2008-2012 H-SAA AMENDING AGREEMENT # 2

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

BETWEEN:

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, Chair

Date: 4/1/12

And by:

Camille Orridge, CEO

Date: 3/1/12

**UNIVERSITY HEALTH NETWORK**

By: 

John Mulvihill, Chair

Date: December 14, 2011

And by:

Dr. Robert Bell, CEO

Date: December 14, 2011
### Hospital Multi-Year Funding Allocation

#### 2011/12 Planning Allocation

<table>
<thead>
<tr>
<th>Hospital</th>
<th>TORONTO University Health Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fac #</td>
<td>947</td>
</tr>
<tr>
<td></td>
<td><strong>Base</strong></td>
</tr>
<tr>
<td></td>
<td><strong>One-Time</strong></td>
</tr>
<tr>
<td>Operating Base Funding</td>
<td></td>
</tr>
<tr>
<td>Multi-Year Funding Incremental Adjustment</td>
<td></td>
</tr>
<tr>
<td>Other Funding</td>
<td></td>
</tr>
<tr>
<td>Funding Formula includes Recovery and High Growth in 2011-12</td>
<td>1,229,493</td>
</tr>
<tr>
<td>Funding adjustment 1 (ER Pay For Results Q1)</td>
<td>1,956,500</td>
</tr>
<tr>
<td>Funding adjustment 3 (MRM Project Expansion)</td>
<td></td>
</tr>
<tr>
<td>Funding adjustment 12 (PET Scan Services)</td>
<td>1,402,800</td>
</tr>
<tr>
<td>Funding adjustment 7 (Wall time ER P4P Q1 premium)</td>
<td></td>
</tr>
<tr>
<td>Funding adjustment 15 (Inpatient Long Term Care Drenagem Team)</td>
<td>250,000</td>
</tr>
<tr>
<td>Funding adjustment 16 (Inpatient Long Term Care Outreach Team)</td>
<td>49,656</td>
</tr>
<tr>
<td>Funding adjustment 17 (New Base Funding - Nurse Practitioner for Eating Disorder)</td>
<td>167,600</td>
</tr>
</tbody>
</table>

#### 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 (HIN transfer Critical Care Secretariat): 600,000
- Enhanced Chronic-Assisted Ventilator Care: 400,000
- Additional ENAP Emergency Neurosurgical Services: 3,900,000
- Critical Care Secretariat funding recovery (not HIN 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 Membrane Oxygenation: 3,300,000

#### Provincial Resources (included in base)

- Cardiac Services: 1,691,700 + 1,134,100
- Organ and Tissue Donation and Transplantation: 934,900
- Additional Multi Organ Transplant for specialized services: 503,400 + 7,177,000
- Neurosurgery: 906,200
- Complex Font and Artery surgery: 260,000
- Endovascular/Abdominal Aortic Aneurysm Repair: 328,000
- Advanced Endovascular/Abdominal Aneurysm Repair: 163,800

#### 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) - PA: 916,600
- Incremental MRI: 2,607,300
- Incremental Computed Tomography (CT): 163,800

#### Additional Base and One Time Funding

- Total Allocation: 832,143,540

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Schedule C is prepared based on MLPA Sept 30 and admin letters received at TC LHHN as of Oct 31.
**Performance Indicators**

**Hospital**: TORONTO UHN

<table>
<thead>
<tr>
<th>Fac #</th>
<th>Measurement Unit</th>
<th>2011/12 Performance Target</th>
<th>2011/12 Performance Standard*</th>
</tr>
</thead>
</table>

**PERSON EXPERIENCE: Access, Safe, Effective, Person-Centred**

**Accountability Indicators**

- **90th Percentile ER LOS for Admitted Patients**: Hours
  - **2011/12 Performance Target**: **
  - **2011/12 Performance Standard**: **

- **90th Percentile ER LOS for Non-admitted Complex Patients**: Hours
  - **2011/12 Performance Target**: **
  - **2011/12 Performance Standard**: **

- **90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients**: Hours
  - **2011/12 Performance Target**: **
  - **2011/12 Performance Standard**: **

**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 H0)**: Cases
  - **Rehabilitation Separations**: Separations

**ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance**

**Accountability Indicators**

- **Current Ratio (Consolidated)**: Ratio
  - **2011/12 Performance Target**: 0.80%
  - **2011/12 Performance Standard**: 0.72 - 0.88%

- **Total Margin (Consolidated)**: Percentage
  - **2011/12 Performance Target**: 0.0%
  - **2011/12 Performance Standard**: 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

**Hospital:** TORONTO LHIN  
**Schedule D2 2011/12**

<table>
<thead>
<tr>
<th>Fac #</th>
<th>Measurement Unit</th>
<th>2011/12 Performance Target</th>
<th>2011/12 Performance Standard*</th>
</tr>
</thead>
<tbody>
<tr>
<td>947</td>
<td></td>
<td>65,947</td>
<td>&gt;67,548</td>
</tr>
</tbody>
</table>

### GLOBAL VOLUMES

**Accountability Indicators**

- **Total Acute Activity, Inc. Inpatient and Day Surgery***:
  - Weighted Cases: 65,947  
  - Performance Target: >67,548

- **Complex Continuing Care**:
  - RUG Weighted Patient Days: N/A  
  - Performance Standard: N/A

- **Mental Health**:
  - Inpatient Days: 9,079  
  - Performance Target: >8,981

- **ELDCF**:
  - Inpatient Days: N/A  
  - Performance Standard: N/A

- **Rehabilitation**:
  - Inpatient Days: N/A  
  - Performance Standard: N/A

- **Ambulatory Care******:
  - Visits: 791,311  
  - Performance Target: >743,832

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* 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 TCH LHIN and the Hospital.
*** Global volumes based on CIHI Case mix Group (CMG)* methodology and RUG weights.
**** Ambulatory Care includes OHRI Primary account codes 7134 (excluding 7134005), 712, 7132, 7135. OHRI secondary statistical account codes: 447*, 450*, 5 (excluding 80*, 81*, 82*, 83*)
## Protected Services

### Stable Priority Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Units of Service</th>
<th>2011/12 Interim Performance Target</th>
<th>2011/12 Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Kidney Disease*</td>
<td>Weighted Units</td>
<td>153,026</td>
<td>153,026</td>
</tr>
<tr>
<td>Cardiac catheterization</td>
<td>Procedures</td>
<td>6,335</td>
<td>&gt;5,701</td>
</tr>
<tr>
<td>Cardiac surgery</td>
<td>Weighted Cases</td>
<td>1,597</td>
<td>&gt;1,437</td>
</tr>
</tbody>
</table>

### 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

### Specialized Hospital Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>2011/12 Interim Performance Target</th>
<th>2011/12 Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehabilitation</td>
<td>Number of patients treated</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Visudyne Therapy</td>
<td>Number of insured Visudyne vials administered</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Hip and Knee Joint Replacements (Non-WTS) (Refer to Sched H2)</td>
<td>Number of Implant Devices</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Magnetic Resonance imaging (Refer to Sched H2)</td>
<td>Hours of operation</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Regional Trauma</td>
<td>Cases</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Provincial Resources

- Bone Marrow Transplant
- Adult Interventional Cardiology for Congenital Heart Defects
- Cardiac Laser Lead Removals
- Pulmonary Thromboendarterectomy Services
- Thoracoabdominal Aortic Aneurysm Repairs (TAA)

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* 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

**Hospital:** TORONTO HSN

### 2010/11 Funded

<table>
<thead>
<tr>
<th>Service</th>
<th>Base Volumes</th>
<th>Incremental Volumes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selected Cardiac Services</strong></td>
<td></td>
<td>Refer to Schedule G for Cardiac Service Volumes and Targets</td>
</tr>
<tr>
<td>Total Hip and Knee Joint Replacements (Total Implantations)</td>
<td>640</td>
<td>426</td>
</tr>
<tr>
<td>Cataract Surgeries (Total Procedures)</td>
<td>623</td>
<td>0</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI) (Total Hours)</td>
<td>13,520</td>
<td>24,480</td>
</tr>
<tr>
<td>Computed Tomography (CT) (Total hours)</td>
<td>17,500</td>
<td>847</td>
</tr>
</tbody>
</table>

### 2011/12 Funded

<table>
<thead>
<tr>
<th>Service</th>
<th>Base Volumes</th>
<th>Incremental Volumes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selected Cardiac Services</strong></td>
<td></td>
<td>Refer to Schedule G for Cardiac Service Volumes and Targets</td>
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<tr>
<td>Total Hip and Knee Joint Replacements (Total Implantations)</td>
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<td>372</td>
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<td>Cataract Surgeries (Total Procedures)</td>
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<td>Magnetic Resonance Imaging (MRI) (Total Hours)</td>
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</tr>
<tr>
<td>Computed Tomography (CT) (Total hours)</td>
<td>17,500</td>
<td>654</td>
</tr>
</tbody>
</table>

### Measurement Unit

<table>
<thead>
<tr>
<th>Performance</th>
<th>2011/12 Performance Target</th>
<th>2011/12 Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>90th Percentile Wait Times for Cancer Surgery</td>
<td>Days 70</td>
<td>TBD</td>
</tr>
<tr>
<td>90th Percentile Wait Times for Cardiac Surgery</td>
<td>Days 44</td>
<td>TBD</td>
</tr>
<tr>
<td>90th Percentile Wait Times for Cataract Surgery</td>
<td>Days 100</td>
<td>TBD</td>
</tr>
<tr>
<td>90th Percentile Wait Times for Hip Replacement Surgery</td>
<td>Days 136</td>
<td>TBD</td>
</tr>
<tr>
<td>90th Percentile Wait Times for Knee Replacement Surgery</td>
<td>Days 140</td>
<td>TBD</td>
</tr>
<tr>
<td>90th Percentile Wait Times for MRI Scan</td>
<td>Days 115</td>
<td>TBD</td>
</tr>
<tr>
<td>90th Percentile Wait Times for CT Scan</td>
<td>Days 28</td>
<td>TBD</td>
</tr>
</tbody>
</table>

* The 2010/11 Funded volumes are as a reference only.
** Includes additional incremental P4 hours - 3520 hours.