OCINet
ONTARIO CLINICAL
IMAGING NETWORK

Annual Report

Prepared by the

Board Chair and CEO
For Ontario Clinical Imaging Network Participants

June 2024

Providing Consistent, Persistent Service to the Healthcare System

The report marks the second annual update for Ontario Clinical Imaging Network (OCINet) since its establishment on April 1, 2022. A pan-provincial organization, OCINet emerged from an Ontario Health (OH) initiative aimed at consolidating the former regional imaging programs: Hospital Diagnostic Imaging Repository Services (HDIRS), Southwestern Ontario Diagnostic Imaging Network (SWODIN), and Northern and Eastern Ontario Diagnostic Imaging Network (NEODIN).

In this first full operational cycle since all staff transitioned to OCINet employment under a new organizational structure, the Board is fully representative of the regions of Ontario, and the budget has been merged into a single, comprehensive view. This year's report documents the excellent work done by the new OCINet team to operate and grow the three imaging repositories for the province, to continue to grow our picture archiving and communication system (PACS) services for hospital participants, to support OH with the development of the provincial electronic health record (EHR), and to add new and exciting projects in the imaging realm. We have done all of this, as will be shown in the financial analysis, while staying on budget and maintaining a good overall cash position for the business.

Ensuring Image-Sharing Excellence

The core of our business — storing and sharing clinical imaging — continues to hum along with flawless execution. OCINet collected an additional 16M exams this year from 140 hospitals and 70 clinics across the province. This brings the total number of hosted exams to approximately 200M, which represents 11PB of data across three regional diagnostic imaging repositories (DIRs).

Our infrastructure to host all this data also continues to evolve. Our Central East region datacentre move was completed this year, with 6PB of data moved to our new datacentre, which is under contract with DXC and co-located with OH infrastructure. This year (2024/25) will see all that data migrate to the new GE HealthCare environment. Also, within the Central East region, the hospital participants and integrated community health service centres (ICHSCs) signed 128 new updated agreements, bringing the total number of agreements signed across all three regions to over 430.

We also reached an important milestone with our PACS services by implementing our first multi-tenant, cloud-based PACS. Oak Valley Health and Brockville General Hospital both went live in early 2024. Unfortunately, this was followed by a cyber-attack suffered by our vendor. Fortunately, the cloud-based PACS service continued to operate without incident; however, the normal post-implementation support was delayed. The clean-up has been recently completed, and optimization activities have restarted.

DR. GARY NEWTON

OCINet Board Chair

President & CEO, Sinai Health System

SHAFIQUE SHAMJI

OCINet Board Secretary

President & CEO, OCINet

Proceeding in Partnership with OH

Our work with OH continued to gain momentum this year as we worked together on several exciting new initiatives.

OCINet continues to provide expertise and support to add imaging data to the provincial EHR. We also worked with OH to submit a five-year $100M+ proposal to consolidate the DIRs and improve the overall access to imaging. In anticipation of receiving approval for this initiative, OCINet also dedicated several resources to the development of a provincial request for proposal (RFP) to create a cloud-based provincial vendor neutral archive (VNA), which will ultimately house the consolidated DIRs from across the province. We expect to receive good news from the Ministry of Health regarding this initiative sometime in the summer.

On the project front, OCINet worked with OH to begin collecting the radiation treatment plans from the 17 cancer treatment centres across Ontario. This will eventually enable these centres to share treatment plans across their locations and enable patients to continue their cancer treatments in the event of a network interruption or cyber-event, as suffered by the Windsor cancer centre this year.

Planning for Provincial Imaging

A highlight for this year is the development of the OCINet three-year strategic plan. The plan was developed over six months of effort and with the help of external consultants and solicited input from all OCINet stakeholders, including management, staff, partners, vendors, clinical advisors, OH advisors, and the OCINet Board of Directors. The strategy anticipates approval of the consolidated VNA proposal mentioned above and revolves around the following three priorities.

1. Provide leadership and expertise in the development of a world-class provincial DIR

This is one of the core mandates for OCINet and the primary reason for its existence – to consolidate the multiple DIRs in the province to a single DIR and enable access to medical imaging at the point of care, where and when needed.

2. Ensure the provincial DIR encompasses a full view of medical imaging

This strategic priority focuses on ensuring that all the imaging clinics (ICHSCs) in Ontario contribute their images to the provincial DIR.

3. Become the centre of excellence for medical imaging management

This final strategic objective is centred around enabling our people to reach their fullest potential as the experts in image management for the province. This also ensures that all our other imaging business lines (e.g., Emergency Neuro Imaging Transfer System (ENITS), picture archiving and communication system (PACS) management, foreign exam management, integration, patient matching, and workflow analysis), are all supported by the best available experts in Ontario.

As we look to 2024/25, OCINet will continue to support the needs of participants and work with our partners to deliver the services that we offer across the imaging landscape. Our focus will be on executing on our new strategic priorities and continuing the work on core projects in collaboration with OH. We will also welcome a new Board Chair after the annual and special meeting of the members.

The future of OCINet looks very promising, and we face this future with optimism and an unwavering commitment to making the relevant digital images available to those that need them, thereby improving healthcare for all Ontarians.

> "OCINet collected an additional 16M exams this year from 140 hospitals and 70 clinics across the province. This brings the total number of hosted exams to approximately 200M, which represents 11PB of data across three regional diagnostic imaging repositories (DIRs)."

Centralizing Imaging for Patients, Providers and, Soon, Population Health

Having served as the Chair of the Clinical Advisory Committee (CAC) since OCINet's inception, and previously for HDIRS, I am encouraged by the strides we have made in image sharing, clinical collaboration, and increasing access for Ontario's health service providers over the past decade.

At the heart of the CAC's mission lies a commitment to ensuring that technical decisions about the repositories are made in the best interest of our patients' clinical outcomes and align with real-time developments in our collective hospitals and clinics. Our journey began with the development of regional DIRs, a groundbreaking initiative that revolutionized access to imaging across the region. This achievement not only facilitated timely diagnosis and treatment but also laid the groundwork for broader electronic health record initiatives, which continue to proliferate under the overarching guidance of Ontario Health.

As we look to the future, the opportunity with OCINet extends well beyond the elimination of artificial data-sharing boundaries between regions. Our patients, driven by the pursuit of specialized care, traverse across the province (and even across provincial borders!), underscoring the need for a seamless, fast, secure, privacy-sensitive, and yet highly accessible network for imaging data exchange.

By centralizing this data and making it available to far-flung and dynamic circles of care, we have the potential to not only enhance individual patient care but also address imaging specialist shortages and tackle broader population health challenges, such as our surgical backlog. The opportunity is to use technology to not only centralize and share all the data but to address DI-related systemic/workflow gaps, make informed decisions at micro and macro levels, and deliver the data to where the patients and clinicians are located.

The integration of technology, particularly foreign exam management (FEM), is a key enabler in this image-sharing endeavour. FEM empowers clinicians to seamlessly access and interpret imaging data from diverse sources, ensuring continuity of care and facilitating informed clinical decision-making. In future, AI could be used by clinicians harnessing the massive, anonymized data pools to drive and prioritize workflow and population health initiatives, from early disease detection to targeted interventions to automated decision support.

Our long-term vision for OCINet extends beyond the confines of traditional healthcare delivery, repository management, or our role as a health information network provider (HINP) enabling participants to exchange patient information. It encompasses a holistic approach to improving health outcomes through the judicious use of data at individual, community, and provincial levels. By leveraging data-driven insights and predictive analytics, perhaps eventually we could identify and address underlying determinants of health, leading to healthier communities and improved quality of life for patients and clinicians alike.

In closing, I extend my heartfelt gratitude to each member of the CAC for your enthusiasm to make the most of the repositories for patients. Meeting by meeting and upload by upload, we have helped – and are helping – OCINet advance digital health in Ontario. What we have achieved so far is just the beginning!

DR. RICHARD AVIV
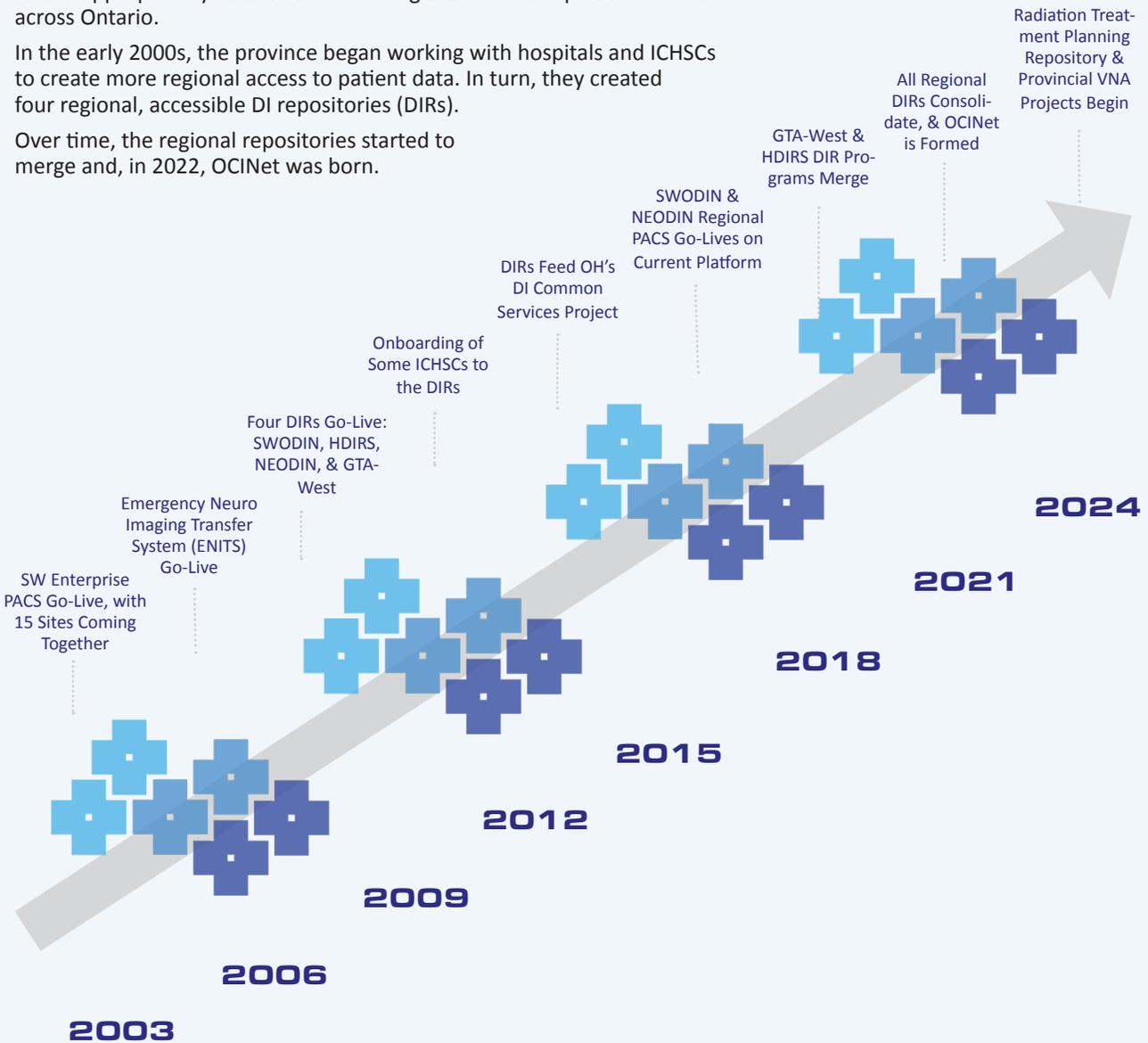Chair, OCINet Clinicial Advisory Committee (CAC)

Evolving From Regional to Provincial

Radiologists started creating digital diagnostic images (DI) in the 1990s. Soon after, they started using centralized PACS to collect, store, distribute, and access DI from anywhere within the hospital.

Traditionally, hospitals and ICHSCs managed their own technology. While DI digitization represented progress, it still left the issue of how to make DI exams appropriately available to other organizations as a patient moved across Ontario.

In the early 2000s, the province began working with hospitals and ICHSCs to create more regional access to patient data. In turn, they created four regional, accessible DI repositories (DIRs).

Over time, the regional repositories started to merge and, in 2022, OCINet was born.

Radiation Treatment Planning Repository & Provincial VNA Projects Begin

All Regional DIRs Consolidate, & OCINet is Formed

GTA-West & HDIRS DIR Programs Merge

SWODIN & NEODIN Regional PACS Go-Lives on Current Platform

DIRs Feed OH's DI Common Services Project

Onboarding of Some ICHSCs to the DIRs

Four DIRs Go-Live: SWODIN, HDIRS, NEODIN, & GTA-West

Emergency Neuro Imaging Transfer System (ENITS) Go-Live

SW Enterprise PACS Go-Live, with 15 Sites Coming Together

2024

2021

2018

2015

2012

2009

2006

2003

Aligning Action with Stakeholder Need

Our professional, volunteer Board of Directors is committed to integrity, equality, and high governance standards in the oversight of OCINet's strategy, partnerships, and operational priorities. OCINet's Board has expertise in healthcare, risk management, finance, corporate governance, accounting, HR, technology, and more. About 70% of the directors work in hospitals, while the remainder hold executive positions in complimentary organizations. Urban and rural as well as academic, community, complex, and continuing care hospitals are represented on the Board.

As per the by-laws of the corporation, OCINet will welcome a new Board Chair in 2024/25. The exiting Board Chair, Dr. Gary Newton, has been instrumental in navigating the organization through some critical changes. We thank him for his three years of steadfast leadership, as highlighted in the formation of the new OCINet, the recruitment of our new CEO as well as new Board members from across the province, and the development of a new strategic plan for OCINet.

OCINet Board Chair:
DR. GARY NEWTON
President & CEO
Sinai Health System

OCINet Board Vice-Chair:
ROY BUTLER
President & CEO
St. Joseph's Health Care, London

OCINet Board Treasurer:
SOUMYA GHOSH
Partner - Financial Services at IBM

OCINet Director:
MIKE BAKER
President & CEO
Temiskaming Hospital

OCINet Director:
ELIZABETH BULLER
President & CEO
St. Joseph's Healthcare Hamilton

OCINet Director:
JEANETTE DESPATIE
President & CEO
Cornwall Community Hospital

OCINet Director:
ANN FORD
President & CEO
Brightshores Health System

OCINet Director:
SHERYL KING
Managing Director, IC&B Strategy and Business Management, Bank of Montreal

OCINet Director:
CAMERON LOVE
President & CEO
The Ottawa Hospital

OCINet Director:
ALI MIR
Chief Operating Officer
Sentrex Health Solutions

Board Secretary (Non-Voting):
SHAFIQUE SHAMJI
President & CEO
OCINet

OCINet Director:
JANICE SKOT
President & CEO (Retired)
Royal Victoria Regional Health Centre

OCINet Director:
TODD STEPANUIK
President & CEO
Norfolk and West Haldimand General Hospitals

OCINet Director:
CATHY SZABO
President & CEO
Providence Care

OCINet Director:
ERIC WHALEY
Chief Information Officer
Wolseley Canada

NEW OCINet STRATEGY

Moving Forward with Vision: Strategic Plan for 2024–2027

OCINet's three-year strategic plan was created under the careful guidance of the Board of Directors. Dozens of staff members, participants, partners and stakeholders were interviewed and consulted to determine healthcare system needs and prioritize OCINet projects. Executional progress is monitored by the Board throughout the year, and the entire set of priorities is reviewed on an annual basis in case tweaking is required due to the rapidly changing technology, regulatory, and clinical landscapes.

OCINET STRATEGIC PRIORITIES

Provide leadership and expertise in the development of a world-class DIR for Ontario	Ensure the provincial DIR encompasses a full provincial view of medical imaging	Become the centre of excellence for medical imaging management

STRATEGIC OBJECTIVES

Enable access to medical imaging at the point of care, where and when needed	Ensure that all imaging clinics contribute images to the DIR	Enable our people and teams to reach their fullest potential

INDICATIVE OUTCOMES

- Consistent and equitable experience
- Seamless access to complete imaging record across the province
- Reduce wait times through efficient image management and distribution
- Confidence that Ontario's images are safe, secure, and available as needed

- Ensure 100% images available in DIR
- Add 600+ more clinics to the DIR
- Improve system efficiencies, reduce CDs
- Reduce duplication, costs, and wait times
- Improve capacity to meet demand
- Improve access to imaging closer to home

- Enhance and expand OCINet's capacity
- Foster a strong, enabling, and inspirational organizational culture
- Grow subject matter expertise/serve as the hub of expertise: DIR management, emergency neuro-imaging management, foreign exam management, interfaces for DI, patient matching, and PACS

![OCINet — Ontario Clinical Imaging Network logo]

Ensuring Records Keep Pace with Patients

CHARLIE'S STORY

Resilient Family Man Relocates for Lifesaving Care

Born in London, Ontario, with cystic fibrosis (CF), Charlie's parents were told he would not live for even five hours, let alone long enough to have the lovely wife and family life he enjoys today.

Charlie strives to make the most of his time, participating in activities that many people unaffected by chronic illness fail to experience. Parachuting, whitewater rafting, and feats on the circus trapeze are the types of activities that make him feel alive! His desire to quickly experience his "bucket list" items and travel around the world are important given the shortened lifespan that the disease dictates.

While receiving treatment in London, Charlie's extensive care team, which included a CF specialist, pulmonary function technologist, nurse practitioner, and many others, were frequent users of the regional Southwestern DIR and shared PACS. These systems, operated by OCINet, are central to the provision of whole-person care and clinical collaboration, and aided Charlie in navigating the complex, cross-facility treatments for CF.

When a 2015 London clinic visit for a routine X-ray indicated that severe lung deterioration had occurred, Charlie was immediately transported to Unity Health in Toronto (Central East) for two weeks of specialized, life-prolonging care. Unfortunately, his Toronto team had no access to the previous imaging stored in the Southwestern DIR.

With increasing visits to Toronto post-hospital release, the lack of health record connectivity between the Southwestern and Central East regions meant more stress and administrative work for Charlie, his family, and his care team. Balancing care across regions became exhausting and, in 2022, Charlie's family made the tough decision to relocate to the Toronto area.

With regular monitoring via scans, at age 50, Charlie no longer needs lung support and still enjoys electric bicycle rides, walks with his dog, and barbecuing with his family. Although his lungs will never be 100%, he is grateful for developments in CF and electronic health records – even though he had to uproot his family for care.

OCINet is working in partnership with Ontario Health to ensure that all images from across Ontario are available to clinicians regardless of their location.

![OCINet - Ontario Clinical Imaging Network logo]
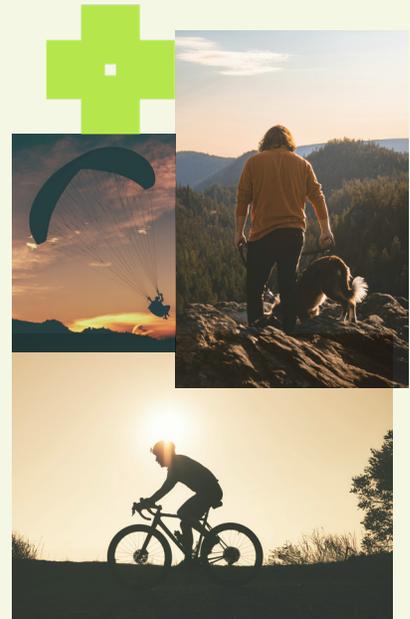
Breaking Down Artificial Barriers to Care

JADE'S STORY

Young Woman with Brain Tumour Takes Matters Into Her Own Hands

In an everyday medical appointment, Jade, an athletic, 28-year-old lawyer, informed her longtime family doctor that she had lost awareness on a few occasions. This revelation not only caught the physician's attention – it also immediately spurred her into action. Jade was quickly scheduled for a CT.

Jade sat tearfully at the post-imaging appointment with her mother, Elaine (a nurse and healthcare executive). The CT revealed a sizable, cancerous brain tumour.

Jade was asked to report to Princess Margaret Hospital for an MRI. The MRI results had to be secured in short order to make the initial appointment with a neurosurgeon at Unity Health in just three days' time most effective.
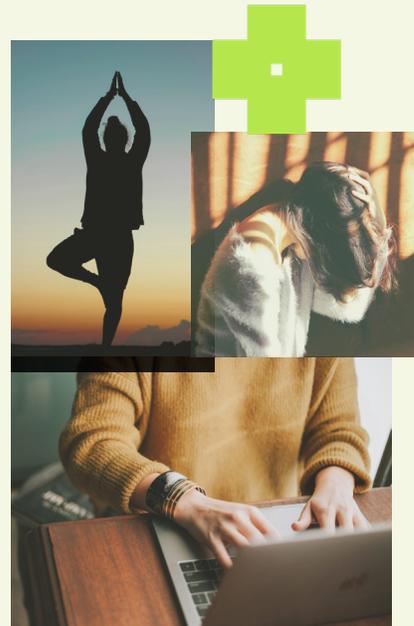
Elaine worried that Jade's new Unity Health neurosurgeon would not have access to the scans in time due to the weekend working hours. The hospitals had no default way to share records electronically, even though they were in close proximity. So, on the Sunday before the appointment, patient and mother travelled downtown to obtain their own copy of the MRI images from Princess Margaret Hospital.

At that appointment on Monday, the neurosurgeon was luckily able to read the MRI CD from Princess Margaret that Elaine had had copied. After examining the images, the neurosurgeon quickly scheduled Jade into the OR.

In the weeks after her operation, Elaine and Jade monitored the Unity Health patient portal closely for updates. A post-surgical MRI confirmed the tumour had been nearly fully resected but that it was a grade two glioma and therefore further treatment was required at Sunnybrook Health Sciences Centre.

Jade received six weeks of radiation and one year of chemotherapy; she was able to monitor and manage appointments, DI and lab results, and health progress through Sunnybrook's patient portal.

Jade's cancer is now in remission, but Jade and Elaine were forced to connect the dots between disconnected technologies themselves to get the fastest treatment. She is looking forward to a day when Ontarians can rely on fast, seamless electronic health record sharing across hospitals.

Exchanging More Data Than Ever

With hospitals doubling down on COVID recovery efforts and aggressively tackling medical imaging waitlists, it will come as no surprise that OCINet experienced the largest single year growth in DIR history. Almost 16M studies were added to OCINet repositories in 2023/24, representing 1.5PB of new data to manage.

While the clinical value of access to relevant prior imaging is unquestionable, multiple studies have now validated that access to relevant prior imaging does reduce the rate of repeat imaging. Considering that 33M studies were distributed this year across the province as relevant prior imaging in support of the delivery of care, the corresponding clinical value becomes immeasurable.

Enabling this degree of image management and distribution is a highly trained team of clinical and technical experts originating from three different organizations. In support of this consolidation, OCINet implemented a new organizational structure, bringing together these skilled resources from across each of the regions and aligning them based on roles and domains of expertise.

DAVID VEENEMAN
VP, Operations
OCINet

Supporting Care with an Uninterrupted Flow of Data

This past year, OCINet was called upon to support more cybersecurity events experienced by our customers than all previous years combined. In particular, OCINet was involved in supporting the cyber-incident that occurred with the Transform Shared Services Organization in the Southwestern part of the province by helping not just with recovery efforts but offering and supporting creative workarounds to support the delivery of care when core systems were down. In one situation, OCINet helped facilitate the secure movement of medical imaging that was acquired in that region to London where it was then uploaded to secure systems there and reviewed by physicians who were assisting during the incident. It was a sober reminder that even with a solid security program, making sound investments, and focusing on the right things, organizations can still find themselves on the wrong side of a cyber-event.

In addition to sustaining current environments, OCINet also tackled a significant datacentre transition. This was a major effort through the summer and fall of last year that culminated in the transition of 100% of the Central East DIR workload (slightly more than half the province) to two new datacentres in the Greater Toronto Area (GTA). This transition resulted in improved datacentre service level agreements, improved security, increased network performance, and higher levels of redundancy and image availability.

In January 2024, OCINet also kicked off a new initiative in partnership with OH and the provincial cancer programs to build a dedicated radiation treatment re-

"Almost 16M studies were added to OCINet repositories in 2023/24, representing 1.5PB of new data to manage."

pository. Ontario currently maintains 17 radiation treatment centres. While there is substantial coordination and collaboration amongst the programs, they are not currently able to easily share data between the disparate systems. This creates challenges when a patient has started radiation treatment at one facility, but needs to continue treatment at another facility, as might be the case with a significant cyber-event. This initiative will allow for the exchange of radiation treatment plans between cancer programs, supporting patient movement among centres, as well as much needed disaster recovery capabilities.

Growing in All Directions

While funding has yet to be approved, and more expansion of OCINet capabilities is required (people and partnerships), this current fiscal will be the collective DIRs' most ambitious year yet by a wide margin. In addition to supporting the normal operations of each of the programs, OCINet has been asked by OH to:

- Ramp up resources to continue the transition of the Central East DIR to a new platform.
- Support the procurement of a new singular cloud-based vendor neutral archive (VNA) for the province.
- Continue to support the design and build of a radiation treatment repository.
- Migrate all historical DI reports from the repositories to the provincial EHR.
- Close the gap for remaining hospitals that do not yet have access to foreign exam management (FEM).
- Pilot a cardiology PACS integration to the DIR.
- Make advancements on ICHSC integration.

ICHSCs play a quiet but valuable role in our health system. Approximately half of all medical imaging performed in the province occurs at ICHSCs – roughly 15M studies a year. The initial mandate of the provincial imaging repository programs was focused on hospital-based imaging. While these programs have been successful at collecting hospital images, their success has also highlighted the reality that the job is not complete. In this time of COVID recovery, when our health system is leaning on ICHSCs like never before, the mission is clear – all medically relevant imaging, regardless of its source, needs to be provincially available to all care providers to serve the people of Ontario equitably.

Focusing on Deliverables by Partnering

Many partners support these OCINet operations, and we extend many thanks to them:

- Scarborough Health Network for providing back-office payroll and benefits administration.
- The Ottawa Hospital for providing our M365 domain as well as security support through their LDG.
- London Health Sciences Centre and St. Joseph's Health Care, London for providing datacentre co-location services, security services, and helpdesk support.
- Health Sciences North for providing datacentre and transition support services.
- Ontario Health for contextual guidance, new opportunities, and the financial support OCINet needs to serve hospitals and ICHSCs.

"The mission is clear – all medically relevant imaging, regardless of its source, needs to be provincially available to all care providers to serve the people of Ontario equitably."

"I am **thrilled** to share how beneficial the FEM has been for our radiologists when reporting studies. It has significantly streamlined our process, eliminating the need to call around and manually transfer images between facilities. This advancement marks **a substantial leap forward in patient care**, enabling our radiologists to provide more accurate clinical reads with the support of imaging from other facilities. While we have experienced occasional technical glitches, I am confident that most of these issues have been resolved."

SEAN HAILSTONE
Manager, DI and ECG/PACS Administrator
Lake of the Woods District Hospital

OCINet SERVICES FEEDBACK

Helping Healthcare Teams Help Others

"Since its inception in 2008/09, ENITS has been a **remarkable service** that has not only facilitated neurosurgical patient care in the province but has also reduced unnecessary patient transfers. **ENITS has resulted in extraordinary healthcare expenditure savings** and has enabled neurosurgeons and healthcare professionals to do the best thing for their patients, at times of urgent and great needs."

DR. JIM RUTKA
Professor, Department of Surgery
Temerty Faculty of Medicine,
University of Toronto

"Using a **shared PACS has been invaluable** in reporting for a range of connected hospitals. With a single PACS system, all my user preferences and DDPs are automatically applied to each of the hospitals I report for, significantly improving efficiency. A particularly useful feature is easily creating personalized workflow lists, combining a range of tasks from different hospitals for the day which ultimately leads to higher workflow efficiency.

Shared PACS enables viewing prior images from other connected hospitals and radiology groups where patients have different hospital numbers. Within PACS, these can be simply combined to allow comparison to the prior images. Patients frequently are imaged at other hospitals sites, making this invaluable.

The PACS user experience has been excellent, especially because of the knowledgeable and helpful OCINet team."

DR. TANG
Diagnostic Radiologist
London Xray Associates
(And Affiliated Hospitals)

"For ages, our Bone Mineral Density (BMD) workflow was inefficient and prone to error, as measurements from the BMD scanner were verbally or manually transcribed into Fluency. The likelihood for error increased with each step, and the entire process was labour intensive. For years, we sought to have the BMD scanner and Fluency communicate directly to input numerical values into reports in order to reduce transcription error and improve productivity. Up until recently this was unattainable, for reasons not entirely clear. With the purchase of the new scanner, OCINet was approached to help integrate these systems. After a lot of work, today I am happy to state that we are at a much better place with our BMD service than we were prior to the involvement of OCINet. While there are some further refinements needed, the productivity of the service has **improved the centre significantly**. Our **reports are more accurate** with fewer transcription errors. The **turnaround time has improved**. Referring clinicians and the NM faculty have noticed a difference as well."

DR. JONATHAN ROMSA
Dept of Medical Imaging,
Western University
London Health Sciences
Centre & St. Joseph's
Health Care, London

OCINet SERVICES FEEDBACK

Supporting Systems That Make a Real Difference

"Working with the ENITS team has allowed us to seamlessly onboard the Rapid solution, optimizing efficiency and enhancing patient care for possible stroke patients. Through combined expertise and commitment, we can now provide streamlined processes, improve accessibility, and **elevate overall healthcare delivery**. The onboarding of Rapid Report has been crucial because it provides timely and actionable information, allowing for **quick decision-making and interventions** for our patients."

TIFFANY DOLYNY
Interim Manager, Diagnostic Imaging
Riverside Health Care Facility —
Fort Frances

"ENITS has been **invaluable in enhancing the consultation process** for neurosurgical and other cases facilitated by CritiCall Ontario. Our ongoing collaboration with ENITS helps to ensure that access to excellent acute medical imaging is available to expedite the management of critically ill patients in Ontario. Over the years, we have seen an increase in volume of ENITS requests and we continue to be **impressed with the responsiveness of the ENITS team**."

DR. ALUN ACKERY
Provincial Medical
Director
CritiCall Ontario

CHRISTINE MOON
Manager, Communications, Client
Relations, Quality & Strategy
CritiCall Ontario

Protecting Participant and Patient Data

Data protection is a critical component of OCINet's activities. Through OCINet's privacy and security programs, managers can identify sources of privacy and security risk, plan to address incidents should they occur, and effectively manage suspected or actual privacy or security events to prevent or address breaches.

In 2023/24, OCINet recruited an expert privacy officer, Darcelle Hall, who has both healthcare system and privacy legislation understanding. We have engaged the Chief Information Security Officer (CISO) services of Calian/iSecurity for top-tier security guidance and continuous coordination with participating hospitals and OCINet resources. These program leaders are continually working to strengthen our integrated privacy and security incident and breach management processes to confirm our readiness to respond to any incident that could impact participants.

Increasing Security Maturity

OCINet has adopted the National Institute of Standards and Technology (NIST) cybersecurity framework to further our capacity to respond to incidents internally and externally. This framework covers the lifecycle of security incident response through five core functions: Identify, Protect, Detect, Respond, and Recover. Under this framework, we have achieved success on many short-term control objectives and made much headway on longer term initiatives as well.

Prioritizing Patient Privacy

When it works on behalf of hospitals and ICHSCs to store and share clinical imaging exams, OCINet is a health information network provider (HINP), a type of service provider under Ontario's Personal Health Information Protection Act, 2004 (PHIPA) and related regulation, O. Reg. 329/04.

With the weight of responsibility of storing data from hundreds of health service providers, we are thoroughly committed to supporting participants with a rapid and comprehensive response to a suspected or actual privacy breach.

Our *privacy engagement in incident response procedure* is designed to ensure an effective integrated approach to handling security incidents that may involve unauthorized collection, use or disclosure, retention, or destruction of personal health information (PHI). We understand that early and continuous engagement of privacy in incident response is a critical success factor in incident management. Our privacy team is engaged in developing and testing incident response, including tabletop exercises that put our incident response plan to the test.

Our privacy risk management activities include privacy impact assessments (PIAs) and reviews to inform the remediation of privacy risks and active management of a risk register, inclusive of activities stemming from suspected or actual privacy breaches. OCINet will continue to invest in the safety of the data that it manages.

DARCELLE HALL
Privacy Manager
OCINet

Gearing Up for Growth

Although OCINet is a young company, the staff bring many years of dedication and service. When OCINet was formed, employees' years of service with SWODIN, HDRIS, and NEODIN were recognized. With currently over 50 employees, years of service range from under 1 year with OCINet to 39 years.

As the demand for OCINet's services is growing, the team is also expanding. This year, we hired three additional employees, along with retaining support from new independent contractors/partners. Staff turnover has remained low, with two staff choosing other career paths. Despite changes to systems, team composition, procedures, and processes, the staff's dedication to their work has not wavered.

Realigning for Resiliency

This past year, OCINet re-organized its structure from operating regionally to functionally. This change enabled staff with similar skills and roles to easily communicate and engage, while providing cross-coverage/training and greater clarity for staff and leaders. It also has aided staff to start developing best practices and procedures for OCINet while continuing to be innovative in problem-solving.

Given the technical and clinical understanding required by staff, ensuring comparable compensation and benefits to others in the industry is important. Last year there was significant activity across the sector as hospitals worked to address the strike-down of Bill 124 and adjust compensation for non-union and union groups. To be in alignment with hospital sector salary scales, remain competitive, and retain staff, OCINet made compensation adjustments for eligible employees.

OCINet provides an industry-leading defined benefit pension plan through HOOPP and comprehensive benefits to its full-time staff, but a new employee assistance program (EAP) was also implemented this year. TELUS Health now provides work-life and well-being assistance, and Perkopolis extends a staff discount program.

Creating a Culture of Value

In July 2023, OCINet assessed its cultural values to understand staff sentiment and consolidation impacts. Communication, teamwork, accountability, adaptability, and work-life balance were found to be highly cherished by all employees, including when results were validated in a workshop that was held to shape a collaborative, future action plan.

Despite originating from different programs, the new, combined team is unified in their shared purpose, commitment to supporting care delivery, and passion for the medical imaging field. Much like in the old days when X-rays were developed in a darkroom with wet processing chemicals to achieve the "super additivity" that made films readable, this team is more powerful when mixed together and has already achieved remarkable progress in a short time.

"Much like in the old days when X-rays were developed in a dark-room with wet processing chemicals to achieve the "super additivity" that made films readable, this team is more powerful when mixed together and has already achieved remarkable progress in a short time."

Making Imaging-Designated Monies Count

In 2023/24, OCINet managed its resources in a prudent and careful manner and ended the year in a balanced operating position, having spent all of the $26.7M funding received throughout the fiscal year.

Many of OCINet's 2023/24 financial objectives were met, including:

- The administrative work to bring together the former HDIRS, SWODIN, and NEODIN entities continued, including bringing all OCINet employees onto one payroll and HR system.

- Many operational contracts were assigned or realigned within OCINet, taking advantage of economies of scale where possible.

- The transfer payment agreement (TPA) with Ontario Health (OH) covering the consolidated entity for 2023/24 was successfully negotiated to include funding for refresh of the aging, former HDIRS infrastructure.

- The shared PACS project for Central East contributors continued with two participating hospitals going live in the year. Shared PACS and Speech programs for Southwestern contributors saw the benefits of adding a new participant in the previous year, improving economies of scale.

- The established financial framework and reporting structure, including expansion necessary to report transparently to all participants, was successfully maintained.

- Revenue sources for operations and special projects were successfully managed with no collections issues encountered. Payments from OH have been received monthly, providing a more stable and predictable source of funds.

- A special project to implement a repository for radiation treatment records was assigned from OH and started in the 2023/24 fiscal year under a separate TPA.

- Work was substantially completed on a new strategic plan covering the next three years.

A new funding agreement with OH — including full operational funding as well as new provisions added on top of the agreement for 2023/24 to assist with providing stable cashflow to OCINet has been requested from OH. No additional contributions from participants for operations are budgeted or planned for fiscal 2024/25.

The Board approved the 2024/25 budget for OCINet in April 2024.

SOUMYA GHOSH
OCINet Board Treasurer

Partner - Financial Services at IBM

EILEEN GASPIRC
Chief Financial Officer OCINet

Financial Results – 2023/24

Deloitte LLP were appointed auditors for the year ended March 31, 2024. In 2019, the Board approved their appointment for seven additional years to benefit from their experience consolidation and DIR.

Deloitte LLP issued a clean, unmodified opinion on the financial statements. The year-end communications report did not include any material matters of note or concern for the Board.

The audited financial statements for 2023/24 were prepared using Canadian Accounting Standards for Not-For-Profit Organizations. The organization early-adopted new guidance on the application of standards for cloud-based arrangements, as this coincided with the first instances of the cloud-based solution for the Central East PACS. These standards do not have any retroactive impact on the organization's financial statements.

Key Financial Statement Highlights

Significant funding from principal sources:

- From Ontario Health, $26.7M was received under the TPA for Operations. Of this amount, $20.9M was used to fund operations, and $5.8M contributed to the purchases and commitments for capital assets.

- Amortization of deferred contributions from project participants of $3.1M significantly increased this year with the addition of a new participant for a full year in the existing Southwestern PACS and Speech programs, the new Central East PACS project, and the new radiation treatment repository project. These amounts are recognized in revenue as the related expenditures are incurred.

- Contributions from NEODIN and SWODIN participants of $1.1M represent these contributors' one-time additions to the operations fund to support operations cashflow. No new amounts for operations were requested of existing participants this year.

Significant expenses:

- Datacentre expenses represent the cost of operating six locations in 2024 plus relocation costs for two centres during the year. In addition, the expenses include new costs related to the Central East PACS program and the new radiation treatment repository project.

- Compensation costs similarly include staff and contractors required to assist with the datacentre moves and other new initiatives.

The organization ended the year with a surplus due to one-time contributions from new participants of $1.1M and interest and other income of $0.5M. The overall unrestricted operations fund at the end of the year stands at $8.8M.

Management has continued to seek ways to reduce costs to participants and stakeholders for operating expenditures, special projects, and storage.

"A new funding agreement with OH — including full operational funding as well as new provisions added on top of the agreement for 2023/24 to assist with providing stable cashflow to OCINet has been requested from OH. "

About OCINet

Formed in April 2022 with the consolidation of three diagnostic imaging repository programs (i.e., HDIRS, NEODIN, SWODIN), OCINet was created to execute Ontario's medical imaging digital health strategy.

Building on regional efforts of the past decade, OCINet enables the secure storage and retrieval of image records, supports hospitals and integrated community health service centres (ICHSCs), and connects radiologists, referring physicians, and specialists with their patients' images and reports province-wide.

The seamless, authorized sharing of imaging records supports the movement and treatment of patients, reduces repeat scans and harmful radiation exposure, reduces healthcare costs, and decreases wait times.

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