

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2013

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 September 30, 2013;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six-month period with the joint intention of finalizing and executing an H-SAA for the period April 1, 2014 – March 31, 2017;

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 Term. The reference to "September 30, 2013" in Article 3.2 is deleted and replaced with "March 31, 2014".

3.0 Effective Date. The amendments set out in Article 2 shall take effect on October 1, 2013. 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:




John Langs, Chair



Date

And by:




Kim Baker, CEO



Date

NORTH YORK GENERAL HOSPITAL

By:




H. Dunbar Russel, Board Chair

September 26, 2013

Date

And by:



Dr. Tim Rutledge, CEO

Sept 30/13

Date

Hospital Sector 2013-14 H-SAA

Identification #:

632

Hospital Name:

North York General Hospital

Hospital Legal Name:

North York General Hospital

Site Name:

2013-14 Schedule A:
Funding Allocation

Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
	Base ²	
General Operations³		
Patient Based Funding- HBAM	\$82,757,035	
Global Funding ⁶	\$135,254,517	
PCOP	\$0	
Patient Based Funding - Quality-Based Procedures	Allocation⁵	Rate
Unilateral Primary Hip Replacement	\$2,654,316	\$8,907
Unilateral Primary Knee Replacement	\$3,234,341	\$8,168
Inpatient Rehabilitation for unilateral primary hip replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary knee replacement	\$0	\$0
Unilateral Cataracts	\$4,033,538	\$546
Bilateral Cataracts	\$0	\$0
Chemotherapy Systemic Treatment	\$1,070,789	\$0
Chronic Obstructive Pulmonary Disease	\$2,951,225	\$9,053
Non-Cardiac Vascular - Aortic Aneurysm	\$239,955	\$19,996
Non-Cardiac Vascular - Lower Extremity Occlusive Disease	\$193,873	\$12,117
Congestive Heart Failure	\$4,398,539	\$7,584
Stroke Hemorrhage	\$487,906	\$14,350
Stroke Ischemic or Unspecified	\$2,574,105	\$10,255
Stroke Transient Ischemic Attack	\$311,866	\$4,214
Endoscopy	\$2,246,809	\$0
Wait Time Strategy Services ("WTS")	Base²	One-Time²
General Surgery	N/A	\$164,300
Pediatric Surgery	N/A	\$15,600
Hip & Knee Replacement - Revisions	N/A	\$301,800
Magnetic Resonance Imaging (MRI)	N/A	\$808,600
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	N/A	\$15,600
Computed Tomography (CT)	N/A	\$39,800
Other WTS Funding	N/A	\$0
Provincial Program Services ("PPS")	Base²	One-Time²
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Regional Trauma	\$0	\$0
Other Provincial Program Funding ()	\$0	\$0
Other Funding	Base²	One-Time²
Grant in Lieu of Taxes	\$0	\$67,350
ED Pay for Results	\$0	\$2,375,900
Annualization of Diabetes Education Program	\$20,003	\$0
Total 13/14 Estimated Funding Allocation	Base²	One-Time²
	\$242,428,817	\$3,788,950

^[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHIN.

^[2] Funding allocations are subject to change year over year.

^[3] Includes the provision of Services not specifically identified under QBP, WTS or PPS.

^[4] Funding provided by Cancer Care Ontario, not the LHIN.

^[5] 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.

^[6] Funding is net of one-time HSFR mitigation.

Hospital Sector 2013-14 H-SAA

Identification #:

632

Hospital Name

North York General Hospital

Hospital Legal Name

North York General Hospital

Site Name:

2013-14 Schedule B:
Reporting Requirements

1. MIS Trial Balance and Supplemental Reporting as Necessary.

Reporting Period	Due Date
2013-14	
Q2 – Apr 01-13- to Sept 30-13	31-Oct-2013
Q3 – Apr 01-13- to Dec 31-13	31-Jan-2014
Q4 – Apr 01-13- to March 31-14	31-May-2014
2014-2015	
Q2 – Apr 01-14- to Sept 30-14	31-Oct-2014
Q3 – Apr 01-14- to Dec 31-14	31-Jan-2015
Q4 – Apr 01-14- to March 31-15	31-May-2015
2015-2016	
Q2 – Apr 01-15- to Sept 30-15	31-Oct-2015
Q3 – Apr 01-15- to Dec 31-15	31-Jan-2016
Q4 – Apr 01-15- to March 31-16	31-May-2016

2. Year End MIS Trial Balance and Supplemental Report

Fiscal Year	Due Date
2013-14	31-May-2014
2014-15	31-May-2015
2015-16	31-May-2016

3. Audited Financial Statements

Fiscal Year	Due Date
2013-14	31-May-2014
2014-15	31-May-2015
2015-16	31-May-2016

4. French Language Services Report

Fiscal Year	Due Date
2013-14	30-Apr-2014
2014-15	30-Apr-2015
2015-16	30-Apr-2016

Hospital Sector 2013-14 H-SAA

Identification #:	632
Hospital Name:	North York General Hospital
Hospital Legal Name:	North York General Hospital
Site Name:	

2013-14 Schedule C1
Performance Indicators

Accountability Indicators		Explanatory Indicators	
Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard	Measurement Unit
Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered			
90th Percentile ER LOS for Admitted Patients	Hours	TBD	TBD
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	TBD	TBD
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	TBD	TBD
90th Percentile Wait Times for Cancer Surgery	Days	NA ¹	NA ¹
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	NA ¹	NA ¹
90th Percentile Wait Times for Cataract Surgery	Days	NA ¹	NA ¹
90th Percentile Wait Times for Joint Replacement (Hip)	Days	NA ¹	NA ¹
90th Percentile Wait Times for Joint Replacement (Knee)	Days	NA ¹	NA ¹
90th Percentile Wait Times for Diagnostic MRI Scan	Days	NA ¹	NA ¹
90th Percentile Wait Times for Diagnostic CT Scan	Days	NA ¹	NA ¹
Rate of Ventilator-Associated Pneumonia	Rate	0	0
Central Line Infection Rate	Cases/Days	0	<= 0.30
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.39	<= 0.43
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0	0
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0	<= 0.05
			30-day Readmission of Patients with Stroke or Transient Ischemic Attack (TIA) to Acute Care for All Diagnoses Percentage Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization Percentage Percent of Stroke Patients Admitted to a Stroke Unit During Their Inpatient Stay Percentage Hospital Standardized Mortality Ratio Percentage Readmissions Within 30 Days for Selected CMGs Ratio ** Adjusted Working Funds Including: > Adjusted Working Funds Funding Percentage Ratio > Adjusted Working Funds as a % of Total Revenue Ratio > Current Ratio Ratio > Adjusted Working Funds Current Ratio Ratio > Debt Ratio Ratio
Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance			
Current Ratio (Consolidated)	Ratio	0.70	0.7 - 2.0
Total Margin (Consolidated)	Percentage	0.98%	0% - 2%
			Total Margin (Hospital Sector Only) Percentage Percentage of Full-Time Nurses Percentage Percentage of Paid Sick Time (Full-Time) Percentage Percentage of Paid Overtime Percentage
Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
Percentage ALC Days (closed cases)	Days	TBD	TBD
			Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions Visits Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions Visits
Part IV - LHIN Specific Indicators and Performance targets, see Schedule C1 (2013-2014)			
*Refer to 2013-15 H-SAA Indicator Technical Specification for further details. ** Adjusted Working Capital: Under Consideration ¹ The LHIN, through the Ministry-LHIN Performance Agreement, is no longer held accountable for 90th Percentile Wait Times. The LHIN is now accountable for Percent of Priority IV Cases Completed with Access Target.			

Hospital Sector 2013-14 H-SAA

Identification #:	632
Hospital Name	North York General Hospital
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2013-14 Schedule C2:
Service Volumes

Measurement Unit		2013/14 Performance Target	2013/14 Performance Standard
Part I - GLOBAL VOLUMES			
Emergency Department	Weighted Cases	5,265	> 4,844
Total Inpatient Acute	Weighted Cases	31,250	> 30,000
Day Surgery	Weighted Visits	5,455	> 5,019
Inpatient Mental Health	Weighted Patient Days	19,050	> 16,193
Inpatient Rehabilitation	Weighted Cases	0	-
Complex Continuing Care	Weighted Patient Days	0	-
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	0	-
Ambulatory Care	Visits	161,500	> 137,275
Part II - HOSPITAL SPECIALIZED SERVICES			
Cochlear Implants	Cases	0	0
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	Visits	0	
Part III - WAIT TIME VOLUMES			
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	3,110
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	20	60
Computed Tomography (CT)	Total Hours	9,802	159
Part IV - PROVINCIAL PROGRAMS			
Cardiac Surgery	Cases	NA	NA
Cardiac Services - Catheterization	Cases	NA	NA
Cardiac Services- Interventional Cardiology	Cases	NA	NA
Cardiac Services- Permanent Pacemakers	Cases	NA	NA
Organ Transplantation	Cases	NA	NA
Neurosciences	Cases	NA	NA
Regional Trauma	Cases	NA	NA
Part V - QUALITY BASED PROCEDURES			2013/14 Volume
Unilateral Primary Hip Replacement	Volumes		298
Unilateral Primary Knee Replacement	Volumes		396
Inpatient Rehabilitation for unilateral primary hip replacement	Volumes		0
Inpatient Rehabilitation for unilateral primary knee replacement	Volumes		0
Unilateral Cataracts	Volumes		7,382
Bilateral Cataracts	Volumes		0
Chemotherapy Systemic Treatment	Volumes		TBD
Chronic Obstructive Pulmonary Disease	Volumes		326
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm (AA)	Volumes		12
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volumes		16
Congestive Heart Failure	Volumes		580
Stroke Hemorrhage	Volumes		34
Stroke Ischemic or Unspecified	Volumes		251
Stroke Transient Ischemic Attack (TIA)	Volumes		74
Endoscopy	Volumes		TBD

Hospital Sector 2013-14 H-SAA

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Site Name:	

**2013-14 Schedule C.3.:
Local Indicators & Volumes**

LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
2013-14		
Performance Obligation E-health	<p>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.</p> <p>eHealth-related discussions will take place at the Central LHIN eHealth Advisory Council. The Hospital is required to appoint a senior staff member responsible for eHealth decision-making as a committee member</p>	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
2013-14		
Performance Obligation Quality	<p>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 for information purposes and use in hospital service accountability agreement quality indicator target setting</p>	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
2013-14		
Performance Obligation Community Engagement and Health Equity	<p>The Hospital will provide the LHIN an annual Community Engagement Plan by November 29, 2013 and a biennial Health Equity Plan by November 29, 2013.</p>	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
2013-14		
Performance Obligation Peer Accountability, Integration and Long-Term Solutions to Advance the Local Health System	<p>The Hospital will continue to work collaboratively with other hospitals, other health service providers and with the Central LHIN to advance the strategic direction of the local health system as outlined in the Integrated Health Service Plan. The Hospital will consult with the LHIN as appropriate when developing plans and setting priorities for the delivery of its health services. From time to time, the LHIN may establish special purpose committees or working groups to support the advancement of LHIN and provincial priorities for which equitable representation from the Hospital will be sought.</p>	

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Hospital Sector 2013-14 H-SAA

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2013-14 Schedule C.3.:
Local Indicators & Volumes

LHIN Priority	Performance Indicator	Performance Target	2013-14	Performance Standard
	Capital Initiatives	-		-
	When planning for 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), as may be updated or amended from time to time. In this context, "capital initiatives" refer to initiatives of the Hospital in relation to the construction, renewal or renovation of a facility or site.			
	Ontario Stroke Network	-		-
	The hospital will collaborate with the Ontario Stroke Network and contribute to planning related to stroke services.			
	Cardiac Care Network of Ontario	-		-
	The hospital will collaborate with the Ontario Cardiac Care Network and contribute to planning related to cardiac services.			
	Surgical & Diagnostic Wait Times: MRI	TBD		TBD
	Percent of Priority IV Cases Completed Within Access Target for Diagnostic MRI Scan (Priority IV: 28 days)			

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Hospital Sector 2013-14 H-SAA

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Site Name:	

**2013-14 Schedule C.3.:
Local Indicators & Volumes**

LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
Surgical & Diagnostic Wait Times: CT	TBD	TBD
Performance Obligation	2013-14	
	Percent of Priority IV Cases Completed Within Access Target for Diagnostic CT Scan (Priority IV: 28 days)	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
Surgical & Diagnostic Wait Times: Hip	TBD	TBD
Performance Obligation	2013-14	
	Percent of Priority IV Cases Completed Within Access Target for Hip Replacement Surgery (Priority IV: 182 days)	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
Surgical & Diagnostic Wait Times: Knee	TBD	TBD
Performance Obligation	2013-14	
	Percent of Priority IV Cases Completed Within Access Target for Knee Replacement Surgery (Priority IV: 182 days)	
Performance Indicator	Performance Target	Performance Standard
Surgical & Diagnostic Wait Times: Cancer	95%	90% - 100%
Performance Obligation	2013-14	
	Percent of Priority IV Cases Completed Within Access Target for Cancer Surgery (Priority IV: 84 days)	

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Hospital Sector 2013-14 H-SAA

Identification #:	632
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Site Name:	

**2013-14 Schedule C.3.:
Local Indicators & Volumes**

<p>LHIN Priority</p> <p>Performance Indicator</p> <p>Surgical & Diagnostic Wait Times: Cataract</p> <p>Performance Obligation</p>	<p>Performance Target</p> <p style="text-align: center; font-size: 1.2em;">95%</p> <p>Percent of Priority IV Cases Completed Within Access Target for Cataract Surgery (Priority IV: 182 days)</p>	<p>2013-14</p>	<p>Performance Standard</p> <p style="text-align: center; font-size: 1.2em;">90% - 100%</p>
<p>LHIN Priority</p> <p>Performance Indicator</p> <p></p> <p>Performance Obligation</p> <p>Local Partnership</p>	<p>Performance Target</p> <p style="text-align: center;">-</p> <p>The Local Partnership will support the successful implementation of Health System Funding Reform by encouraging a supportive change management environment locally and across Ontario. The Local Partnership will act as an advisory group, facilitating clinical, financial and decision support advice to and from the LHINs and Ministry. The hospital is required to appoint two representatives as members of the Local Partnership based on the following areas of expertise: Clinical and program leadership and change management; Financial leadership; Clinical health informatics and decision support; and Quality and process performance improvement.</p>	<p>2013-14</p>	<p>Performance Standard</p> <p style="text-align: center;">-</p>
<p>LHIN Priority</p> <p>Performance Indicator</p> <p></p> <p>Performance Obligation</p> <p></p>	<p>Performance Target</p> <p style="text-align: center;">-</p>	<p>2013-14</p>	<p>Performance Standard</p> <p style="text-align: center;">-</p>
<p>Performance Indicator</p> <p></p> <p>Performance Obligation</p> <p></p>	<p>Performance Target</p> <p style="text-align: center;">-</p>	<p>2013-14</p>	<p>Performance Standard</p> <p style="text-align: center;">-</p>

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Hospital Sector 2013-14 H-SAA

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2013-14 Schedule C.4.
*P.C.O.P. Targeted Funding and Volume

***Post-Construction Operating Plan**

Base Year>>	2000		2013-2014 Received from L.HIN		2013-2014 Hospital Plan		
	Base Volume	Total Approved Volume	Funding Rate	% Funding Received	Additional Volumes	New Beds	Funding
Inpatient Acute - Medicine/Surgery	0	0	0	0	0	0	\$0
Inpatient Acute - Obstetrics	0	0	0	0	0	0	\$0
Inpatient Acute - ICU	0	0	0	0	0	0	\$0
Inpatient Rehabilitation General	0	0	0	0	0	0	\$0
Inpatient Complex Continuing Care	0	0	0	0	0	0	\$0
Inpatient Acute - Mental Health	0	0	0	0	0	0	\$0
Day Surgery	0	0	0	0	0	0	\$0
Endoscopy (cases)	0	0	0	0	0	0	\$0
Emergency	0	0	0	0	0	0	\$0
Amb Care - Acute Mental Health	0	0	0	0	0	0	\$0
Amb Care - Diabetes	0	0	0	0	0	0	\$0
Amb Care - Palliative	0	0	0	0	0	0	\$0
Clinic - Med/Surg	0	0	0	0	0	0	\$0
Clinic - Metabolic	0	0	0	0	0	0	\$0
Other - ()	0	0	0	0	0	0	\$0
Other - ()	0	0	0	0	0	0	\$0

Facility Costs	\$0	\$0
Amortization	\$0	\$0
Total Funding	\$0 (Note2)	\$0

Funding provided in this Schedule is an additional in-year allocation contemplated by section 5.3 of the Agreement
Note 1 - Terms and conditions of PCOP funding are determined by the Ministry of Health and Long Term care (MOHLTC). Incremental volumes required to be achieved by the Hospital as set out above are in addition to PCOP volumes provided in previous years. The MOHLTC may adjust funded volumes upon reconciliation.
Note 2 - This amount must be the same as PCOP (General Operations Funding) on 2013-14 Schedule C.4. P.C.O.P. will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in any other Schedule.

