

2008-15 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of July, 2014

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 June 30, 2014;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further nine month period to permit the LHIN and the Hospital to continue to work toward a 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.

"**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


2.3 Term. This Agreement and the H-SAA will terminate on March 31, 2015.

- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2014. 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:

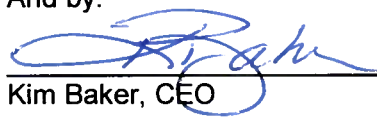


 Albert Liang, Vice Chair

Jun 25, 2014

 Date

And by:



 Kim Baker, CEO

Jun 25, 2014

 Date

NORTH YORK GENERAL HOSPITAL

By:



 H. Dunbar Russel, Board Chair

JUNE 16/14

 Date

And by:



 Dr. Tim Rutledge, President and CEO

June 16/14

 Date

Hospital Sector 2014-2015

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

2014-2015 Schedule A: Funding Allocation

Intended Purpose or Use of Funding	2014-2015 Target	
	Estimated ¹ Funding Allocation	
FUNDING SUMMARY	Base²	
Other LHIN Allocations- Global Funding	\$135,274,517	
Health System Funding Reform (HSFR) HBAM Funding (Includes Mitigation)	\$85,757,035	
Health System Funding Reform (HSFR) QBP Funding (Section 1 below)	\$24,397,261	Allocation/One-Time ²
Wait Time Strategy Services ("WTS") (Section 2 below)	\$0	\$1,345,700 ²
Provincial Program Services ("PPS") (Section 3 below)	\$0	\$0 ²
Other Non-HSFR LHIN Funding (Section 4 below)	\$0	\$2,795,694 ²
Post Construction Operating Plan (PCOP)	\$0	
Total 14/15 Estimated Funding Allocation	\$245,428,813	\$4,141,394
Section 1: Health System Funding Reform - Quality-Based Procedures	Rate	Allocation
Cancer- Surgery	TBD	TBD
Cancer- Colposcopy	TBD	TBD
Cardiac- Aortic Valve Replacement	TBD	TBD
Cardiac- Coronary Artery Disease	TBD	TBD
Cataracts- Bilateral	TBD	TBD
Cataracts- Unilateral	\$546	\$4,033,538
Chemotherapy Systemic Treatment	TBD	\$1,070,789
Chronic Obstructive Pulmonary Disease	\$9,053	\$2,951,225
Congestive Heart Failure	\$7,584	\$4,398,539
Endoscopy	TBD	\$2,246,809
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	TBD	TBD
Hip Replacement- Unilateral Primary	\$8,907	\$2,654,316
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	TBD	TBD
Knee Replacement- Unilateral Primary	\$8,168	\$3,234,341
Non-Cardiac Vascular- Aortic Aneurysm (AA)	\$19,996	\$239,955
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	\$12,117	\$193,872
Orthopaedics- Hip Fracture	TBD	TBD
Orthopaedics- Knee Arthroscopy	TBD	TBD
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	TBD	TBD
Paediatric- Tonsillectomy	TBD	TBD
Respiratory- Pneumonia	TBD	TBD
Stroke- Transient Ischemic Attack (TIA)	\$4,214	\$311,866
Stroke- Hemorrhage	\$14,350	\$487,906
Stroke- Ischemic or Unspecified	\$10,255	\$2,574,105
Vision Care- Retinal Disease	TBD	TBD

Hospital Sector 2014-2017

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

2014-2015 Schedule A: Funding Allocation

Section 2: Wait Time Strategy Services ("WTS")		Base ²	One-Time ²
General Surgery		\$0	\$164,300
Pediatric Surgery		\$0	\$15,600
Hip & Knee Replacement - Revisions		\$0	\$301,800
Magnetic Resonance Imaging (MRI)		\$0	\$808,600
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$15,600
Computed Tomography (CT)		\$0	\$39,800
Other WTS Funding		\$0	\$0
Section 3: Provincial Program Services ("PPS")		Base ²	One-Time ²
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$0	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Section 4: Other Non-HSFR Funding		Base ²	One-Time ²
LHIN One-time payments - ED Pay for Results			\$2,795,694
MOH One-time payments			\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$0	
Paymaster		\$0	
Other Funding (Not included in the Summary above)		Base ²	One-Time ²
Grant in Lieu of Taxes		\$0	\$0
Cancer Care Ontario ³		\$0	\$0
Ontario Renal Funding ³		\$0	\$0

⁽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⁾ Funding provided by Cancer Care Ontario, not the LHIN.

Hospital Sector 2014-2015

Facility #:
 Hospital Name:
 Hospital Legal Name:

2014-2015 Schedule B: Reporting Requirements

1. MIS Trial Balance

	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 - Apr 01 to Sept 30	31-Oct-2014	31-Oct-2015	31-Oct-2016
Q3 - Oct 01- to Dec 31	31-Jan-2015	31-Jan-2016	31-Jan-2017
Q4 - Jan 01 to March 31	31-May-2015	31-May-2016	31-May-2017

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 - Apr 01 to Sept 30	07-Nov-2014	07-Nov-2015	07-Nov-2016
Q3 - Oct 01- to Dec 31	07-Feb-2015	07-Feb-2016	07-Feb-2017
Q4 - Jan 01 to March 31	07-Jun-2015	07-Jun-2016	07-Jun-2017
Year End 2014-2015	07-Jun-2015	07-Jun-2016	07-Jun-2017

3. Audited Financial Statements

Fiscal Year	Due Date
2014-15	30-Jun-2015
2015-16	30-Jun-2016
2016-17	30-Jun-2017

4. French Language Services Report

Fiscal Year	Due Date
2014-15	30-Apr-2015
2015-16	30-Apr-2016
2016-17	30-Apr-2017

Hospital Sector 2014-2015

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

2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	TBD	TBD
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	TBD	TBD
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	TBD	TBD
Cancer Surgery: % Priority 4 cases completed within Target	Percent	TBD	TBD
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	TBD	TBD
Cataract Surgery: % Priority 4 cases completed within Target	Percent	TBD	TBD
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	TBD	TBD
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	TBD	TBD
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	TBD	TBD
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	TBD	TBD
Rate of Ventilator-Associated Pneumonia	Rate	TBD	TBD
Central Line Infection Rate	Rate	TBD	TBD
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	TBD	TBD
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	TBD	TBD
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	TBD	TBD

Explanatory Indicators	Measurement Unit
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 (HSMR)	Ratio
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage

Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Current Ratio (Consolidated – all sector codes and fund types)	Ratio	0.80	0.8-2.0
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	Amount
Adjusted Working Funds / Total Revenue %	Percentage

Hospital Sector 2014-2017

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

2014-2015 Schedule C1: Performance Indicators

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage	TBD	TBD
Explanatory Indicators	Measurement Unit		
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 2014-2015			
* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process **Refer to 2014-17 H-SAA Indicator Technical Specification for further details.			

Hospital Sector 2014-2015

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

2014-2015 Schedule C2: Service Volumes

Part I - Global Volumes

	Measurement Unit	2014-2015 Performance Target	2014-2015 Performance Standard
Ambulatory Care	Visits	162,200	>= 137,870
Complex Continuing Care	Weighted Patient Days	N/A	N/A
Day Surgery	Weighted Visits	5,757	>= 5,296
Emergency Department	Weighted Cases	6,556	>= 6,032
Inpatient Mental Health	Weighted Patient Days	18,728	>= 15,919
Inpatient Rehabilitation	Weighted Cases	N/A	N/A
Total Inpatient Acute	Weighted Cases	32,344	>= 31,050

Part II - Hospital Specialized Services

	Measurement Unit	2014-2015 Primary	2014-2015 Revision
Cochlear Implants	Cases	0	0

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	0	

Hospital Sector 2014-2015

Facility #:	632
Hospital Name:	North York General Hospital
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2014-2015 Schedule C2: Service Volumes

Part III - Wait Time Volumes

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
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

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services- Interventional Cardiology	Cases	0	
Cardiac Services- Permanent Pacemakers	Procedures	0	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	# of New Implants	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	
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	0	

2014-2015
Revision

Hospital Sector 2014-2017

Facility #:	632
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2014-2015 Schedule C2: Service Volumes

Part V - Quality Based Procedures

	Measurement Unit	2014-2015 Volume
Cancer- Surgery	Volume	TBD
Cancer- Colposcopy	Volume	TBD
Cardiac- Aortic Valve Replacement	Volume	TBD
Cardiac- Coronary Artery Disease	Volume	TBD
Cataracts- Bilateral	Volume	TBD
Cataracts- Unilateral	Volume	7382
Chemotherapy Systemic Treatment	Volume	TBD
Chronic Obstructive Pulmonary Disease	Volume	326
Congestive Heart Failure	Volume	580
Endoscopy	Volume	TBD
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	0
Hip Replacement- Unilateral Primary	Volume	298
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	0
Knee Replacement- Unilateral Primary	Volume	396
Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volume	12
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volume	16
Orthopaedics- Hip Fracture	Volume	TBD
Orthopaedics- Knee Arthroscopy	Volume	TBD
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	Volume	TBD
Paediatric- Tonsillectomy	Volume	TBD
Respiratory- Pneumonia	Volume	TBD
Stroke- Transient Ischemic Attack (TIA)	Volume	74
Stroke- Hemorrhage	Volume	34
Stroke- Ischemic or Unspecified	Volume	251
Vision Care- Retinal Disease	Volume	TBD

Hospital Sector 2014-2015

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

2014-2015 Schedule C3: 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).

Estimated Funding Allocations - In the event that actual HBAM funding differs from estimated funding by more than - 2/+3%, the LHIN and Hospital will review the related performance targets and may adjust as necessary.

