: Under “Patient Response”, the passage should read: In 2024, Ornge serviced and transported 18,612 patients, up 3.1 per cent from the previous year. The number referenced in this section, 22,420 patients, represents patient transport legs, also known as patient-related transports.



What We Are Doing to Improve

Ornge, with the support of the Government of Ontario, has undertaken a number of initiatives to enhance our ability to provide a safe, timely and effective response whenever we are needed:



Launching our new Sudbury fixed wing operation early (see page 10).



Planning for a new Special Mission Aircraft and base at the Lake Simcoe Regional Airport (see page 11).



As part of Ornge's 'Staffing With Certainty' initiative, the Ministry of Health is providing funding to hire an additional 102 front line staff members, including paramedics, pilots and aircraft maintenance engineers to ensure aircraft are available whenever a call comes in. With this funding now in place, Ornge is bolstering its efforts to fill these positions as quickly as possible through recruitment for key hard-to-fill areas, including helicopter pilots.



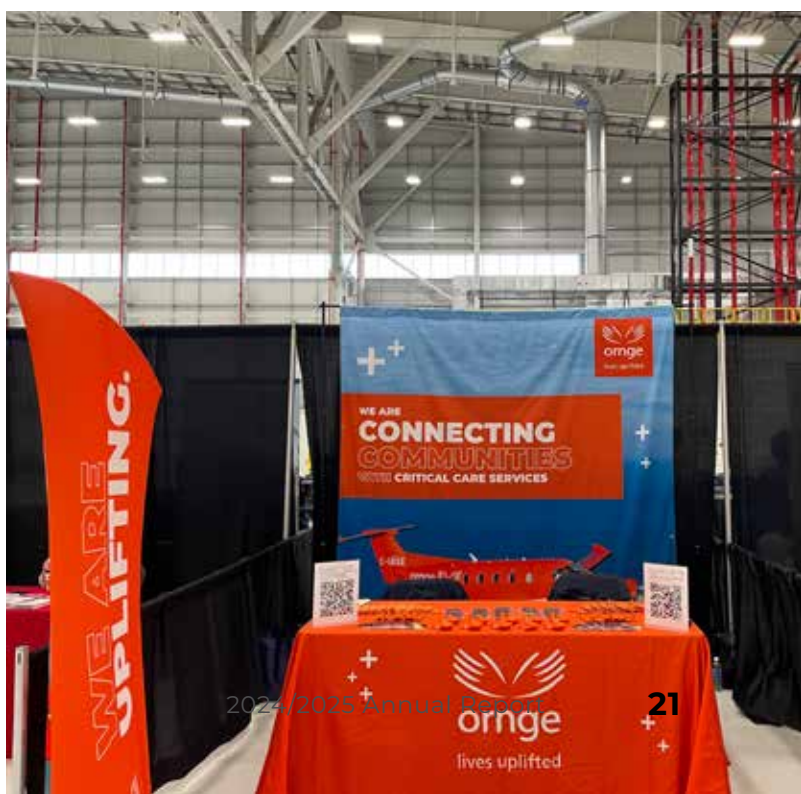
Ornge's dedicated mental health patient transport team is expanding to reduce the response time for patients in need of emergency mental health care. This team provides specialized mental health care for patients during transport and in the first two years of implementation, provided in-flight mental health care to 741 patients.



Ongoing efforts within Ornge's Paramedic Education team have resulted in record numbers of Critical Care Paramedic certification. (See Continuing Professional Development on page 22.) Certifying more CCPs ensures Ornge meets its level of care targets and meet the needs of patients consistently.



In 2024, Ornge launched its inaugural Flight Registered Nurse (FRN) program—a significant step forward in advancing clinical capabilities in air ambulance transport. This 15-week program equips Registered Nurses working with Standing Agreement (SA) carriers to apply their Emergency and Critical Care nursing expertise in the unique environment of air medical transport, enhancing the level of care provided to patients during transit.



Our People

Governor General Emergency Medical Services Exemplary Service Medal

On Nov 21, Ontario paramedics received their Governor General Emergency Medical Services Exemplary Service Medal bars for providing exemplary emergency medical services. This award recognizes professionals in the provision of pre-hospital emergency medical services to the public, who have performed their duties in an exemplary manner, characterized by good conduct, industry and efficiency.

At the ceremony, Ornge paramedics **Steve Darling**, **Gary Marshall**, and **Barrie Martin** as well as Operations Control Manager **Michael McCallion** received their 40-year bar. In addition, **Nicole Izsak** received her 30-year bar. Congratulations for reaching these milestones!



Paramedic Education at Ornge

2024 was another busy year of growth and paramedic education. This year marked the third full cycle of our new approach to paramedic continuing professional development (CPD) at Ornge, along with a continuation of significant initial education training in Critical Care. Clinical Affairs continues to iterate our approach to paramedic education, ensuring that we continue to meet the needs of both our learners and the organization. The revised CPD program contains a more encompassing, decentralized model, which leverages the considerable expertise that exists among our frontline paramedics, Transport Medical Physicians

(TMPs), along with asynchronous learning.

CPD is anchored by our Clinical Practice Leads (CPL). CPLs are Critical Care Paramedics (CCP) and have a multi-faceted role – they are leaders, role models, coaches, teachers, and mentors, with a responsibility for ensuring clinical guidance, leadership and development of paramedics and learners in a practice-based education environment. There are 15 CPLs, and they work throughout Ontario delivering learning activities in a variety of settings, including classroom, simulation, practice-based preceptorship, and peer-to-peer mentoring. In addition to their education duties, CPLs continue to work operational shifts as Critical Care Paramedics.

Base Hospital and Continuing Professional Development

The Base Hospital successfully completed its Ministry of Health Base Hospital Service review in 2024. This was a notable accomplishment, as the Base Hospital was only noted for three overall findings from the review, with all three findings being satisfied through the MOH follow-up process.

In addition to this process, the Base Hospital held several initial certification events, through simulation or oral board testing, credentialing:

- 27 Primary Care Flight Paramedics,
- 43 Advanced Care Land Paramedics,
- 4 Flight Registered Nurses (FRN) and,
- 21 Critical Care Paramedics



Clinical Affairs has continued to train and certify paramedics at record numbers, and 2024 was no exception to this. In addition to certification activities, the Base Hospital continues to perform Ministry of Health mandated Quality Assurance audits, as well as work with other Ornge departments with investigations, quality improvement, and other reporting activities. In 2024, as part of our CPD program, paramedics completed a single day of group simulation focused on adult patients (for a total of 51 days, an increase of 6 days from the previous year), another focused on paediatrics (a total of 51 days, an increase of 6 days from the previous year), at-base training by their CPL, asynchronous online learning, and a Transport Medicine Physician (TMP) ride-along. During the ride-along, the TMP delivers a preassembled curriculum and assesses paramedic performance during transports.

In addition to these activities, 17 face-to-face CPD sessions were delivered to the Primary Care Paramedics (an increase of 8 from the previous year) certified by the Ornge Base Hospital, 9 additional CPD education days were provided to non Ornge CCPs and ACP f paramedics, and 26 paramedics were reintegrated back to Advanced Care Flight or Critical Care Paramedic status because of absence from clinical practice.

Initial Education

Ornge is responsible for developing and delivering the Critical Care Paramedic Program for the Province of Ontario. The program continues to develop and adapt through robust programmatic evaluation and design, working towards several goals. First, it is designed using principles and practices of more traditional post-graduate programs. In addition, it is a competency-based program design, ensuring paramedics are given practical skills to accompany their theoretical learning.

In 2024, significant work was completed by the Initial Education team to remap the current CCP program, to ensure more focused time for learners on their theoretical studies, prior to

entering the operational workforce. This new program model will go live in 2025, and can accommodate more students per cohort, and allowing the learner to enter the final practical phase of their program earlier and with a full CCP scope of practice, allowing them to contribute organizationally to the overall level of care at Ornge sooner. Along with continued domestic training, Ornge continues to hire and train internationally trained CCPs. We are excited to share that we have hired paramedics from Australia, New Zealand, Ireland, England, South Africa, the United States of America and Trinidad and Tobago. International CCPs complete a modified version of the CCP program to ensure their comfort with the Ornge scope of practice, while ensuring all CCP clinicians at Ornge meet the same thresholds for independent practice. This year, Ornge has initiated two Critical Care Cohorts, bringing the total number of students to over 80, all progressing through various stages of the CCP program.

2024 was also the first year Ornge ran a new Flight Registered Nurse (FRN) program. In this 15 week program, RNs working for SA carriers are trained to use their Emergency and Critical Care RN scope of practice in the setting of Air Ambulance transport. The program sees a combination of in-person simulation weeks, along with asynchronous learning using our LMS. Once learners graduate the FRN program, they challenge certification with the Ornge Base Hospital and are permitted to practice at the FRN scope of practice.





The Thunder Bay base raised over \$600 and dozens of gifts & non-perishable items for two families as part of the Children's Aid Society Holiday Hamper program.



The Canadian Great Lakes Chapter of Women in Aviation International hosted a Girls in Aviation Day at London International Airport.



Vanessa Widdup and Joe Cochrane proudly represented team Ornge at the Chatham-Kent Pride Festival.

In the Comm



For the second year in a row, proceeds from the Air Ambulance Golf Classic went to Weeneebayko Area Health Authority as they build a new hospital in Moosonee.



We had an amazing time hosting Grade 9 students for Take Your Kids to Work Day at Explorer Drive and the Toronto base.

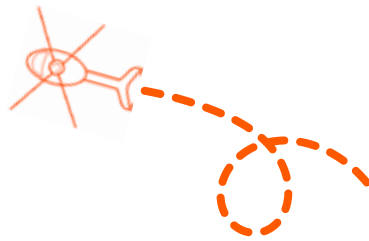


Ottawa Fire Station 72 visited 7791 for a cross-functional information session on how we can help each other during scene calls and other interactions.



Chief Claire Sault and the Mississaugas of the Credit Council gained insights into the healthcare services provided to Indigenous communities in the northern regions.

Community



We had an incredible turnout at the Girls Take Flight event at Billy Bishop Toronto City Airport with approximately 3,700 people exploring careers in aviation.



We joined Billy Bishop Airport, Ports Toronto, and Nieuport to unveil the gift donation for the 58th Annual CP24 CHUM Christmas Wish Campaign.



Staff in Moosonee participated in the annual career fairs held in Moosonee and Moose Factory.

Financial Stewardship

Total funding received by Ornge in fiscal 2024/25 included \$340.9 million from the Ministry of Health (inclusive of annual funding and one-time funding) for air and Critical Care Land Ambulance services. Additionally, Ornge received \$10.2 million from Ontario Health for transporting organs and transplant surgical teams.

Government of Ontario investments in provincial air ambulance services announced over the previous years, including those outlined in this report such as fleet renewal and staffing with certainty, are reflected in our financial statements. The acquisition of aircraft, implementation of programs and hiring of staff related to these investments will continue to roll out over the next few years. As the expansion

of Ornge's scope and the additional available air ambulance resources begin to come online gradually, we are confident that there will be associated improvements in the reach of our service to patients and timeliness of our response.

We continue our mission of providing patients with the safe and ready access to health care 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.

	(in thousands of Canadian dollars)	2025	2024
REVENUE			
Ontario Ministry of Health Air Transport Medicine program		\$322,842	\$287,202
Critical Care Land Ambulance program		18,096	17,400
Other income		13,981	12,579
		354,919	317,181
EXPENSES			
Salaries, employee benefits and other labour-related		113,103	99,192
Carrier and fleet related		119,537	108,920
Supplies, facilities and other		29,051	23,423
Critical Care Land Ambulance program		18,096	17,400
Interest		10,700	11,534
Amortization of capital assets		14,388	12,889
		304,875	273,358
Excess of revenue over expenses before other income		50,044	43,823
OTHER (EXPENSE) INCOME			
(Write-down) and (loss) gain on capital asset disposal		20	-436
(Loss) on COVID-19 capital asset disposal		-	(16.00)
Excess of revenue over expenses		50,064	43,371
Net Deficiency, beginning of the year		26,636	-16,735
NET SURPLUS (DEFICIENCY), END OF THE YEAR		\$76,700	\$26,636

	(in thousands of Canadian dollars)	March 31, 2025	March 31, 2024
ASSETS			
Cash		\$69,521	\$44,901
Other current assets		39,262	30,856
Current assets		108,783	75,757
Restricted cash		473	473
Maintenance contract and other		9,460	10,787
Capital assets		168,840	167,398
TOTAL ASSETS		\$287,556	\$254,415
LIABILITIES			
Accounts payable and other short-term liabilities		\$32,152	\$35,895
Current portion of long-term debt		14,083	13,266
Current liabilities		46,235	49,161
Long-term debt		163,899	177,836
TOTAL LIABILITIES		210,134	226,997
Net surplus (deficiency)		76,700	26,636
Accumulated unrealized remeasurement gains		722	782
TOTAL LIABILITIES AND NET SURPLUS (DEFICIENCY)		\$287,556	\$254,415



The Last Word Goes to our Patients

I was 61 when I suddenly became ill. The morning after our 20th wedding anniversary, I got up feeling very weak with no appetite. I called in sick at my workplace on May 16, 2024. I thought I was having a bad case of stomach flu. As my condition was getting worse by May 18, I asked Mark, my husband, to take me to Emergency. I had no appetite, I couldn't keep water down, and not even the Pedialyte could sustain me.

I felt like I would faint as I was getting ready to go to ER. I was so weak and didn't know what was happening to me. I remember being scared and insecure because of how sick I was feeling.

We arrived at Glengarry Memorial Hospital's Emergency in Alexandria just before 2:00 p.m. I don't remember anything after passing triage. I lost consciousness in the hospital bathroom and then two RNs carried me back to the ER. My husband said I asked him : "Babe, am I going to be ok?" Right after, he said I started having severe seizures and convulsions and my face and body turned red. I was foaming at the mouth. The seizures were generalized tonic-clonic, so my condition was becoming critical and aggravating. As I was unresponsive to painful stimuli, pupils dilated bilaterally and not responding to light, a nurse advised my husband to call someone for support, or someone to stay with him. He said this was the

hardest thing he had ever faced, to see me critically ill and unconscious, and that at one point there was no guarantee I would make it. He was devastated. My husband called my oldest daughter and next door neighbour who is like a brother to him. He received the best support from them.



Tests results showed that I had severe or acute hyponatremia (the sodium in my blood was down to 108 milliequivalents per liter (mEq/L), which could have been fatal) and hypokalemia (potassium level was 2.2 mmol/L). I received hypotonic saline and was given electrolytes. I was put into a medically induced coma and intubated. This was a reaction caused by a diuretic blood pressure medication prescribed to me over four years ago.

An Ornge helicopter was dispatched to transport me to The Ottawa Hospital (TOH) where I was admitted to the ICU. Ornge arrived on time and they got me on board. Later, I was told that it took 15 minutes for Ornge transport crew to take me to TOH.

I was in a medically induced coma for two days. I received the best of care and treatment at TOH. Both hospitals administered to me intravenous fluids and medication to raise my sodium and potassium back to normal. I was taken out of the medically induced coma before lunchtime on the following Monday. I stayed one week in the hospital. I am so grateful to both hospitals.



I'm so thankful to God for putting medical professionals on the ground and in the air to save my life on May 18. It's a miracle I'm still alive today! I am deeply grateful to Ornge transport team, Paramedics David and James, the Pilots Harry and Martin, the dispatchers Phil, Mukhtar, Megan, and Shannon and the Transport Medicine Physician (TMP), Andrew, for their great care and for taking me to TOH on time. Because of all of you, Mark and I celebrate life today and we enjoy every special moments, big and small, and every single day. Mark said Ornge not only saved my life, but his life as well. Yes, my life was definitely "Uplifted by Ornge."

Thérèse Ménard Ellis



Definitions

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 Call: Transports performed by helicopter responding to the geographic location of an incident.

Inter-facility Transports: Transports performed between health care facilities including hospitals or nursing stations.

Emergent 1: Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions within four hours of initiating the transfer request, as per the Provincial Life or Limb Policy.

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; however, there is a need to go for consultation at a higher level of care.

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



2024/2025



ANNUAL REPORT