H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2016

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, 2016;

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 and to complete new Schedules for the 2016 -17 fiscal year;

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. This Agreement and the H-SAA will terminate on March 31, 2017.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2016. 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 9, 2016 — Date

And by:

Kim L. Baker, CEO — May 9 2016 — Date

NORTH YORK GENERAL HOSPITAL

By:

Murray Perelman, Chair — April 5, 2016 — Date

And by:

Tim Rutledge, CEO — Apr 5/16 — Date

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule A: Funding Allocation		
	2016-2017	
	Estimated Funding Allocation[1]	
Section 1: FUNDING SUMMARY	**Base[2]**	**Incremental/ One-Time[2]**
LHIN FUNDING		
LHIN Global Allocations	$125,130,288	
Health System Funding Reform (HSFR) HBAM Funding	$80,474,850	
Health System Funding Reform (HSFR) QBP Funding	$33,516,651	
Post Construction Operating Plan (PCOP)	$0	
Wait Time Strategy Services ("WTS")	$1,284,812	$0
Provincial Program Services ("PPS")	$0	$0
Other Non-HSFR LHIN Funding	$0	$4,270,207
TOTAL 16/17 Estimated Funding Allocation (All Sources)	**$240,406,601**	**$4,270,207**

	2016-2017	
Section 2: HSFR - Quality-Based Procedures[4]	**Volume**	**Allocation[4]**
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	$3,685,875
Acute Inpatient Hip Fracture	296	$4,561,518
Knee Arthroscopy	423	$689,994
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	155	$1,802,636
Rehab Inpatient 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 (AA) excluding Advanced Pathway	10	$209,669
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	21	$191,223
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
Sub-Total Quality Based Procedure Funding	**11,856**	**$33,516,651**

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	2016-2017	
Section 3: Wait Time Strategy Services ("WTS")	**Base[2]**	**Incremental/ One-Time[2]**
General Surgery	$124,334	$0
Pediatric Surgery	$0	$0
Hip & Knee Replacement - Revisions	$301,728	$0
Magnetic Resonance Imaging (MRI)	$819,000	$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	$0	$0
Computed Tomography (CT)	$39,750	$0
Other WTS Funding	$0	$0
Sub-Total Wait Time Strategy Services Funding	**$1,284,812**	**$0**
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**
ED Pay for Results	$0	$3,077,600
Integrated Funding Model	$0	$175,000
Assess and Restore	$0	$631,155
Specialty Eye Surgeries	$0	$223,702
Urgent Priorities Funding - CT	$0	$162,750
Sub-Total Other Non-HSFR Funding	**$0**	**$4,270,207**

[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.

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2016-2017 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2016-2017
Q2 – April 01 to September 30	31 October 2016
Q3 – October 01 to December 31	31 January 2017
Q4 – January 01 to March 31	31 May 2017

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2016-2017
Q2 – April 01 to September 30	07 November 2016
Q3 – October 01 to December 31	07 February 2017
Q4 – January 01 to March 31	7 June 2017

3. Audited Financial Statements	Due Date 2016-2017
Fiscal Year	30 June 2017

4. French Language Services Report	Due Date 2016-2017
Fiscal Year	30 April 2017

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	hours	7.9	<=7.9
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	hours	3.6	<=3.6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	percentage	90.0%	>=90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	percentage	90.0%	>=90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	percentage	40.0%	>=40%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	percentage	90.0%	>=90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	percentage	NA	NA
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.13	<=0.15
Explanatory Indicators	**Measurement Unit**		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During their Inpatient Stay	Percentage		
Hospital Standardized Mortality Ratio	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		

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Current Ratio (Consolidated – all sector codes and fund types)	Ratio	0.80	0.80 - 2.00
Total Margin (Consolidated – all sector codes and fund types)	Percentage	0.00%	0-2.00%
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 2016-2017	Performance Standard 2016-2017
Alternate Level of Care (ALC) Rate	percentage	14.00%	<=14.00%
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	percentage	15.00%	<= 15.00%
Explanatory Indicators	**Measurement Unit**		
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	Percentage		

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

Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.

* Refer to 2016-17 H-SAA Indicator Technical Specification for further details.

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2016-2017 Schedule C2 Service Volumes

Part I - Clinical Activity and Patient Services

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Total Inpatient Acute	Weighted Cases	30,709	>= 29,481
Day Surgery	Weighted Cases	5,160	>= 4,747
Inpatient Mental Health	Weighted Patient Days	18,392	>= 17,472
Emergency Department	Weighted Cases	5,989	>= 5,510
Ambulatory Care	Visits	163,510	>= 138,984

Part II - Wait Time Volumes

	Measurement Unit	Global Base 2016-2017	Incremental Base 2016-2017
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

Part III - Provincial Programs

	Measurement Unit	Base 2016-2017	One-Time 2016-2017
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	0
Cardiac Services- Interventional Cardiology	Cases	0	0
Cardiac Services- Permanent Pacemakers	Cases	0	0
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	0	0
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	0
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done	# of Replacements	0	0
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer	Procedures	0	0
Organ Transplantation	Cases	0	0
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	0
Number of Forensic Beds- General	Beds	0	0
Number of Forensic Beds- Secure	Beds	0	0
Number of Forensic Beds- Assessment	Beds	0	0
Bariatric Surgery	Procedures	0	0
Medical and Behavioural Treatment Cases	Cases	0	0

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2016-2017 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 will submit their Quality Improvement Plan to Health Quality Ontario by March 31, 2017 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, 2016 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).

Urgent Priorities Funding: The Hospital will utilize the LHIN's Urgent Priorities Fund allocation, included in Schedule A, to perform 651 additional Priority 2, 3 and 4 CT hours by March 31, 2017.