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July 31, 2017

Dr. Peter Pisters  
President & Chief Executive Officer  
University Health Network  
190 Elizabeth Street  
Toronto, ON M5G 2C4

Dear Dr. Pisters,

Please find enclosed the fully executed 2017-18 Hospital Service Accountability Agreement (HSAA) Amending Agreement.

Thank you for your participation in the HSAA process. If you have any follow up questions please do not hesitate to contact me at 416-969-4923 or [Nancy.Kraetschmer@tc.lhins.on.ca](mailto:Nancy.Kraetschmer@tc.lhins.on.ca).

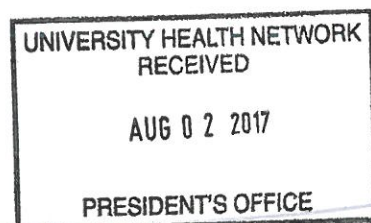
Sincerely,



Nancy Kraetschmer  
Senior Consultant, Performance Management  
Toronto Central LHIN

Cc: Darlene Dasent, Deputy Chief Financial Officer, University Health Network  
Marnie Weber, Executive Director, Strategic Developments, University Health Network

Enc.







**H-SAA AMENDING AGREEMENT**

**THIS AMENDING AGREEMENT** (the “Agreement”) is made as of the 1<sup>st</sup> day of April, 2017

**BETWEEN:**

**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, 2017;

**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;

**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
  - C.4. PCOP Targeted Funding and Volumes

2.3 Term. This Agreement and the H-SAA will terminate on March 31, 2018.

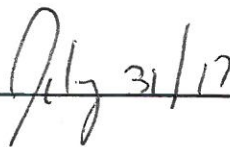
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the H-SAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance 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**

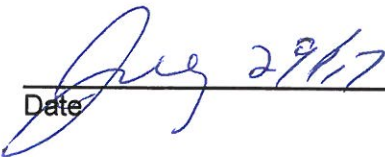
By:

  
 \_\_\_\_\_  
 Dr. Vivek Goel, Chair

  
 \_\_\_\_\_  
 Date

And by:

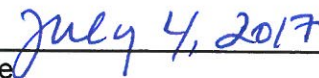
  
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 Susan Fitzpatrick, CEO

  
 \_\_\_\_\_  
 Date

**UNIVERSITY HEALTH NETWORK**

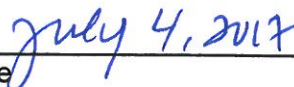
By:

  
 \_\_\_\_\_  
 John Mulvihill, Chair

  
 \_\_\_\_\_  
 Date

And by:

  
 \_\_\_\_\_  
 Peter Pisters  
 President & Chief Executive Officer

  
 \_\_\_\_\_  
 Date

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule A Funding Allocation

		2017-2018	
<b>Section 1: FUNDING SUMMARY</b>		<b>[1] Estimated Funding Allocation</b>	
<b>LHIN FUNDING</b>		<b>[2] Base</b>	
LHIN Global Allocation (Includes Sec. 3)		\$466,078,732	
Health System Funding Reform: HBAM Funding		\$351,916,658	
Health System Funding Reform: QBP Funding (Sec. 2)		\$41,003,985	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4)		\$140,300,605	[2] Incremental/One-Time \$19,287,477
Other Non-HSFR Funding (Sec. 5)		\$40,368,856	\$16,859,737
<b>Sub-Total LHIN Funding</b>		<b>\$1,039,668,836</b>	<b>\$36,147,214*</b>
<b>NON-LHIN FUNDING</b>			
[3] Cancer Care Ontario and the Ontario Renal Network		\$156,561,357	
Recoveries and Misc. Revenue		\$199,919,964	
Amortization of Grants/Donations Equipment		\$12,326,226	
OHIP Revenue and Patient Revenue from Other Payors		\$192,391,900	
Differential & Copayment Revenue		\$4,097,120	
<b>Sub-Total Non-LHIN Funding</b>		<b>\$565,296,567</b>	
<b>Total 17/18 Estimated Funding Allocation (All Sources)</b>		<b>\$1,604,965,403</b>	<b>\$36,147,214*</b>
<b>Section 2: HSFR - Quality-Based Procedures</b>		<b>Volume</b>	<b>[4] Allocation</b>
Rehabilitation Inpatient Primary Unilateral Hip Replacement		141	\$811,822
Acute Inpatient Primary Unilateral Hip Replacement		450	\$3,885,210
Rehabilitation Inpatient Primary Unilateral Knee Replacement		168	\$810,456
Acute Inpatient Primary Unilateral Knee Replacement		590	\$4,685,184
Acute Inpatient Hip Fracture		234	\$3,443,434
Knee Arthroscopy		1,083	\$1,478,642
Elective Hips - Outpatient Rehab for Primary Hip Replacement		208	\$130,624
Elective Knees - Outpatient Rehab for Primary Knee Replacement		200	\$110,800
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		43	\$495,241
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		59	\$249,283
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		937	\$9,522,768
Acute Inpatient Stroke Hemorrhage		95	\$1,231,376
Acute Inpatient Stroke Ischemic or Unspecified		303	\$3,976,833
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		48	\$256,101
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		98	\$2,029,095
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		79	\$1,023,899
Unilateral Cataract Day Surgery		0	\$0
Acute Inpatient Tonsillectomy		1	\$2,625
Acute Inpatient Chronic Obstructive Pulmonary Disease		408	\$3,585,700
Acute Inpatient Pneumonia		416	\$3,231,155
Non-Routine and Bilateral Cataract Day Surgery		49	\$43,737
<b>Sub-Total Quality Based Procedure Funding</b>		<b>5,610</b>	<b>\$41,003,985</b>

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")		[2] Base	
General Surgery		\$0	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$647,571	
Magnetic Resonance Imaging (MRI)		\$10,685,600	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$194,600	
Computed Tomography (CT)		\$6,000,000	
<b>Sub-Total Wait Time Strategy Services Funding</b>		<b>\$17,527,771</b>	
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		\$23,384,470	\$2,360,272
Other Cardiac Services		\$31,162,875	\$1,458,825
Organ Transplantation		\$39,346,064	\$1,519,440
Neurosciences		\$11,592,696	\$1,414,940
Bariatric Services		\$6,717,580	\$0
Regional Trauma		\$0	\$0
Congenital Visits, Cardiac Inpatient Admissions & High Risk; Advanced EVAR, PTE		\$6,036,740	\$3,430,200
LVAD, ECLS-Transplant & ARDS, Desensitization, Ex Vivo		\$16,338,080	\$5,923,800
HLA Lab, Specialized Transplant Services for HIV Positive Patients		\$2,022,100	\$0
Increased Capacity for Unscheduled Neurosurgical Services		\$0	\$3,000,000
EMU and MEG		\$2,275,000	\$0
TAVI		\$1,425,000	\$180,000
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$140,300,605</b>	<b>\$19,287,477</b>
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	\$11,760,300
MOH One-time payments		\$0	\$5,099,437
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$38,427,358	
Paymaster		\$1,941,498	
<b>Sub-Total Other Non-HSFR Funding</b>		<b>\$40,368,856</b>	<b>\$16,859,737</b>
Section 6: Other Funding		[2] Base	[2] Incremental/One-Time
<i>(Info. Only. Funding is already included in Sections 1-4 above)</i>			
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		\$0	\$185,250
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$185,250</b>

\*Includes \$13.7 of incremental growth pressures which the TC LHIN and UHN will continue to manage in collaboration with MOHLTC but does not represent confirmed funding.

[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.

# Hospital Service Accountability Agreements 2017-2018

Facility #:

Hospital Name:

Hospital Legal Name:

## 2017-2018 Schedule B: Reporting Requirements

### 1. MIS Trial Balance

	Due Date 2017-2018
Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 – January 01 to March 31	31 May 2018

### 2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

	Due Date 2017-2018
Q2 – April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 – January 01 to March 31	7 June 2018
Year End	30 June 2018

### 3. Audited Financial Statements

	Due Date 2017-2018
Fiscal Year	30 June 2018

### 4. French Language Services Report

	Due Date 2017-2018
Fiscal Year	30 April 2018

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2017-2018	2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	13.0	<= 14.3
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	3.8	<= 4.2
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	90.0%	>=81%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90.0%	>=81%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	40.0%	>=34%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	52.0%	>=40%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	13.7%	<=15.07%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.42

### Explanatory Indicators

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	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



# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE			
*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.89	0.8-2.0
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/ Total Revenue %	Percentage		

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	10.39%	<=12.02%
Explanatory Indicators		Measurement Unit	
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		
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	
Targets for future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.	

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2017-2018	2017-2018
<b>Clinical Activity and Patient Services</b>			
Ambulatory Care	Visits	1,130,294	>= 1,062,476
Complex Continuing Care	Weighted Patient Days	78,441	>= 62,202
Day Surgery	Weighted Cases	7,269	>= 6,227
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	6,472	>= 5,954
Emergency Department and Urgent Care	Visits	120,000	>= 108,221
Inpatient Mental Health	Patient Days	10,846	>= 10,195
Inpatient Mental Health	Weighted Patient Days	15,259	>= 12,970
Acute Rehabilitation Patient Days	Patient Days	68,995	>= 64,347
Acute Rehabilitations	Weighted Cases	3,487	>= 3,138
Total Inpatient Acute	Weighted Cases	87,286	>= 84,667

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Facility #: 947

Hospital Legal Name: University Health Network

### **Toronto Central LHIN's Strategic Plan:**

Support the implementation of Toronto Central LHIN's 2015-2018 Strategic Plan. In addition to the multiple initiatives underway related to the Toronto Central LHIN Strategic Plan, Toronto Central LHIN looks to its Health Service Providers (HSPs) for a commitment to the specific initiatives outlined below:

**Toronto Central LHIN Sub Regions:** Participate in the Toronto Central LHIN Local Collaboratives and in applicable endorsed initiatives, including the development of regional quality improvement activities and Quality Improvement Plans.

**Primary Care:** Continued support of the Toronto Central LHIN primary care strategy, including its associated priority projects:

- Attachment, Access and Continuity with Primary Care
- Access to Interprofessional Teams
- Quality and Timeliness of Discharge Plans
- Access to Specialists
- Secured Communications
- Health Links

**Health Equity:** Continue to actively support Toronto Central LHIN Health Equity initiatives through:

- Support approaches to service planning and delivery that: a) identify health inequities, b) actively seek new opportunities to address health inequities, and c) reduce existing health inequities.
- Participate in appropriate Toronto Central LHIN Indigenous and Francophone Cultural Competency Initiatives.
- Participate in French Language Service (FLS) planning:
  - For identified HSPs that provide services in French, develop a FLS plan and demonstrate yearly progress towards meeting designation criteria.
  - HSPs that are not identified for the provision of FLS, the expectation is to identify their French-speaking clients. This information is to be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive.

**Digital Health:** Adopt Digital Health and Information Management initiatives that encompass both provincial and local level priorities as identified by Toronto Central LHIN. This specifically includes, where applicable:

- Adherence to operational privacy and security policies related to the use of regional and provincial health technologies (i.e. RM&R).
- Continued full implementation of Hospital Resource Manager, eNotification, and Connecting Ontario/GTA.
- Submission of data to Integrated Decision Support tool (IDS).

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Facility #: 947

Hospital Legal Name: University Health Network

**Palliative Care:** Implementation of regional palliative care quality improvement initiatives as endorsed by Toronto Central Palliative Care Network and the Toronto Central LHIN.

### **Ministry/LHIN Accountability Agreement Performance (MLAA):**

Toronto Central LHIN is developing a system-wide plan to improve performance on its MLAA indicators including embedding performance targets in the Service Accountability Agreements. In addition, HSPs will contribute to the achievement of the Toronto Central LHIN MLAA Performance Indicators through the following specific initiative.

Hospitals will develop and submit a plan to meet select HSAA performance targets prioritized by Toronto Central LHIN Clinical Efficiency/Clinical Utilization Committee. These plans are to be submitted to the Toronto Central LHIN in 2017/18 (Reporting template will be circulated, and reports will be submitted by end of Q1).

**Emergency Management:** It is expected that HSPs review and maintain their Emergency Management and Business Continuity Plans. HSPs should:

- Maintain regulated standards.
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall.

**Hospitals Designated Psychiatric Facilities and the Mental Health Act:** The Hospitals shall provide all Hospital Services that are essential mental health services in accordance with the specific designation for the Hospital and shall only make any material changes to the delivery models or service levels for the those essential mental health services in consultation with, and the approval of the Ministry of Health and Long-Term Care.