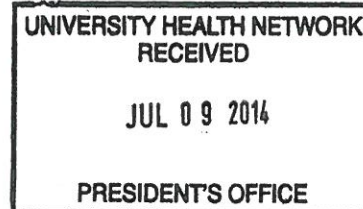


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July 8, 2014

Ms. Justine Jackson
Interim President and Chief Executive Officer
University Health Network
190 Elizabeth Street, RFEB 1S-415
Toronto, ON M5G 2C4



Dear Ms. Jackson,

Please find enclosed the fully executed 2008-15 Hospital Service Accountability Agreement.

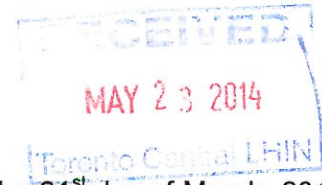
Thank you for your participation in the H-SAA process. If you have any follow up questions please do not hesitate to contact me at (416) 969-3230 or chris.sulway@lhins.on.ca.

Sincerely,

A handwritten signature in blue ink that reads "Chris Sulway".

Chris Sulway
Senior Consultant, Performance Management
Toronto Central LHIN

2008-15 H-SAA AMENDING AGREEMENT



THIS AMENDING AGREEMENT (the "Agreement") is made as of the 31st day of March, 2014

B E T W E E N:

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

UNIVERSITY HEALTH NETWORK (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, 2014;

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.

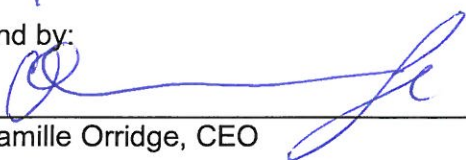
- 3.0 Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2014. All other terms of the H-SAA shall remain in full force and effect.
- 4.0 Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance 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.

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:  _____ Date 2014/7/08

Angela Ferrante, Chair

And by:  _____ Date 26/6/14

Camille Orridge, CEO

UNIVERSITY HEALTH NETWORK

By:  _____ Date MAY 23/2014

John Mulvihill, Chair

And by:  _____ Date May 23/2014

Dr. Robert Bell, President & CEO

Hospital Sector 2014-2015

Facility #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network

2014-2015 Schedule A: Funding Allocation

	2014-2015 Target	
Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
¹ FUNDING SUMMARY		
Other LHIN Allocations- Global Funding	Base²	
Health System Funding Reform (HSFR) HBAM Funding (Includes Mitigation)	\$558,149,631	
Health System Funding Reform (HSFR) QBP Funding (Section 1 below)	\$352,783,043	
Wait Time Strategy Services ("WTS") (Section 2 below)	\$0	Allocation ² /One-Time ²
Provincial Program Services ("PPS") (Section 3 below)	\$0	\$0
Other Non-HSFR LHIN Funding (Section 4 below)	\$0	\$0
Post Construction Operating Plan (PCOP)	(\$2,916,260)	\$12,901,654
	\$7,007,700	
Total 14/15 Estimated Funding Allocation	\$915,024,114	\$12,901,654
⁴ Section 1: Health System Funding Reform - Quality-Based Procedures	Rate	Allocation⁴
Cancer- Surgery		
Cancer- Colposcopy		
Cardiac- Aortic Valve Replacement		
Cardiac- Coronary Artery Disease		
Cataracts- Bilateral		
Cataracts- Unilateral		
Chemotherapy Systemic Treatment		
Chronic Obstructive Pulmonary Disease		
Congestive Heart Failure		
Endoscopy		
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary		
Hip Replacement- Unilateral Primary		
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary		
Knee Replacement- Unilateral Primary		
Non-Cardiac Vascular- Aortic Aneurysm (AA)		
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)		
Orthopaedics- Hip Fracture		
Orthopaedics- Knee Arthroscopy		
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)		
Paediatric- Tonsillectomy		
Respiratory- Pneumonia		
Stroke- Transient Ischemic Attack (TIA)		
Stroke- Hemorrhage		
Stroke- Ischemic or Unspecified		
Vision Care- Retinal Disease		

Hospital Sector 2014-2017

Facility #: 947
 Hospital Name: University Health Network
 Hospital Legal Name: University Health Network

2014-2015 Schedule A: Funding Allocation

Section 2: Wait Time Strategy Services ("WTS")		Base ²	One-Time ²
General Surgery			
Pediatric Surgery			
Hip & Knee Replacement - Revisions			
Magnetic Resonance Imaging (MRI)			
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)			
Computed Tomography (CT)			
Other WTS Funding			
Section 3: Provincial Program Services ("PPS")		Base ²	One-Time ²
Cardiac Surgery			
Other Cardiac Services			
Organ Transplantation			
Neurosciences			
Bariatric Services			
Regional Trauma			
Section 4: Other Non-HSFR Funding		Base ²	One-Time ²
LHIN One-time payments			\$9,538,805
MOH One-time payments			\$3,362,849
LHIN/MOH Recoveries			
Other Revenue from MOHLTC			
Paymaster			
Other Funding adjustment 1 ()			
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
Funding adjustment 1 ()		\$0	\$0
		(\$9,069,267)	
		\$13,522,078	
		(\$7,369,071)	
		\$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.
 [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. The Quality Based Procedures allocations above includes Mitigation funding for 2014-2015.

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	30-Jun-2015	30-Jun-2016	30-Jun-2017
Year End 2014-2015	30-Jun-2015	30-Jun-2016	30-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 #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network
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	23.0	≤ 25.3
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	7.5	≤ 8.3
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	4.5	≤ 5.0
Cancer Surgery: % Priority 4 cases completed within Target	Percent	90.0%	≥ 81%
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	90.0%	≥ 81%
Cataract Surgery: % Priority 4 cases completed within Target	Percent	90.0%	≥ 81%
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	90.0%	≥ 81%
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	90.0%	≥ 81%
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	42.5%	≥ 40.3%
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	70.0%	≥ 63%
Rate of Ventilator-Associated Pneumonia	Rate	0.00	≤ 2.69
Central Line Infection Rate	Rate	0.00	≤ 0.68
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	≤ 0.42
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	≤ 0.03
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	≤ 0.01

Explanatory Indicators

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	0.72	0.7-2.0
Total Margin (Consolidated – all sector codes and fund types)	Percentage	0.00%	0.00%

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 #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network
Site Name:	TOTAL ENTITY

2014-2015 Schedule C1: TOTAL ENTITY 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	9.30%	≤ 10.2%
ALC Rate - Complex Continuing Care	Percentage	5.10%	≤ 6.6%
ALC Rate - Rehabilitation	Percentage	8.10%	≤ 10.2%
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 #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network

2014-2015 Schedule C2: Service Volumes

Part I - Global Volumes

	Measurement Unit	2014-2015 Performance Target	2014-2015 Performance Standard
Ambulatory Care	Visits	1,053,689	≥ 990,468
Complex Continuing Care	Weighted Patient Days	73,265	≥ 67,403
Day Surgery	Weighted Visits	5,336	≥ 4,909
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days		
Emergency Department	Weighted Cases	5,550	≥ 4,815
Inpatient Mental Health	Weighted Patient Days	12,208	≥ 10,376
Inpatient Rehabilitation	Weighted Cases	2,960	≥ 2,516
Total Inpatient Acute	Weighted Cases	79,212	≥ 76,835

Part II - Hospital Specialized Services

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

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

Hospital Sector 2014-2015

Facility #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network

2014-2015 Schedule C2: Service Volumes

Part III - Wait Time Volumes

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
General Surgery	Cases		
Paediatric Surgery	Cases		
Hip & Knee Replacement - Revisions	Cases	89	TBD
Magnetic Resonance Imaging (MRI)	Total Hours	18,454	TBD
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	66	TBD
Computed Tomography (CT)	Total Hours	17,500	TBD

Part IV - Provincial Programs

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cardiac Surgery	Cases	1,522	TBD
Cardiac Services - Catheterization	Cases	6,000	TBD
Cardiac Services- Interventional Cardiology	Cases	3,189	TBD
Cardiac Services- Permanent Pacemakers	Procedures	550	TBD
Automatic Implantable Cardiac Defib's (AICDs)	Procedures	430	TBD
Organ Transplantation	Cases	753	TBD
Neurosciences	Procedures	495	TBD
Regional Trauma	Cases		
Number of Forensic Beds- General	Beds		
Number of Forensic Beds- Secure	Beds		
Number of Forensic Beds- Assessment	Beds		
Bariatric Surgery	Procedures	350	TBD
Medical and Behavioural Treatment	Cases		

Hospital Sector 2014-2017

Facility #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network

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	TBD
Chemotherapy Systemic Treatment	Volume	TBD
Chronic Obstructive Pulmonary Disease	Volume	416
Congestive Heart Failure	Volume	881
Endoscopy	Volume	TBD
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	151
Hip Replacement- Unilateral Primary	Volume	393
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	205
Knee Replacement- Unilateral Primary	Volume	547
Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volume	104
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volume	74
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	Volume	74
Stroke- Hemorrhage	Volume	79
Stroke- Ischemic or Unspecified	Volume	350
Vision Care- Retinal Disease	Volume	TBD

Facility #:	947
Hospital Name:	University Health Network
Hospital Legal Name:	University Health Network

2014-2015 Schedule C3: Obligations

1. Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
2. Adopt eHealth and Information Management initiatives that encompass both provincial and local level priorities as identified by TC LHIN.
 - a. TC LHIN Priorities include: Continued implementation of the Standardized Discharge Summary, Integrated Decision Support tool (IDS) and new Resource Matching and Referral pathways.
 - b. Provincial Priority Projects: implementation of Hospital Report Manager and ConnectingGTA.
3. Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts.
4. Participate in TC LHIN initiatives related to the development and implementation of both local and regional Health Link initiatives.
5. Continue to actively support the TC LHIN Health Equity Priorities by:
 - a. Continuing to rollout collection of demographic/equity variables with the goal of covering more than 60% of patients in the system by March 2015, submission of equity data and undertaking improvement efforts to advance health equity.
 - b. Supporting the implementation of the Health Equity Impact Assessment tool.
 - c. Participating in cultural competency initiatives' such as Aboriginal Cultural Competency Initiative and the cultural competency eLearning modules developed through Children and Youth Advisory Table.
6. Develop a Health Service Provider specific emergency response plan by end of March 31, 2015 in preparation for Pan Am and Para-Pan Am Games (Summer 2015) and other potential emergencies. Participate in initiatives guided by the TC LHIN Emergency Management Implementation Committee to increase preparedness and response levels at your organization, within your sector and the system overall.

