



2008-2012 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made December 5, 2011

BETWEEN:

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

AND

UNIVERSITY HEALTH NETWORK (the "Hospital")

In respect of

Toronto Rehabilitation Institute (Fac # 956)

WHEREAS the LHIN and Toronto Rehabilitation Institute entered into a hospital service accountability agreement that took effect April 1, 2008 (the "TRI H-SAA");

AND WHEREAS the assets and liabilities of the Toronto Rehabilitation Institute, including the TRI H-SAA were transferred to the Hospital by way of an asset transfer agreement effective July 1, 2011;

AND WHEREAS the parties agreed that the TRI H-SAA would not be merged into the service accountability agreement between the LHIN and the Hospital until April 1, 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 TRI H-SAA.

2.0 Amendments.

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

2.2 Schedules.

(a) Schedules C-2 shall be deleted and replaced with Schedule C-2 2011-12 attached to this Agreement.

(b) Schedules D-2 shall be deleted and replaced with Schedule D-2 2011-12 attached to this Agreement.

3.0 Effective Date. The Parties agree that the amendments set out in Article 2 shall be effective as of April 1, 2011. All other terms of the TRI H-SAA, those

provisions in the Schedules not amended by s. 2.2, 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 C-2 2011-12, D-2 2011-12, 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.

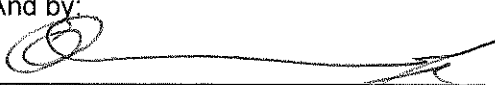
TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:


Angela Ferrante, Chair

4/1/12
Date

And by:


Camille Orridge, CEO

5/1/12
Date


UNIVERSITY HEALTH NETWORK

By:


John Mulvihill, Chair

December 14, 2011
Date

And by:


Dr. Robert Bell, CEO

December 14, 2011
Date

Hospital Multi-Year Funding Allocation

Schedule C2 2011-12

Hospital	2011/12 Funding Allocation	
	Base	One-Time
TORONTO Toronto Rehabilitation Institute/UHN		
Fac #	956	
Operating Base Funding	107,024,300	
Multi-Year Funding Incremental Adjustment		
Other Funding		
Funding Formula and Recovery	1,543,333	
Funding adjustment 1 (Intrathecal Baclofen Program)		
Funding adjustment 3 (New Additional Rehab) PYE in 2011-12	1,000,000	
Funding adjustment 3 (Chronic Care)		41,800
Funding adjustment 4 (Resource Matching & Referral - Expansion: Acute, Rehab, CCAC)		
Funding adjustment 5 (Interprofessional Spasticity Assessment & Management)		
Funding adjustment 6 (Resource Matching and Referral - Long-Term Care Homes)		
Funding adjustment 7 (Mental Health and Addictions Priority Initiatives Project)		
Funding Adjustment 9 (GTA Rehab Network -In patient rehab recovery)		
Funding Adjustment 10 (Resource matching and Referral Expansion)		
Funding Adjustment 11 (Infection Control Practitioner)		
Funding Adjustment 12 (FLO Collaborative Performance)		
Funding Adjustment 14 (Interprofessional Spasticity assessment and Management)		
PCOP: Schedule F		
PCOP - University Centre Redevelopment	1,750,400	
PCOP - PHASE II Funding - PYE	3,165,800	
Provincial Strategies: Schedule G (included in base)		
Organ Transplantation		
Neuroscience	411,300	
Electrophysiology studies EPS/ablation		
Percutaneous coronary intervention (PCI)		
Implantable cardiac defibrillators (ICD)		
Daily nocturnal home hemodialysis		
Provincial peritoneal dialysis initiative		
Newborn screening program		
Total Additional Base and One Time Funding	7,870,833	41,800
Total Allocation	114,936,933	

Schedule C is prepared based on MLPA Sept 30 and admin letters received at TC LHIN as of Oct 5

Performance Indicators

Schedule D2 2011/12

Hospital

Fac #

	Measurement Unit	2011/12 Performance Target	2011/12 Performance Standard*
PERSON EXPERIENCE: Access, Safe, Effective, Person-Centred			
Accountability Indicators			
90th Percentile ER LOS for Admitted Patients	Hours	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
90th Percentile ER LOS for Non-admitted Complex Patients	Hours	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Explanatory Indicators			
Emergency Department Activity	Weighted Cases		
Emergency Department Visits	Visits		
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 rehabilitation	Percentage		
Percent of stroke patients managed on a designated stroke unit	Percentage		
Wait Time Volumes (Per Schedule H2)	Cases		
Rehabilitation Separations	Separations		
ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance			
Accountability Indicators			
Current Ratio (consolidated)	Ratio	<input type="text" value="1.00%"/>	<input type="text" value="0.80-2.0%"/>
Total Margin (Consolidated)	Percentage	<input type="text" value="0.0%"/>	<input type="text" value="0.0%"/>
Explanatory Indicators			
Total Margin (Hospital Sector Only)	Percentage		
Percentage Full Time Nurses	Percentage		
Percentage Paid Sick Time	Percentage		
Percentage Paid Overtime	Percentage		
SYSTEM INTEGRATION: Integration, Community Engagement, eHealth			
Explanatory Indicators			
Percentage ALC Days	Days		
Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions	Visits		
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse Conditions	Visits		

Performance Indicators

Schedule D2 2011/12

Hospital

Fac #	Measurement Unit	2011/12 Performance Target	2011/12 Performance Standard*
<input type="text" value="613"/>			
GLOBAL VOLUMES			
Accountability Indicators			
Total Acute Activity, incl. Inpatient and Day Surgery***	Weighted Cases	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Complex Continuing Care	RUG Weighted Patient Days	<input type="text" value="73,268"/>	<input type="text" value(">72,593")"=""/>
Mental Health	Inpatient Days	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
ELDCAP	Inpatient Days	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Rehabilitation	Inpatient Days	<input type="text" value="67,639"/>	<input type="text" value(">63,581")"=""/>
Ambulatory Care****	Visits	<input type="text" value="80,000"/>	<input type="text" value(">64,000")"=""/>

* Volume Performance Indicators under Global Volumes vary in application based on hospital type.

*** Global volumes based on CIHI Case mix Group (CMG)+ methodology and RIW weights.

**** Ambulatory Care includes OHSR Primary account codes 7134* (excluding 7134055), 712*, 7135*, 715* OHSR secondary statistical account codes: 447*, 450*, 5* (excluding 50*, 511*, 512*, 513*, 514*, 518*, 519*, 521*)