

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

BETWEEN:

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, 2017;

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 hospital service accountability agreement;

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.

"**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, 2018.

- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. 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

May 16 / 17

Date

And by:



Kim L. Baker, CEO

May 16 / 17

Date

NORTH YORK GENERAL HOSPITAL

By:



Murray J. Perelman, Chair

Apr 19 / 17

Date

And by:



Tim Rutledge, CEO

Apr 4 / 17

Date

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule A Funding Allocation

		2017-2018	
Section 1: FUNDING SUMMARY		(1) Estimated Funding Allocation	
LHIN FUNDING		(2) Base	
LHIN Global Allocation (Includes Sec. 3)		\$128,361,519	
Health System Funding Reform: HBAM Funding		\$80,474,850	
Health System Funding Reform: QBP Funding (Sec. 2)		\$33,516,651	
Post Construction Operating Plan (PCOP)		\$217,000	
Provincial Program Services ("PPS") (Sec. 4)		\$0	(2) Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
Total 2017/18 Estimated Funding Allocation (LHIN Funding)		\$242,570,020	\$2,964,000
Section 2: HSFR - Quality-Based Procedures		Volume	(4) Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		349	\$3,013,241
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		467	\$3,885,875
Acute Inpatient Hip Fracture		296	\$4,561,518
Knee Arthroscopy		423	\$689,994
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		155	\$1,802,636
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		606	\$4,967,374
Acute Inpatient Stroke Hemorrhage		41	\$504,318
Acute Inpatient Stroke Ischemic or Unspecified		245	\$2,741,092
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		56	\$190,607
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		10	\$209,669
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		21	\$191,223
Unilateral Cataract Day Surgery		7,456	\$3,818,879
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		325	\$604,408
Acute Inpatient Tonsillectomy		616	\$821,892
Acute Inpatient Chronic Obstructive Pulmonary Disease		388	\$3,218,556
Acute Inpatient Pneumonia		380	\$2,476,081
Non-Routine and Bilateral Cataract Day Surgery		22	\$19,288
Sub-Total Quality Based Procedure Funding		11,856	\$33,516,651

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")		[2] Base	
General Surgery		\$124,334	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$301,728	
Magnetic Resonance Imaging (MRI)		\$819,000	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$39,750	
Sub-Total Wait Time Strategy Services Funding		\$1,284,812	
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$0	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Sub-Total Provincial Priority Program Services Funding		\$0	\$0
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
ED Pay for Results		\$0	\$2,789,000
Integrated Funding Model			\$175,000
Sub-Total Other Non-HSFR Funding		\$0	\$2,964,000
[1] Estimated funding allocations.			
[2] Funding allocations are subject to change year over year.			
[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.			

Hospital Service Accountability Agreements 2017-2018

Facility #:	632
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2017-2018 Schedule B: Reporting Requirements

1. MIS Trial Balance		Due Date 2017-2018
Q2 – April 01 to September 30		31 October 2017
Q3 – October 01 to December 31		31 January 2018
Q4 – January 01 to March 31		31 May 2018
2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary		Due Date 2017-2018
Q2 – April 01 to September 30		07 November 2017
Q3 – October 01 to December 31		07 February 2018
Q4 – January 01 to March 31		7 June 2018
3. Audited Financial Statements		Due Date 2017-2018
Fiscal Year		30 June 2018
4. French Language Services Report		Due Date 2017-2018
Fiscal Year		30 April 2018

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	
		2017-2018	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.0
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	4.0	<= 4.0
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	90%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	45%	>= 45%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90%	>= 90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	13.73%	<= 13.73%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	TBD	TBD

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.80	0.8 - 2.00
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	0.00% - 2.00%

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	14.00%	<= 14.00%

Explanatory Indicators	Measurement Unit
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage
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

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for future years of the Agreement will be set during the Annual Refresh process.
 *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements 2017-2018

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2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services			
Ambulatory Care	Visits	163,540	>= 139,009
Complex Continuing Care	Weighted Patient Days	0	0
Day Surgery	Weighted Cases	5,160	>= 4,747
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	0
Emergency Department	Weighted Cases	5,782	>= 5,319
Inpatient Mental Health	Weighted Cases	16,228	>= 15,417
Acute Rehabilitation Patient Days	Patient Days	0	0
Total Inpatient Acute	Weighted Cases	30,656	>= 29,430
Wait Time Volumes			
	Measurement Unit	Global Base 2017-2018	Incremental Base 2017-2018
General Surgery	Cases	1,047	54
Paediatric Surgery	Cases	372	0
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	60
Computed Tomography (CT)	Total Hours	9,802	159

Hospital Service Accountability Agreements 2017-2018

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2017-2018 Schedule C3 - LHIN Local Indicators and Obligations

Digital Health: In support of the Provincial Digital Health strategy, the Hospital will

- (i) Assist the LHIN to implement provincial Digital Health priorities for 2017-18;
- (ii) Comply with any technical and information management standards, including those related to data, architecture, technology, privacy and security, set for HSPs by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN, as the case may be;
- (iii) Implement and use the approved provincial Digital Health solutions identified in the LHIN Cluster Digital Health plan;
- (iv) Implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN Cluster Digital Health plan; and
- (v) Include, in their annual planning submissions, plans for achieving Digital Health priority initiatives.

Quality: Hospitals will submit their Quality Improvement Plan to Health Quality Ontario by March 31, 2018 and will provide a copy to the LHIN upon request.

Community Engagement and Health Equity: The Hospital will provide the LHIN with an annual Community Engagement Plan by November 30, 2017 and a biennial Health Equity Plan by November 30, 2017.

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).