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October 6, 2015

Dr. Tim Rutledge  
President and CEO  
North York General Hospital  
4001 Leslie Street  
Toronto, ON M2K 1E1

*Tim*  
Dear Dr. Rutledge:

**Re: 2008-16 Hospital Service Accountability Amending Agreement**

I am pleased to provide you with the 2008-16 Hospital Service Accountability Amending Agreement (the "H-SAA") which amends and extends to March 31, 2016, the service accountability agreement between the Hospital and the LHIN that took effect April 1, 2008.

The attached H-SAA includes funding and related volume targets as agreed to through the 2015/16 planning and H-SAA process. All other terms and conditions of the H-SAA will remain the same. The LHIN and Hospital will continue to work together throughout the fiscal year to establish performance targets, as relevant information becomes available.

If you have any questions or concerns please contact Sue Turcotte, Director, Performance, Contract and Allocations at Sue.Turcotte@lhins.on.ca or 905-948-1872 x222.

Sincerely,



Kim Baker  
Chief Executive Officer  
Central LHIN

/rg

c: Mr. John Aldis, Vice President Corporate and Information Services and Chief Financial Officer,  
North York General Hospital  
Ms. Karin Dschankilic, Senior Director, Performance, Contracts and Chief Financial Officer, Central  
LHIN

Enclosure

## 2008-16 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2015

**B E T W E E N:**

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")**

**AND**

**NORTH YORK GENERAL HOSPITAL (the "Hospital")**

**WHEREAS** the LHIN and the Hospital (together the "Parties") entered into a hospital service accountability agreement that took effect April 1, 2008 (the "H-SAA");

**AND WHEREAS** pursuant to various amending agreements the term of the H-SAA has been extended to March 31, 2015;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA for a further twelve month period to permit the LHIN and the Hospital to continue to work toward a new multi-year H-SAA;

**NOW THEREFORE** in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows:

**1.0 Definitions.** Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the H-SAA. References in this Agreement to the H-SAA mean the H-SAA as amended and extended.

**2.0 Amendments.**

**2.1 Agreed Amendments.** The H-SAA is amended as set out in this Article 2.

**2.2 Amended Definitions.**

(a) The following terms have the following meanings.

**"Post-Construction Operating Plan (PCOP) Funding" and "PCOP Funding"** means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

**"Schedule"** means any one of, and **"Schedules"** means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:

Schedule A: Funding Allocation  
Schedule B: Reporting  
Schedule C: Indicators and Volumes

- C.1. Performance Indicators
- C.2. Service Volumes
- C.3. LHIN Indicators and Volumes
- C.4. PCOP Targeted Funding and Volumes

- 2.3 **Term.** This Agreement and the H-SAA will terminate on March 31, 2016.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2015. All other terms of the H-SAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

By:

  
 \_\_\_\_\_  
 Warren Jestin, Chair

OCT 6, 2015  
 \_\_\_\_\_  
 Date

And by:

  
 \_\_\_\_\_  
 Kim Baker, CEO

OCT 6, 2015  
 \_\_\_\_\_  
 Date


**NORTH YORK GENERAL HOSPITAL**

By:

  
 \_\_\_\_\_  
 Murray Perelman, Chair

August 18, 2015  
 \_\_\_\_\_  
 Date

And by:

  
 \_\_\_\_\_  
 Tim Rutledge, CEO

August 11, 2015  
 \_\_\_\_\_  
 Date

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 632  
 Hospital Name: North York General Hospital  
 Hospital Legal Name: North York General Hospital

## 2015-2016 Schedule A Funding Allocation

		2015-2016	
		[1] Estimated Funding Allocation	
<b>Section 1: FUNDING SUMMARY</b>			
<b>LHIN FUNDING</b>			
LHIN Global Allocation		[2] Base	
Health System Funding Reform: HBAM Funding		\$125,082,920	
Health System Funding Reform: QBP Funding (Sec. 2)		\$86,867,481	
Post Construction Operating Plan (PCOP)		\$31,367,925	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$1,340,500
Other Non-HSFR Funding (Sec. 5)		(\$2,438,655)	\$0
<b>Sub-Total LHIN Funding</b>		<b>\$240,879,671</b>	<b>\$21,469,014</b>
<b>NON-LHIN FUNDING</b>			
[3] Cancer Care Ontario and the Ontario Renal Network		\$12,352,910	
Recoveries and Misc. Revenue		\$25,956,985	
Amortization of Grants/Donations Equipment		\$3,229,001	
OHIP Revenue and Patient Revenue from Other Payors		\$27,796,549	
Differential & Copayment Revenue		\$4,935,514	
<b>Sub-Total Non-LHIN Funding</b>		<b>\$74,270,959</b>	
<b>Total 15/16 Estimated Funding Allocation (All Sources)</b>		<b>\$315,150,631</b>	<b>\$21,469,014</b>

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 632  
 Hospital Name: North York General Hospital  
 Hospital Legal Name: North York General Hospital

## 2015-2016 Schedule A Funding Allocation

		2015-2016	
		Volume	[4] Allocation
<b>Section 2: HSFR - Quality-Based Procedures</b>			
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		310	\$2,631,409
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		437	\$3,392,808
Acute Inpatient Hip Fracture		296	\$4,260,006
Knee Arthroscopy		TBD	TBD
Elective Hips - Outpatient Rehabilitation for Primary Hip		0	\$0
Elective Knees - Outpatient Rehabilitation for Primary Knee		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		147	\$1,675,189
Acute Inpatient Congestive Heart Failure		544	\$4,612,740
Aortic Valve Replacement		0	\$0
Coronary Artery Disease		0	\$0
Acute Inpatient Stroke Hemorrhage		36	\$768,685
Acute Inpatient Stroke Ischemic or Unspecified		223	\$2,498,674
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		43	\$141,682
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		10	\$214,209
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		21	\$240,040
Unilateral Cataract Day Surgery		6,962	\$3,470,678

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital

## 2015-2016 Schedule A Funding Allocation

		2015-2016	
		Volume	[4] Allocation
<b>Section 2: HSFR - Quality-Based Procedures</b>			
Bilateral Cataract Day Surgery		0	\$0
Retinal Disease		0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		325	\$710,543
Acute Inpatient Tonsillectomy		517	\$665,414
Acute Inpatient Chronic Obstructive Pulmonary Disease		362	\$2,968,166
Acute Inpatient Pneumonia		362	\$3,117,692
Endoscopy		0	\$0
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		0	\$0
<b>Sub-Total Quality Based Procedure Funding</b>		<b>10,595</b>	<b>\$31,367,925</b>

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital

## 2015-2016 Schedule A Funding Allocation

		2016-2016	
		[2] Base	[2] Incremental/One-Time
<b>Section 3: Wait Time Strategy Services ("WTS")</b>			
General Surgery		\$0	\$164,300
Pediatric Surgery		\$0	\$15,600
Hip & Knee Replacement - Revisions		\$0	\$301,800
Magnetic Resonance Imaging (MRI)		\$0	\$803,400
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$15,600
Computed Tomography (CT)		\$0	\$39,800
Other WTS Funding		\$0	\$0
<b>Sub-Total Wait Time Strategy Services Funding</b>		<b>\$0</b>	<b>\$1,340,500</b>
<b>Section 4: Provincial Priority Program Services ("PPS")</b>			
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$0	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$0</b>	<b>\$0</b>
<b>Section 5: Other Non-HSFR</b>			
LHIN One-time payments - ED Pay for Results		\$0	\$3,004,174
MOH One-time payments		\$0	\$17,124,340
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$0	
Paymaster		(\$2,438,655)	
<b>Sub-Total Other Non-HSFR Funding</b>		<b>(\$2,438,655)</b>	<b>\$20,128,514</b>

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 632  
 Hospital Name: North York General Hospital  
 Hospital Legal Name: North York General Hospital

## 2015-2016 Schedule A Funding Allocation

Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>	2016-2016	
	[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	\$0	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	\$12,352,910	\$0
<b>Sub-Total Other Funding</b>	<b>\$12,352,910</b>	<b>\$0</b>
* Targets for Year 3 of the agreement will be determined during the annual refresh process.		
[1] Estimated funding allocations.		
[2] Funding allocations are subject to change year over year.		
[3] Funding provided by Cancer Care Ontario, not the LHIN.		
[4] All QBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. QBP Funding is not base funding for the purposes of the BOND policy.		
TBD = To be determined		

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital

## 2015-2016 Schedule B: Reporting Requirements

		<b>Due Date 2015-2016</b>
<b>1. MIS Trial Balance</b>		
Q2 – April 01 to September 30		31 October 2015
Q3 – October 01 to December 31		31 January 2016
Q4 – January 01 to March 31		30 May 2016
<b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b>		
Q2 – April 01 to September 30		07 November 2015
Q3 – October 01 to December 31		07 February 2016
Q4 – January 01 to March 31		30 June 2016
Year End		30 June 2016
<b>3. Audited Financial Statements</b>		
Fiscal Year		30 June 2016
<b>4. French Language Services Report</b>		
Fiscal Year		30 April 2016

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital
Site Name:	TOTAL ENTITY

## 2015-2016 Schedule C1 Performance Indicators

### Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	25.9	<= 25.9
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	7.0	<= 7.0
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.6	<= 3.6
Cancer Surgery: % Priority 4 cases completed within Target	Percent	95.0%	>= 90%
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	N/A	N/A
Cataract Surgery: % Priority 4 cases completed within Target	Percent	85.0%	>= 90%
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	80.0%	>= 90%
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	90.0%	>= 90%
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	55.0%	>= 55%
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	92.0%	>= 90%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.26	<= 0.26

### Explanatory Indicators

Explanatory Indicators	Measurement Unit
Percent of Stroke/tia Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Cental Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate



# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital
Site Name:	TOTAL ENTITY

## 2015-2016 Schedule C1 Performance Indicators

<b>Part II - ORGANIZATION HEALTH - EFFICIENT, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE</b>			
<b>*Performance Indicators</b>	<b>Measurement Unit</b>	<b>Performance Target 2015-2016</b>	<b>Performance Standard 2015-2016</b>
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.15	0.80 - 2.0
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.92%	0.00% - 2.00%
<b>Explanatory Indicators</b>		<b>Measurement Unit</b>	
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>			
<b>*Performance Indicators</b>	<b>Measurement Unit</b>	<b>Performance Target 2015-2016</b>	<b>Performance Standard 2015-2016</b>
Alternate Level of Care (ALC) Rate- Acute	Percentage	16.00%	<= 16.0%
<b>Explanatory Indicators</b>		<b>Measurement Unit</b>	
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	Percentage		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		

<b>Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3</b>	
Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.	
*Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.	

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 632  
 Hospital Name: North York General Hospital  
 Hospital Legal Name: North York General Hospital

## 2015-2016 Schedule C2 Service Volumes

### Part I - Global Volumes

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Ambulatory Care	Visits	162,800	>= 138,380.
Day Surgery	Weighted Cases	6,059	>= 5574.3 and <= 6543.7
Emergency Department	Weighted Cases	7,012	>= 6451. and <= 7573.
Inpatient Mental Health	Weighted Patient Days	18,713	>= 15906.1 and <= 21520.
Total Inpatient Acute	Weighted Cases	31,274	>= 30023. and <= 32525.

### Part II - Hospital Specialized Services

	Measurement Unit	Primary 2015-2016	Revision 2015-2016
Cochlear Implants	Cases	0	0
		Base 2015-2016	One-time 2015-2016
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	0	

### Part III - Wait Time Volumes

	Measurement Unit	Base 2015-2016	One-time 2015-2016
General Surgery	Cases	1,047	72
Paediatric Surgery	Cases	372	12
Hip & Knee Replacement - Revisions	Cases	34	28
Magnetic Resonance Imaging (MRI)	Total Hours	5,200	3,090
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	9,802	159

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 632  
 Hospital Name: North York General Hospital  
 Hospital Legal Name: North York General Hospital

## 2015-2016 Schedule C2 Service Volumes

<b>Part IV - Provincial Programs</b>			
	<b>Measurement Unit</b>	<b>Base 2015-2016</b>	<b>One-time 2015-2016</b>
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services- Interventional Cardiology	Cases	0	
Cardiac Services- Permanent Pacemakers	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
Number of Forensic Beds- Secure	Beds	0	
Number of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment Cases	Cases	0	

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital

## 2015-2016 Schedule C2 Service Volumes

### Part V - Quality Based Procedures

	Measurement Unit	Volume 2015-2016
Rehabilitation Inpatient Primary Unilateral Hip Replacement	Volume	0
Acute Inpatient Primary Unilateral Hip Replacement	Volume	310
Rehabilitation Inpatient Primary Unilateral Knee Replacement	Volume	0
Acute Inpatient Primary Unilateral Knee Replacement	Volume	437
Acute Inpatient Hip Fracture	Volume	296
Knee Arthroscopy	Volume	TBD
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	0
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	147
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	0
Acute Inpatient Congestive Heart Failure	Volume	544
Aortic Valve Replacement	Volume	0
Coronary Artery Disease	Volume	0
Acute Inpatient Stroke Hemorrhage	Volume	36
Acute Inpatient Stroke Ischemic or Unspecified	Volume	223
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	43
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	10
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	21
Unilateral Cataract Day Surgery	Volume	6,962
Bilateral Cataract Day Surgery	Volume	0
Retinal Disease	Volume	0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	325
Acute Inpatient Tonsillectomy	Volume	517
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	362
Acute Inpatient Pneumonia	Volume	362
Endoscopy	Volume	0

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital

## 2015-2016 Schedule C3: LHIN Local Indicators and Obligations

**E-Health:** In support of the Provincial e-Health strategy, the Hospital will comply with any technical and information management standards, including those related to architecture, technology, privacy and security. These are set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be. The Hospital will implement and use the approved provincial eHealth solutions identified in the LHIN eHealth plan, and implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN eHealth plan. The expectation is that any compliance requirements will be rolled out within reasonable implementation timelines. The level of available resources will be considered in any required implementations.

**Quality:** Hospitals are required to submit a copy of their Quality Improvement Plan to the LHIN concurrently with or prior to the submission to Health Quality Ontario.

**Community Engagement and Health Equity:** The Hospital will provide the LHIN with an annual Community Engagement Plan by November 30, 2014 and a biennial Health Equity Plan by November 30, 2015.

**Capital Initiatives:** The Hospital will comply with the requirements outlined in the Ministry of Health & Long-Term Care's Capital Planning Manual (1996) and MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages (2010).

## **Schedule C.4 – PCOP Targeted Funding and Volumes**

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**Post-Construction Operating Plan (PCOP) funding and related performance requirements will be communicated in separate funding letters and subject to the Term and Conditions applicable to the overall HSA.**