



**Ontario
Health**

Operational Direction: Priorities for Spring/Summer 2026

ISSUED TO: Health System Partners

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The 2025–26 fall and winter respiratory season demonstrated meaningful year-over-year progress across Ontario’s health system, with improvements in access, flow, and capacity — including reductions in ALC, hospital occupancy, and medical-surgical patient days. These results were achieved through strong system coordination, despite ongoing capacity and workforce pressures, and reflect the collective efforts of system partners to improve access to care and patient flow.

The following results highlight meaningful year-over-year progress across key measures of system performance:

- Lowest ALC levels in a decade (13% reduction; ~500 fewer open cases during surge peak compared to 2024–25)
- ED length of stay reduced by 8%, with physician initial assessment times reduced by 4%
- First year-over-year decrease in medical-surgical patient days, alongside lower hospital occupancy
- More than 80% of adult surgeries completed within established wait time targets
- Reduced long-term care respiratory outbreaks compared to 2024–25, driven by fewer COVID-19 (-53%) and influenza (-6%) outbreaks
- Ontario has attached approximately 330,000 people to ongoing primary care (Jan 1 – Dec 31, 2025), with more than 90% of the Health Care Connect waitlist cleared
- 56% fewer RSV hospital days among children aged 0–4 compared to 2023–24 (~5,000 fewer pediatric hospital days)
- Expanded RSV immunization to seniors aged 75+, with 380,000 additional doses distributed compared to 2024-25
- 62% of primary care providers and 31% of other specialists now onboarded to eReferral

These results reflect real progress in improving access to care, strengthening patient flow and optimizing system capacity. Improvements in historically challenging areas, such as ALC and hospital occupancy, demonstrate what can be achieved through coordinated system action.

Thank you for your continued leadership, collaboration, and commitment to delivering high-quality care to Ontarians.

Building on this momentum, system efforts will continue to focus on the following provincial priorities:

1. Continuing to reduce ALC and improve patient flow
2. Sustaining and strengthening emergency department access and capacity
3. Maintaining surgical and diagnostic imaging performance
4. Expanding primary care attachment to sustain access
5. Promoting prevention, screening, and organ donation

Please reach out to Ontario Health regional and provincial teams with any questions.

The following sector-specific actions remain in place to maintain progress and support continued system coordination across the five provincial priority areas.

Sector	Direction
All Sectors	<ul style="list-style-type: none"> • Continue advancing coordinated, system-wide action to further reduce ALC and improve patient flow, including continued focus on Home First practices (Home First Operational Direction and ALC Leading Practices). • Participate in regional and local surge planning (e.g., Situational Awareness Tables) to support system readiness and surge response. • Support coordinated approaches to staffing pressures and support recruitment through HFOJobs and Ontario Health workforce supports in high-need areas. • Promote and maximize uptake of immunizations (COVID-19, influenza, RSV, where eligible) to reduce avoidable system demand. • Leverage digital tools (e.g., Health811 and virtual urgent care options for non-urgent care) to support appropriate care pathways and reduce ED utilization. • Promote organ and tissue donation through coordinated public education and awareness efforts, including the use of digital tools. • Adopt eReferral Ontario and participate in Central Intake, where available, to improve referral tracking, reduce missed or delayed care, and support clinically appropriate and equitable access to care.
Primary Care	<ul style="list-style-type: none"> • Continue advancing primary care attachment through Health Care Connect and expansion of interprofessional team-based care. • Refer clients with depression and anxiety-related disorders to the Ontario Structured Psychotherapy Program. • Promote proactive chronic disease management, cancer screening, and immunization, leveraging the CEP toolkit and Immunize Canada, to support early intervention. • Leverage locum supports to maintain continuity of care during summer physician absences.
Home Care	<ul style="list-style-type: none"> • Support emergency department (ED) diversion, ALC reduction and surge response through coordinated care planning, timely escalation and flexible capacity management across providers. • Continue strengthening oversight and patient flow through caseload review, DIVERT score monitoring, and consistent application of crisis designation practices.
Community Support Service Providers	<ul style="list-style-type: none"> • Work with system partners to align patients to the most appropriate community support services at the outset to minimize avoidable transitions and support smoother discharge and care continuity. • Establish strong partnerships with Ontario Health atHome and Hospital-to-Home programs to support discharges and reduce ALC volumes related to home and community care. • Support system visibility into available community capacity across the continuum to support transitions in care.

Sector	Direction
Mental Health and Addictions Service Providers	<ul style="list-style-type: none"> Continue to refer clients with depression and anxiety-related disorders to the Ontario Structured Psychotherapy Program. Providers of the Substance Use Disorders Integrated Care Pathway should continue to implement the pathway and ensure clients presenting to the ED transition to community-based services where appropriate. Homelessness and Addiction Recovery Treatment Hubs (HART Hubs) should ensure services, including but not limited to MHA supportive housing, are available in accordance with workplans and timelines. Work with your regional Central Intake/Coordinated Access Hub to ensure you are ready to receive MHA referrals using the new standardized referral form. Ensure you have onboarded and are submitting the MHA Provincial Dataset before the December 2026 deadline.
Long-Term Care Homes	<ul style="list-style-type: none"> Coordinate with public health and local partners to support vaccine readiness, including on-site clinic opportunities. Partner with local public health units and IPAC Hubs to strengthen IPAC practices, supply planning, outbreak management, and proactive resident care planning. Maintain timely resident application processing (e.g., within five business days) and communication of bed capacity to support system flow. Leverage workforce initiatives (e.g., JOIN-LTC, Nursing PLEDGE) to support recruitment, retention and workforce stability.
Hospitals	<ul style="list-style-type: none"> Advance Hospital-to-Home and Home First approaches, prioritizing patients with the highest clinical complexity to sustain ALC reductions and improve occupancy and patient flow. Strengthen early discharge planning and timely transitions to Ontario Health atHome and community supports while ensuring accurate ALC coding to support continuity of care. Continue to implement provincial patient flow policies (interfacility transfer [IFT], repatriation) to optimize capacity and patient flow (Ontario Health Operational Direction for Acute Hospitals). <p><i>Surgeries (Adult Surgery)</i></p> <ul style="list-style-type: none"> Actively manage surgical volumes to reduce long-waiters and improve access by aiming for >85% of patients receiving care within access targets. Collaborate through regional surgical networks and existing and newly implemented ICHSCs to optimize access, equity and throughput, and minimize cancellations. Support implementation of the anaesthesia stipend model to stabilize in-hospital capacity and minimize disruption. Ensure regular processes are in place to maintain complete, accurate, and timely WTIS waitlist data to support clinical safety, operational efficiency, and equitable system-level decision-making.

Sector	Direction
Hospitals (continued)	<p><i>Medical imaging</i></p> <ul style="list-style-type: none"> Optimize diagnostic capacity (CT/MRI) to support timely care and patient flow. Continue improving access for semi-urgent patients (e.g., priority level 3) to enable timely diagnosis and treatment decisions. Advance Medical Imaging Central Intake and eReferral processes across regions. High-quality waitlist data is essential for clinical safety, operational efficiency, and equitable system-level decision-making. Focus on implementing or maintaining regular processes to ensure WTIS waitlist entries are complete, accurate and timely. <p><i>Hospitals with EDs</i></p> <ul style="list-style-type: none"> Implement ED Leading Practices and leverage peer-to-peer clinical supports (24/7) to improve care delivery and flow. Strengthen ED workforce programs, including nursing education, retention, and training supports, to strengthen staffing capacity. Maximize Pay-for-Results initiatives to improve ED performance, quality, and patient experience, including stabilizing staffing in small and rural EDs. Continue to monitor ED performance, including shift closures, and implement mitigation strategies with Ontario Health.
Pediatric Specialty Hospitals and Hospitals with Pediatric Surgical Programs	<ul style="list-style-type: none"> Accelerate surgical throughput, including maintaining or exceeding funded run rates. Actively manage volumes to reduce long waiters and improve overall wait time performance, aiming for >80% of pediatric patients receiving their procedures within their targeted wait times. Participate in regional surgical networks/partnerships to optimize access, equity and throughput, and minimize cancellations and ramp-downs.
Rehabilitation and Complex Continuing Care	<ul style="list-style-type: none"> Continue to implement the Operational Direction on Rehabilitation and Complex Continuing Care (CCC) Capacity and Flow (released July 12, 2023), including maintaining a target occupancy rate of 95% and implementing a 7-day-a-week discharge and admissions process. Reduce off servicing to preserve access to specialty rehabilitation and CCC care. Enable direct community referrals, where appropriate, to avoid acute care admissions. Implement provincial patient flow policies (interfacility transfer [IFT], repatriation) to support timely transitions and improve system flow.
Ontario Health Teams	<ul style="list-style-type: none"> Expand primary care access and attachment and scale inter-professional team-based care. Maintain integrated clinical pathways and chronic disease prevention and management programs to reduce avoidable demand. Align OHT activities with regional ALC priorities, focusing on prevention, transitions in care and timely discharge to improve patient flow.