

Ministry of Health
Ministerial Data Integration Unit

2025 Annual Report

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Introduction

Part III.1 Data Integration (the Part) of the *Freedom of Information and Protection of Privacy Act (FIPPA)* allows the Ontario government and other designated organizations to better leverage information across ministries and other publicly-funded organizations. It enables the development and integration of cross-sectoral and sectoral datasets to derive insights into how government programs and services can be better delivered to Ontarians.

The Part provides for the designation of ministry data integration units, inter-ministerial data integration units and extra-ministerial data integration units (collectively referred to as “DI Units”). Under the Part, DI Units may indirectly collect personal information (PI) for linking to create, and enable access to, de-identified datasets for the purposes of analysis in relation to:

- the management or allocation of resources
- the planning for the delivery of programs and services provided or funded by the Government of Ontario
- the evaluation of those programs and services

For certain permitted purposes set out under *FIPPA*, the Data Integration Unit (DIU) is authorized to indirectly collect and use personal information, primarily for de-identification and linkage.

While the Ministry of Health’s (MOH) Capacity Planning and Analytics Division (now called the Data and Analytics Strategy Division) is designated as both an inter-ministerial data integration unit (IMDIU) and a ministerial data integration unit (MDIU), the scope of this Annual Report concerns the MDIU’s collection of personal information during the 2025 calendar year, along with details of the Daily Capacity Monitoring (DCM) project it undertook during the 2025 calendar year.

The MOH MDIU undertook the DCM Project pursuant to its authority to indirectly collect personal health information by means of the Electronic Health Record (EHR) under section 55.9 of the *Personal Health Information Protection Act, 2004 (PHIPA)*, in accordance with the requirements set out in *FIPPA Part III.1*.

There were no projects undertaken by the MOH IMDIU and the MLTC IMDIU during this period.

Executive Summary

The requirements for the Annual Report are outlined in accordance with the following provisions of [the Part](#): Section 49.7(2), Section 49.13(1).

As per the Data Integration Data Standards, this report's coverage period includes the information set out in 26.2 to 26.6. As per Requirement 25.3.2, the datasets of original non-coded PI collected by the DI Unit do not need to be included on this list as they will be reflected in the Notices of Collection, but the coded information derived from these datasets must be included.

This annual report covers the period from January 1 to December 31, 2025.

As required by *FIPPA* III.1 (the Part) and the OPS Data Integration Standards, the DIU has prepared the following annual report related to the following active DI projects in 2025:

- Daily Capacity Monitoring (DCM)

Data Integration Unit:

The Capacity, Planning and Analytics Division of the Ministry of Health (now referred to as the Data and Analytics Strategy Division), designated as a ministerial DIU and inter-ministerial DIU under Part III.1 of *FIPPA*.

Contact Information:

Health Data Branch

Data and Analytics Strategy Division

Ministry of Health | Ministry of Long-Term Care

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2025 Data Integration Project: Daily Capacity Monitoring

Context and Purpose of Collection

The pandemic has highlighted the importance of understanding health system capacity to meet the needs of patients in Ontario.

Currently, the Ministry receives aggregate facility level data through CIHI and other data collection mechanisms. There is a need to have record level data that will enable the Ministry to understand when, where, and why capacity surges may be taking place within a hospital or at regional level and how best to reallocate resources based on patient and care needs.

The ministry completed the Daily Capacity Monitoring (DCM) Project on June 23, 2025. Through this work, the DCM Project identified opportunities to improve data submission processes, enhance data quality, and advance data standards.

A public [notice of collection](#) was updated in 2025.

Personal Information Collected, Used and Disclosed

Acute and Community Clinical Data Repository (acCDR)

The DIU collected and used the following personal information from Ontario Health by means of the electronic health record, specifically the acCDR to capture patient capacity and flow from Ontario hospitals:

Data Elements	Definition
Organization Name	Name of organization where visit took place
HCN Issuer	Issuer of health card number, e.g. Ontario, Alberta, BC
HCN Value	The Health Care Number (HCN) Value represents the patient's unique health care coverage number, e.g. Ontario Health Card Number
MRN Issuer	Issuer of Medical Record Number (MRN), e.g. the patient ID bank at the hospital
MRN Value	MRN value assigned to a patient
Patient Surname	Patient Surname
Patient Given Names	Patient Given Names
Patient Date of Birth	The date the patient was born
Patient Postal Code	The postal code of the patient's home address
Visit ID Number	Unique ID for encounter; facility derived number to associate a patient to a particular visit
Admit Date & Time	The date and time that the patient was officially registered as an inpatient
Discharge Date and Time	The date and time when the patient was formally discharged

Data Elements	Definition
Patient Service	Describes a group of similar patients with related diseases, conditions, problems or circumstances and interventions
Entry Code	Indicates the last point of entry prior to being admitted as an inpatient to the reporting facility (when applicable)
Triage Level	Categorizes the patient according to the type and severity of the patient's initial presenting signs and symptoms using the Canadian Triage and Acuity Scale (CTAS)
Bed Type	Bed Types describe the type of bed the patient is occupying within the hospital
Disposition	Describes the location or status of a patient upon discharge
ED Arrival Date and Time	Date and time of arrival in the Emergency Department (ED)
Triage Date and Time	Date and time when the patient is triaged in the ED

Ontario Laboratory Information System (OLIS)

The DIU collected the following personal information for patients who have tested positive for COVID-19, Influenza, and RSV:

Data Elements	Definition
Health Card Number	Patient's unique health care coverage number, e.g. Ontario Health Card Number
Patient Surname	Patient Last Name
Patient First Name	Patient Given Names
Patient Gender	Patient Sex or Gender
Patient DOB	The date the patient was born
Patient Postal Code	Patient's postal code
Lab tests for respiratory diseases for Influenza	Patient's test results for influenza
Lab tests for respiratory diseases for RSV	Patient's test results for RSV
Lab tests for respiratory diseases for COVID-19	Patient's test results for COVID-19

Registered Persons Database (RPDB)

The DIU collected the following personal information from the internal MOH RPDB to confirm personal information collected from acCDR:

Data Elements	Definition
Health Card Number	Ontario Health Card Number
Patient First Name	Patient Given Names
Patient Last Name	Patient Surname
Sex	Patient Sex or Gender
Date of Birth	The date the patient was born

Data Elements	Definition
Patient Full Address which may contain <ul style="list-style-type: none"> • Address Line 1 • Address Line 2 • City • Province • Postal Code 	Patient’s complete address, including postal code

See Appendix A for the complete list of the minimum common identifiers and coded information developed and maintained under Requirement 25.3.

Data Linkages

The MDIU linked record level PI from the Daily Capacity Monitoring (DCM) file (extracted from acCDR) with patient demographic information from RPDB, and COVID-19 and Respiratory Diagnostic information from OLIS. The encrypted patient information obtained from RPDB was used to confirm PHI in the DCM file. Additionally, health card number was encrypted and linked in RPDB and OLIS to validate Patient Health Card Number.

Disclosure of Data

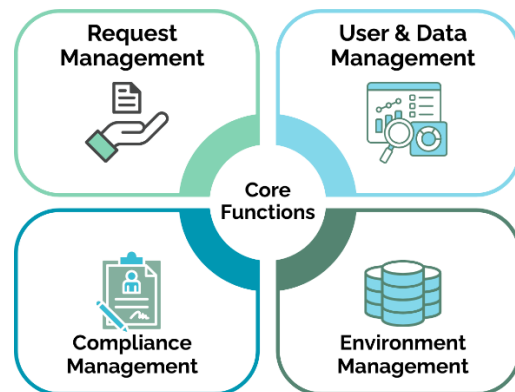
No data was disclosed outside the DIU for the 2025 reporting period.

The Data Integration Unit's Practices and Procedures

Overview

DIU has practices and procedures regarding how personal information is collected, linked, de-identified, stored and destroyed to support compliance with *FIPPA* III.1 and the OPS Data Integration Data Standards.

The practices and procedures are grouped into four main areas: Request Management, User and Data Management, Environment Management, and Compliance Management.



Request Management

The request management process includes a review of legal, privacy and security requirements including:

- An assessment to ensure the request is supported under *FIPPA* III.1 and aligns with the public interest
- An assessment to ensure only the minimal amount of information is collected
- Establishment of Data Sharing Agreements and / or Written Acknowledgements
- Safeguards and controls during the collection, linking, de-identification, storage and release process

User and Data Management

Data access and management is handled through:

- Separation of roles
- Assignment of roles to staff within the DIU (i.e. intaker, coder, linker and compliance officer)
- Annual Privacy and Security Training
- Confidentiality agreements
- User access management controls (i.e. changes to user accounts or removal of access to the DIU Environment)
- Secure transfer of data during the collection, use and disclosure process
- Privacy-protective measures (e.g. de-identification of linked data sets to minimize the risk of re-identification)
- Role based access, ensuring that
 - Access to direct identifiers is restricted to the **coder** who is responsible for identifying and defining the minimum common identifiers needed to enable linking, and ensuring that direct identifiers are replaced with secure internal codes
 - Only the **linker** can take the coded information and link it to different data sets without accessing the original personal information

- Only the **compliance officer** can access log data in the audit schema for purposes of monitoring user activity and ensuring compliance

Data Retention and Secure Disposal of Data

Data retention and disposal are managed through:

- Data retention policies, ensuring that datasets will be retained as per established retention periods and disposed following the completion of the retention periods
- Certificates of destruction will be issued when PI and coded information reach the end of their retention period and storage media reach end of life

Environment Management

DIU protects data using both physical and technical safeguards which include:

- Use of physical security
- Secure environment and storage of data
- Technical controls (i.e. Approved devices, secure logins and VPN)
- Penetration testing and vulnerability scans

Compliance Management

DIU monitors its operations through:

- Regular audits and reviews of the environment
- Logs related to access, control, and management of data including privacy and security measures
- Clear procedures to identify and address risks, and respond to and mitigate privacy or security breaches

Public Notice of Collection and Annual Reporting

There was only one project (i.e. Daily Capacity Monitoring) undertaken in 2025. The Ministry's Notice of Collections can be found on its' [public website](#) in English and French.

Additionally, the ministry is required to publish an annual report on its data integration activities, which is fulfilled by this report.

Appendix A – Minimum Common Identifiers and List of Coded Datasets

Minimum Common Identifiers

The table below reflects the minimum common identifiers retained for use in assigning internal identifiers and linking.

Sources	Identifiers
Daily DCM file derived from acCDR Internal reference: DETLOAD.DCM	HCN_VALUE
	MRN_VALUE
	PATIENT_GIVEN_NAME
	PATIENT_POSTAL_CODE
	PATIENT_SURNAME
	RECORD_KEY
	VISIT_ID
Respiratory diagnostic information from OLIS Internal references: A_OLIS.SAS_VA_OLIS_COHORT A_OLIS.OLIS_RSVFLU_ICES	HCN_ENCRYPTED
	PATIENTID
Registered persons information from RPDB Internal references: RPDB.REG_PERS_ADDR RPDB.PERSONAL_CHARACS	HCN_ENCRYPTED
	FRST_DETL_LINE_TXT
	SEC_DETL_LINE_TXT
	MUNICIPALITY_NAME
	PROV_ST_CD
	BIRTH_DATE
	SEX_TYPE_CD

List of Coded Data Sets (2025)

The following table identifies the list of coded datasets generated in 2025.

Dataset Name	Data Source / Parent Dataset	Short Description of Dataset	Description (or List) PI in the dataset	Data Date Range
DCM_01MAR24_30SEP24_5_ENC	Ontario Health (OH)	Intermediate table based on DCM_01MAR24_30SEP24_5 with the unencrypted and encrypted direct identifiers	MRN_VALUE; PATIENT_GIVEN_NAME; PATIENT_POSTAL_CODE; PATIENT_SURNAME; RECORD_KEY; VISIT_ID; ADMIT_DATE_TIME; BED_TYPE; DISCHARGE_DATE_TIME; DISPOSITION; ED_ARRIVAL_DATE_TIME; ENTRY_CODE; HCN_ISSUER; MRN_ISSUER; ORGANIZATION_ID; ORGANIZATION_NAME; PATIENT_DOB; PATIENT_SERVICE; RECORD_STATUS; RECORD_STATUS_DESCRIPTOR; N; TRIAGE_DATE_TIME; TRIAGE_LEVEL;	Census Date between March 1, 2024 - Sept 30, 2024

DCM_01MAR24_30SEP24_5_ENC_LNK	Ontario Health (OH)	All records from DCM_01MAR24_30SEP24_4 with all the Direct Identifiers encrypted; unencrypted direct identifiers have been removed	ADMIT_DATE_TIME; BED_TYPE; DISCHARGE_DATE_TIME; DISPOSITION; ED_ARRIVAL_DATE_TIME; ENTRY_CODE; HCN_ISSUER; MRN_ISSUER; ORGANIZATION_ID; ORGANIZATION_NAME; PATIENT_DOB; PATIENT_SERVICE; RECORD_STATUS; RECORD_STATUS_DESCRIPTION; TRIAGE_DATE_TIME; TRIAGE_LEVEL;	Census Date between March 1, 2024 - Sept 30, 2024
MISMATCHED_HCNS	Ontario Health (OH)	Organization Names and Record Keys of patient encounters where the HCNs are inconsistent across several transactions	N/A	Census Date between March 1, 2024 - June 30, 2024

<p>MISMATCHED_HCNS_2</p>	<p>Ontario Health (OH)</p>	<p>All DCM fields for all patient encounters where the HCNs are inconsistent across several transactions</p>	<p>MRN_VALUE; PATIENT_GIVEN_NAME; PATIENT_POSTAL_CODE; PATIENT_SURNAME; RECORD_KEY; VISIT_ID; ADMIT_DATE_TIME; BED_TYPE; DISCHARGE_DATE_TIME; DISPOSITION; ED_ARRIVAL_DATE_TIME; ENTRY_CODE; HCN_ISSUER; MRN_ISSUER; ORGANIZATION_ID; ORGANIZATION_NAME; PATIENT_DOB; PATIENT_SERVICE; RECORD_STATUS; RECORD_STATUS_DESCRIPTION; TRIAGE_DATE_TIME; TRIAGE_LEVEL;</p>	<p>Census Date between March 1, 2024 - June 30, 2024</p>
<p>OLIS_COHORT_20241001</p>	<p>MOH\OLIS</p>	<p>Copy of the A_OLIS.SAS_VA_OLIS_COHORT_2024_10_01 with only a few fields</p>	<p>HCN_ENCRYPTED COVID_TE SPEC_COLL_DT AGE_GRP1 AGE_GRP2 SEX</p>	<p>As of October 1, 2024</p>

OLIS_RSVFLU_ICES_20240918	MOH\OLIS	Added new fields RSV, RSV_A, RSV_B, VIRUS, VIRUS TYPE	OBSERVATIONDATETIME; FLU; FLU_A; FLU_A_H1; FLU_A_H3; FLU_B; RSV; RSV_A; RSV_B; VIRUS_TYPE; VIRUS;	As of September 18, 2024
OLIS_RSVFLU_ICES_20241017	MOH\OLIS	Added new fields RSV, RSV_A, RSV_B, VIRUS, VIRUS TYPE	OBSERVATIONDATETIME; FLU; FLU_A; FLU_A_H1; FLU_A_H3; FLU_B; RSV; RSV_A; RSV_B; VIRUS_TYPE; VIRUS;	As of October 17, 2024

Appendix B – Audits Under *FIPPA* Part III.1 s. 49.7 (1) (b)

No audits under section 49.7 (1) (b) were undertaken as it was not applicable during the reporting period.