H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of July, 2012

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 two year hospital service accountability agreement that took effect April 1, 2008 (the "H-SAA");

AND WHEREAS pursuant to amending agreements effective as of April 1, 2010 (the "1st Amending Agreement") and April 1, 2011 (the "2nd Amending Agreement") the H-SAA was amended and extended effective April 1, 2010 and April 1, 2011, respectively;

AND WHEREAS the LHIN and the Hospital entered into a 3 month extension effective April 1, 2012;

AND WHEREAS the LHIN and the Hospital have agreed to amend the H-SAA for three months to September 30, 2012;

AND WHEREAS the LHIN and the Hospital intend to negotiate further amendments to the H-SAA by September 30, 2012;

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 by the 2nd Amending Agreement.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the H-SAA shall be amended as set out in this Article 2.

2.2 Term. The reference to "June 30, 2012" in Article 3.2 shall be deleted and replaced with "September 30, 2012".

2.3 Schedules.

(a) Schedules C, C1 and C2 shall be supplemented with the addition of Schedule C3 attached to this Agreement.

(b) Schedules D, D1 and D2 shall be supplemented with the addition of Schedule D3 attached to this Agreement.

(c) Schedules E, E1 and E2 shall be supplemented with the addition of Schedule E3 and E3.1 attached to this Agreement.

(d) Schedules F, F1 and F2 shall be supplemented with the addition of Schedule F3 attached to this Agreement.

3.0 **Effective Date.** The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2012. All other terms of the H-SAA, including but not limited to those provisions in Schedule A to H not amended by s. 2.3, above, 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 together with Schedules C3, D3, E3, E3.1 and F3, 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, Board Chair — Date: July 12, 2012

And by:

Kim Baker, CEO — Date: July 10, 2012

NORTH YORK GENERAL HOSPITAL

By:

Dunbar Russel, Board Chair — Date: JUNE 21 2012.

And by:

Dr. Tim Rutledge, CEO — Date: June 21/12

Hospital One-Year Funding Allocation

Schedule C3 (2012-2013)

North York General Hospital Fac # 632	2012/13 Allocation Base	 One-Time
Operating Base Funding		
Base Funding (Note 1)	$ 230,110,311	
PCOP (Reference Schedule F)		
Incremental Funding Adjustment		
Other Funding		
Funding adjustment 1 ( )		
Funding adjustment 2 ( )		
Funding adjustment 3 ( )		
Funding adjustment 4 ( )		
Funding Adjustment 5 ( )		
Funding Adjustment 6 ( )		
Other Items		
Prior Years' Payments		
Services: Schedule D		
Cardiac catherization		
Cardiac surgery		
Organ Transplantation		
Strategies: Schedule D		
Organ Transplantation		
Endovascular aortic aneurysm repair		
Electrophysiology studies EPS/ablation		
Percutaneous coronary intervention (PCI)		
Implantable cardiac defibrillators (ICD)		
Newborn screening program		
Specialized Hospital Services: Schedule D		
Magnetic Resonance Imaging		
Provincial Regional Genetic Services 2		
Permanent Cardiac Pacemaker Services		
Provincial Resources		
Stem Cell Transplant		
Adult Interventional Cardiology for Congenital Heart Defects		
Cardiac Laser Lead Removals		
Pulmonary Thromboendarterectomy Services		
Thoracoabdominal Aortic Aneurysm Repairs (TAA)		
Other Results (Wait Time Strategy):		
Selected Cardiac Services		
Hip Replacements - Revisions		$ 312,504
Knee Replacements - Revisions		
Magnetic Resonance Imaging (MRI)		$ 514,280
Computed Tomography (CT)		$ 63,000
General Surgery		$ 100,376
Paediatric Surgery		$ 12,397
Quality-Based Procedures: Schedule D Planning Allocation Assumption (rate x volume)		
Primary Hips	$ 1,979,381	
Primary knee	$ 2,438,979	
Hip/Knee Indirect	$ 435,389	
Cataract	$ 3,702,182	
Inpatient rehab for primary hip	$ -	
Inpatient rehab for primary knee	$ -	
Chronic Kidney Disease - as per Ontario Renal Network Funding Allocation	$ -	
Total Funding Allocation	$ 238,666,242	$ 1,002,557

Note 1 - Includes lines previously in Schedules G and H (Cardiac Rehabilitation, Visudyne Therapy, Regional Trauma, Regional and district Stroke Centres, Sexual Assault/Domestic Violence Treatment Centres, HIV Outpatient clinics). See 2012-13 HAPS Guidleine for additional information.

Reference to Schedules D and F means (2012 - 2013) unless otherwise stated

Service Volumes

Schedule D3 (2012 - 2013)

Hospital North York General Hospital

Facility # 632

	Measurement Unit	2012/13 Performance Target	2012/13 Performance Standard
Part I - GLOBAL VOLUMES Refer to 2012-13 H-SAA Indicator Technical Specification Document for further details			
Emergency Department Weighted Cases	Weighted Cases	tbd	tbd
Complex Continuing Care	RUG Weighted Patient Days	na	na
Total Acute Inpatient	Weighted Cases	30,100	> 28,896
Day Surgery	Weighted Cases	5,300	> 5,088
Mental Health Inpatient	Weighted Patient Days	tbd	tbd
Rehab Inpatient	Weighted Patient Days	na	na
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	na	na
Ambulatory Care	Visits	146,050	> 124,143
Part II - WAIT TIME VOLUMES (Formerly Schedule H)		**2012/13 Base**	**2012/13 Incremental**
Cardiac Surgery -CABG	Cases	na	na
Cardiac Surgery -Other Open Heart	Cases	na	na
Cardiac Surgery -Valve	Cases	na	na
Cardiac Surgery -Valve/CABG	Cases	na	na
Paediatric Surgery	Cases	1,631	9
General Surgery	Cases	1,047	40
Hip Replacement - Revisions	Cases	23	29
Knee Replacements - Revisions	Cases	11	0
Magnetic Resonance Imaging (MRI)	Total Hours	5,200	1,978
Computed Tomography (CT)	Total Hours	9,802	252
Part III - Services & Strategies(Formerly Shedule G)		**2012/13 Performance Target**	**2012/13 Performance Standard**
Catherization	Cases	na	na
Angioplasty	Cases	na	na
Other Cardiac (Note 2)	Cases	na	na
Organ Transplantation (Note 3)	Cases	na	na
Neurosurgery (Note 4)	Cases	na	na
Bariatric Surgery	TBD	na	na

Part IV - Quality Based Procedures (Formerly in Wait Times program Schedule H) (Note 5)		**2012/13 Volume**
Primary hip	Volumes	282
Primary knee	Volumes	390
Cataract	Volumes	7,232
Inpatient rehab for primary hip	Volumes	na
Inpatient rehab for primary knee	Volumes	na
Chronic Kidney Disease (as per Ontario Renal Network Allocation Schedule)	Volumes	na

Note 2 -Cardiac Services are LHIN managed (Protected Services) including: Implantable Cardic Defibrilators (ICD), electrophysiology studies (EPS), Ablations, Ablations with advance mapping, Pacemakers, Drug Eluting Stents (DES), Cardiac surgery (CABG, valve, other open heart, valve+CABG), Angioplasty, and Cardiac Catheterization.

Note3- Organ Transplantation - Funding for living donation (kidney & liver) is included as part of organ transplantation funding. Hospitals are funded retrospectively for deceased donor management activity, reported and validated by the Trillium Gift of Life Network.

Note4 - includes neuromodulation, coil embolization, and emergency neurosurgery cases.

Note 5- Under Health system Funding Reform (HSFR), for each quality-based procedure, the volumes are determined as a single figure for the year. Previously, under Wait Time program they were identified as base and incremental.

Indicators*

Schedule E3 (2012 - 2013)

Hospital North York General Hospital

Facility # 632

Accountability Indicators	Measurement Unit	2012/13 Performance Target	2012/13 Performance Standard	Explanatory Indicators	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 Patients	Hours	tbd	tbd	30-day Readmission of Patients with Stroke or Transient Ischemic Attack (TIA) to Acute Care for All Diagnoses	Percentage
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	tbd	tbd	Percent of stroke patients discharged to rehabilitation	Percentage
90th Percentile Wait Times for Cancer Surgery	Days	tbd	tbd	Percent of Stroke Patients Managed on a Designated Stroke Unit	Percentage
90th Percentile Wait Times for Cardiac Surgery	Days	na	na	Hospital Standardized Mortality Ratio	Percentage
90th Percentile Wait Times for Cataract Surgery	Days	tbd	tbd	Readmission within 30 days for Selected CMGs	Ratio
90th Percentile Wait Times for Hip Replacement Surgery	Days	tbd	tbd		
90th Percentile Wait Times for Knee Replacement Surgery	Days	tbd	tbd		
90th Percentile Wait Times for MRI Scan	Days	tbd	tbd		
90th Percentile Wait Times for CT Scan	Days	tbd	tbd		
Cases of Ventilator-associated Pneumonia	Cases/Days	tbd	tbd		
Central Line Infection Rate	Cases/Days	tbd	tbd		
Hospital Acquired Cases of Clostridium Difficile Infections	Cases/Days	0.52	0.52		
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	Cases/Days	0.00	0.00		
Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus	Cases/Days	tbd	tbd		
Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance					
Current Ratio (consolidated)	Ratio	0.71	0.68 - 2.0	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated)	Percentage	0.96%	0% - 2%	Percentage Full Time Nurses	Percentage
				Percentage Paid Sick Time	Percentage
				Percentage 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 E1 (2012-2013) (Note 1)

***Refer to 2012-13 H-SAA Indicator Technical Specification for further details.**

LHIN-Specific Indicators

Schedule E3.1 (2012 - 2013)

Hospital North York General Hospital

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, set for the health service providers by the MOHLTC or the LHIN with the timeframes set by the MOHLTC or the LHIN as the case may be. The expectation is that any compliance requirements will be rolled out reasonably. In addition, the level of available resources will be considered in any required implementations.

eHealth-related discussions will take place at the Central LHIN eHealth Steering Committee and each hospital is required to appoint the most senior staff responsible for eHealth decision-making as a committee member. Decisions made by this committee will be binding for all Central LHIN hospitals.

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 for information purposes.

Community Engagement and Health Equity: The Hospital will provide the LHIN an annual Community Engagement Plan by November 30, 2012 and a biennial Health Equity Plan by November 30, 2013.

Peer Accountability, Integration and Long-Term Solutions to Advance the Local Health System: 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.

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. As outlined in the 2010 Joint Review Framework document, the approval process and eligibility criteria for "Own Funds" capital initiatives (those project that require no capital from the Ministry or the LHIN) are currently determined by the Ministry.

Mental Health Inpatient Days: 2012/13 Target = 15,900; 2012/13 Performance Corridor = > 14,946

Emergency Department Visits: 2012/13 Target = 116,500; 2012/13 Performance Corridor = > 111,840

Performance targets set at TBD: The LHIN and the hospital will work collaboratively to establish performance targets which have been temporarily set at TBD until more information becomes available. The LHIN and the hospital will set these targets by September 30, 2012.

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

Post-Construction Operating Plan Funding and Volume

Schedule F3 (2012/13)

Hospital North York General Hospital

	Total Approved Volume	2012/13 Received from LHIN % Funding Received			2012/13 Hospital Plan		
		Funding Rate	2012/13 Additional Volumes	Funding (Note 1)	Additional Volumes	New Beds	Funding
Inpatient Acute - Medicine/Surgery							
Inpatient Acute -Obstetrics							
Inpatient Acute - ICU							
Inpatient Rehabilitation General							
Inpatient Complex Continuing Care							
Inpatient Acute - Mental Health							
Day Surgery							
Endoscopy (cases)							
Emergency							
Amb Care - Acute Mental Health							
Amb Care - Diabetes							
Amb Care - Palliative							
Clinic - Med/Surg							
Clinic - Metabolic							
Other - ( )							
Other - ( )							
Other - ( )							

Facility Costs
Amortization
Total Funding - (Note2)

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 reconcilation.*

Note 2 - *This amount must be the same as PCOP (Operating Base Funding) on Schedule C (2012 - 2013).*

Once negotiated, an amendment (Schedule F1 (2012 - 2013) 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.