



2008-2012 H-SAA AMENDING AGREEMENT # 2

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2011

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 entered into a hospital service accountability agreement that took effect April 1, 2008 and has been amended by agreements made as of April 1, 2010 and April 1, 2011 (the "H-SAA");

AND WHEREAS the Parties acknowledged, in the amending agreement made as of April 1, 2011, that further amendments would be required to the Schedules following the announcement of funding allocations by the Ministry of Health and Long Term Care.

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.

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 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.
- (c) Schedules G-2 shall be deleted and replaced with Schedule G-2 2011-12 attached to this Agreement.
- (d) Schedules H-2 shall be deleted and replaced with Schedule H-2 2011-12 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, 2011. All other terms of the 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, G-2 2011-12 and H-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 Date 4/11/12
 Angela Ferrante, Chair

And by: Camille Orridge Date 3/1/12
 Camille Orridge, CEO

UNIVERSITY HEALTH NETWORK

By: John Mulvihill Date December 14, 2011
 John Mulvihill, Chair

And by: Dr. Robert Bell Date December 14, 2011
 Dr. Robert Bell, CEO

Hospital Multi-Year Funding Allocation

Schedule C2 2011-12

Hospital	2011/12 Planning Allocation	
Fac #	Base	One-Time
TORONTO University Health Network		
947		
Operating Base Funding	788,568,900	
Multi-Year Funding Incremental Adjustment		
Other Funding		
Funding Formula includes Recovery and High Growth in 2011-12	10,224,493	
Funding adjustment 1 (ER Pay For Results Q1)		1,956,500
Funding adjustment 3 (RMR Project Expansion)		
Funding adjustment 12 (PET Scan Services)		1,402,800
Funding adjustment 7 (Wait time ER P4P Q1 premium)		
Funding adjustment 15 (Nurse Led Long-Term Care Outreach Team Proj)		250,000
Funding adjustment 16 (Nurse Led Long-Term Care Outreach Team Proj)		49,595
Funding adjustment 17 (New Base Funding - Nurse Practitioner for Eating Disorder)	167,800	
Critical Care Strategies Schedule E		
Critical Care for Neurosurgical Patients - processed in 2011-12 as PYE	1,700,000	
Critical Care Nurse Training	1,020,252	432,000
Critical Care (LHIN transfer Critical Care Secretariat)		
Critical Care Capacity and Enhanced Chronic Assisted Ventilator Care	600,000	
Emergency Neurosurgical Services		400,000
Additional 156 ENAP: Emergency Neurosurgical Services		3,900,000
Critical Care Secretariat funding recovery (not LHIN managed)		-4,742,100
PCOP: Schedule F		
PCOP - PHASE II funding - PYE in 2011-12		
PCOP related to the Expansion of the M Wing project		
Provincial Strategies: Schedule G (included in base)		
Extracorporeal Photopheresis	3,000,000	
Provincial Resources (included in base)		
Cardiac Services	1,591,700	1,134,100
Organ and Tissue Donation and Transplantation		934,900
Additional Multi Organ Transplant for specialized services	508,400	7,177,000
Neuroscience	1,049,000	1,995,200
Complex Foot and Ankle surgery		906,700
Pulmonary Thromboendarterectomy Services		
Endovascular Abdominal Aortic Aneurysm Repair		260,000
Advanced Endovascular Aortic Aneurysm Repair		328,000
Health Results (Wait Time Strategy): Schedule H		
Incremental Total Hip and Knee Joint Replacements		3,432,700
MRI - Ontario Breast Screening Program		208,000
Magnetic Resonance Imaging (MRI) - P4		916,800
incremental MRI		2,607,300
Incremental Computed Tomography (CT)		163,500
Additional Base and One Time Funding	19,861,645	23,712,995
Total Allocation	832,143,540	

Schedule C is prepared based on MLPA Sept 30 and admin letters received at TC LHIN as of Oct 31

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	**	**
90th Percentile ER LOS for Non-admitted Complex Patients	Hours	**	**
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	**	**
Explanatory Indicators			
Emergency Department Activity	Weighted Cases		
Emergency Department Vists	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	0.80%	0.72 - 0.88%
Total Margin (Consolidated)	Percentage	0.0%	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="947"/>			
GLOBAL VOLUMES			
Accountability Indicators			
Total Acute Activity, incl. Inpatient and Day Surgery***	Weighted Cases	<input type="text" value="69,947"/>	<input ">67,848"="" type="text" value=""/>
Complex Continuing Care	RUG-Weighted Patient Days	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Mental Health	Inpatient Days	<input type="text" value="9,979"/>	<input ">8,981"="" type="text" value=""/>
ELDCAP	Inpatient Days	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Rehabilitation	Inpatient Days	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Ambulatory Care****	Visits	<input type="text" value="791,311"/>	<input ">743,832"="" type="text" value=""/>

* Volume Performance Indicators under Global Volumes vary in application based on hospital type.
 ** This performance will be monitored with the ER Pay for Results Year 4 Action Plan Project Charter that exists between the TCLHIN and the Hospital
 *** Global volumes based on CIHI Case mix Group (CMG)+ methodology and R/W weights.
 **** Ambulatory Care includes OHRS Primary account codes 7134* (excluding 7134055), 712*, 7135*, 715* OHRS secondary statistical account codes: 447*, 450*, 5* (excluding 50*, 511*, 512*, 513*, 514*, 518*, 519*, 521*)

Protected Services

Schedule G2 2011/12

Hospital

Fac #	Units of Service	2011/12 Interim Performance Target	2011/12 Performance Standard
<input type="text" value="947"/>			
Stable Priority Services			
Chronic Kidney Disease*	Weighted Units	<input type="text" value="153,029"/>	<input type="text" value="153,029"/>
Cardiac catheterization	Procedures	<input type="text" value="6,335"/>	<input type="text" value=">5,701"/>
Cardiac surgery	Weighted Cases	<input type="text" value="1,597"/>	<input type="text" value=">1,437"/>
Provincial Strategies			
Organ Transplantation** Endovascular aortic aneurysm repair Electrophysiology studies EPS/ablation Percutaneous coronary intervention (PCI) Implantable cardiac defibrillators (ICD) Daily nocturnal home hemodialysis Provincial peritoneal dialysis initiative Newborn screening program	Cases	<input type="text" value="471"/>	<input type="text" value=">423"/>
Specialized Hospital Services			
Cardiac Rehabilitation	Number of patients treated	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Visudyne Therapy	Number of insured Visudyne vials administered	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Total Hip and Knee Joint Replacements (Non-WTS) (Refer to Sched H2)	Number of Implant Devices	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Magnetic Resonance Imaging (Refer to Sched H2)	Hours of operation	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Regional Trauma	Cases	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Regional & District Stroke Centres Sexual Assault/Domestic Violence Treatment Centres Provincial Regional Genetic Services HIV Outpatient Clinics Hemophilic Ambulatory Clinics Permanent Cardiac Pacemaker Services			
Provincial Resources			
Bone Marrow Transplant Adult Interventional Cardiology for Congenital Heart Defects Cardiac Laser Lead Removals Pulmonary Thromboendarterectomy Services Thoracoabdominal Aortic Aneurysm Repairs (TAA)			

* Performance monitored by Ontario Renal Network

** Organ Transplantation - Funding for living donation (kidney & liver) 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.

Note: Additional accountabilities assigned in Schedule B2

Funding and volumes for these services should be planned for based on 2011/12 approved allocations. Amendments, pursuant to section 5.2 of this Agreement, may be made during the quarterly submission process.

Wait Time Services

Schedule H2 2011/12

Hospital TORONTO UHN

Fac # 947

2010/11 Funded

2011/12 Funded

Base Volumes

Incremental Volumes*

Base Volumes

Incremental Volumes

Selected Cardiac Services

Refer to Schedule G for Cardiac Service Volumes and Targets

Total Hip and Knee Joint Replacements
(Total Implantations)

640

435

640

372

Cataract Surgeries
(Total Procedures)

623

0

623

0

Magnetic Resonance Imaging (MRI)
(Total Hours)

13,520

24,480

13,520

13554**

Computed Tomography (CT)
(Total Hours)

17,500

547

17,500

654

Measurement
Unit

2011/12
Performance
Target

2011/12
Performance
Standard

90th Percentile Wait Times for Cancer Surgery

Days

70

TBD

90th Percentile Wait Times for Cardiac Surgery

Days

44

TBD

90th Percentile Wait Times for Cataract Surgery

Days

100

TBD

90th Percentile Wait Times for Hip Replacement Surgery

Days

135

TBD

90th Percentile Wait Times for Knee Replacement Surgery

Days

140

TBD

90th Percentile Wait Times for MRI Scan

Days

115

TBD

90th Percentile Wait Times for CT Scan

Days

28

TBD

* The 2010/11 Funded volumes are as a reference only

** Includes additional incremental P4 hours - 3526 hours