

## 2008-2012 H-SAA AMENDING AGREEMENT # 2

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

**B E T W E E N:**

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")**

**AND**

**ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE (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) Schedule B-2 shall be deleted and replaced with Schedule B-3 attached to this Agreement.
- (b) Schedules C-2 shall be deleted and replaced with Schedule C-3 attached to this Agreement.
- (c) Schedules D-2 shall be deleted and replaced with Schedule D-3 attached to this Agreement.
- (d) Schedules E-2 shall be deleted and replaced with Schedule E-3 attached to this Agreement.
- (e) Schedules F-2 shall be deleted and replaced with Schedule F-3 attached to this Agreement.

- (f) Schedules G-2 shall be deleted and replaced with Schedule G-3 attached to this Agreement.
- (g) Schedules H-2 shall be deleted and replaced with Schedule H-3 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 B-3, C-3, D-3, E-3, F-3, G-3 and H-3, 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.

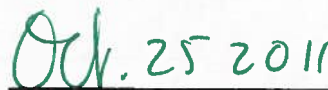
**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK**

By:

\_\_\_\_\_  
Randy Kapashesit  
Board Chair

\_\_\_\_\_  
Date

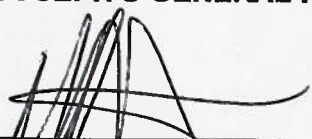
And by:   
\_\_\_\_\_  
Louise Paquette  
Chief Executive Officer

  
\_\_\_\_\_  
Date

\* See attached Board resolution.

**ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE**

By:

  
\_\_\_\_\_  
~~Trina Bello~~ NORMAN MANN  
~~Board Chair~~ BOARD VICE-CHAIR

Date

October 17/11

And by:

  
\_\_\_\_\_  
Michael Hukezalie  
Chief Executive Officer

Date

October 13, 2011.

Resolution  
North East Local Health Integration Network (the "Corporation")

***Motion No.: 2011-BD045***

**Moved by:** Leah Welk

**Seconded by:** Danielle Bélanger-Corbin

Thursday, October 13, 2011

**RESOLVED THAT:**

**Whereas:** The 2011/12 Amending HSAAs need to be negotiated and signed by the NE LHIN and the 25 hospitals by October 31, 2011;

**Whereas:** The North East LHIN does not meet again until November 28, 2011;

**Therefore:** The North East LHIN Board of Directors appoint a delegate, Louise Paquette to review/approve the H-SAAs in order to meet the Ministry deadlines and that the H-SAAs then be brought to Board for review at its November meeting.



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Randy Kapashesit  
Interim Chair

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# Schedule B3

## Performance Obligations for 11/12

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### **1.0 PERFORMANCE CORRIDORS FOR SERVICE VOLUMES AND ACCOUNTABILITY INDICATORS**

1.1 The provisions of Article 1 of Schedule B apply in Fiscal Year 11/12 with all references to Schedule D being read as referring to Schedule D3.

### **2.0 PERFORMANCE CORRIDORS FOR ACCOUNTABILITY INDICATORS**

2.1 The provisions of Article 2 of Schedule B, as amended by B1, apply in Fiscal Year 11/12 subject to the following amendments:

(a) new sub articles 2.7, 2.8 and 2.9 shall be added as set out below;

#### **2.7 90<sup>th</sup> Percentile Emergency Room (ER) Length of Stay for Admitted Patients**

a) Definition. The total emergency room (ER) length of stay (LOS) where 9 out of 10 admitted patients completed their visits. ER LOS is defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ER.

##### **Steps:**

- 1: Calculate ER LOS in hours for each patient.
- 2: Apply inclusion and exclusion criteria.
- 3: Sort the cases by ER LOS from shortest to highest.
- 4: The 90<sup>th</sup> percentile is the case where 9 out of 10 admitted patients have completed their visits.

##### **Excludes:**

1. ER visits where Registration Date/Time and Triage Date/Time are both missing;
2. ER visits where Left ER Date/Time and Disposition Date/Time are both missing;
3. ER visits where patients are over the age of 125 on earlier of triage or registration date;
4. Negative ER LOS (earlier of registration or triage after date/time patient left ER);
5. Duplicate records within the same functional centre where all data elements have the same values, except Abstract ID number;
6. Non-Admitted Patients (Disposition Codes 01 – 05 and 08 – 15); and
7. Admitted Patients (Disposition Codes 06 and 07) with missing patient left ER Date/Time.

- b) **LHIN Target**
- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
  - (ii) For hospitals performing above the LHIN's Accountability Agreement target:  
*Performance Target:* To be negotiated locally taking into consideration contribution to the MLPA target
- c) **Performance Corridor**
- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* equal to or less than the LHIN's Accountability Agreement target
  - (ii) For hospitals performing above the LHIN's Accountability Agreement target:  
*Performance Corridor:* 10%

**2.8 90<sup>th</sup> Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients**

- a) **Definition.** The total emergency room (ER) length of stay (LOS) where 9 out of 10 non-admitted complex (Canadian Triage and Acuity Scale (CTAS) levels I, II and III) patients completed their visits. ER LOS is defined as the time from triage or registration, whichever comes first, to the time the patient leaves ER.

**Steps**

1. Calculate ER LOS in hours for each patient.
2. Apply inclusion and exclusion criteria.
3. Sort the cases by ER LOS from shortest to highest.
4. The 90<sup>th</sup> percentile is the case where 9 out of 10 non-admitted patients have completed their visits.

**Excludes:**

1. ER visits where Registration Date/Time and Triage Date/Time are both missing;
2. ER visits where Left ER Date/Time and Disposition Date/Time are both missing;
3. ER visits where patients are over the age of 125 on earlier of triage or registration date;
4. Negative ER LOS (earlier of registration or triage after date/time patient left ER);
5. Duplicate records within the same functional centre where all data elements have the same values;
6. ER visits identified as the patient has left ER without being seen (Disposition Codes 02 and 03);
7. Admitted Patients (Disposition Codes 06 and 07);

8. Non-Admitted Patients (Disposition Codes 01, 04 – 05 and 08 – 15) with assigned CTAS IV and V;
9. Non-Admitted Patients (Disposition Codes 01, 04 – 05 and 08 – 15) with missing CTAS; and
10. Transferred Patients (Disposition Codes 08 and 09) with missing patient left ER Date/Time.

b) LHIN Targets

- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
- (ii) For hospitals performing above the LHIN's Accountability Agreement target with Pay for Results Funding:  
*Performance Target:* To be negotiated locally taking into consideration contribution to the LHIN's Accountability Agreement target

c) Performance Corridors

- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* equal to or less than the LHIN's Accountability Agreement target
- (ii) For hospitals performing above the LHIN's Accountability Agreement target:  
*Performance Corridor:* 10%

**2.9 90<sup>th</sup> Percentile ER Length of Stay for Non-admitted Minor Uncomplicated (CTAS IV-V) Patients**

- a) Definition. The total emergency room (ER) length of stay (LOS) where 9 out of 10 non-admitted minor/uncomplicated (Canadian Triage and Acuity Scale (CTAS) levels IV and V) patients completed their visits. ER LOS is defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ER.

**Steps**

1. Calculate ER LOS in hours for each patient.
2. Apply inclusion and exclusion criteria.
3. Sort the cases by ER LOS from shortest to highest.
4. The 90<sup>th</sup> percentile is the case where 9 out of 10 non-admitted patients have completed their visits.

**Excludes:**

1. ER visits where Registration Date/Time and Triage Date/Time are both missing;
2. ER visits where Left ER Date/Time and Disposition Date/Time are both missing;

3. ER visits where patients are over the age of 125 on earlier of triage or registration date;
4. Negative ER LOS (earlier of registration or triage after date/time patient left ER);
5. Duplicate records within the same functional centre where all data elements have the same values;
6. ER visits identified as the patient has left ER without being seen (Disposition Codes 02 and 03);
7. Admitted Patients (Disposition Codes 06 and 07);
8. Non-Admitted Patients (Disposition Codes 01, 04 – 05 and 08 – 15) with assigned CTAS I, II and III;
9. Non-Admitted Patients (Disposition Codes 01, 04 – 05 and 08 – 15) with missing CTAS; and
10. Transferred Patients (Disposition Codes 08 and 09) with missing patient left ER Date/Time.

b) LHIN Target

- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
- (ii) For hospitals performing above the LHIN's Accountability Agreement target:  
*Performance Target:* To be negotiated locally taking into consideration contribution to the LHIN's Accountability Agreement target

c) Performance Corridor

- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN's Accountability Agreement target
- (ii) For hospitals performing above the LHIN's Accountability Agreement target with Pay for Results Funding:  
*Performance Corridor:* 10%

and

- (b) All references to Schedule D1 shall be read as referring to Schedule D3.

**3.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO NURSING ENHANCEMENT/CONVERSION**

3.1 The provisions of Article 3 of Schedule B, as amended by B1 apply in Fiscal Year 11/12 subject to the following amendments:

- (a) subsection 3.1 and 3.2(b) shall be deleted; and
- (b) all references to Schedule D1 shall be read as referring to Schedule D3.

**4.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO CRITICAL CARE**

4.1 The provisions of Article 4 of Schedule B, as amended by B1, apply in Fiscal Year 11/12

subject to the following amendments:

- (a) references to "2010/11" shall be read as referring to "2011/12"; and
- (b) all references to Schedule E1 shall be read as referring to Schedule E3.

**5.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO POST CONSTRUCTION OPERATING PLAN FUNDING AND VOLUME**

5.1 The provisions of Article 5 of Schedule B, as amended by B1, apply in Fiscal Year 11/12, subject to the following amendments:

- (a) references to Schedule F1 shall be read as referring to Schedule F3; and
- (b) references to "2010/11" shall be read as referring to 2011/12.

**6.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO PROTECTED SERVICES**

6.1 The Performance Obligations set out in Article 6 of Schedule B, as amended by B1, apply in Fiscal Year 11/12, subject to the following amendments:

- (a) All references to Schedule D1 or Schedule G1 shall be read as referring to Schedules D3 and G3 respectively; and
- (b) All references to "2010/11" shall be read as referring to "2011/12"

**7.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO WAIT TIME SERVICES**

7.1 The Performance Obligations set out in Article 7 of Schedule B, as amended by B1 apply to Fiscal Year 11/12 subject to the following amendments.

- (a) Sub article 7.2 shall be amended with the addition of the following eight new sub paragraphs (c)-(i):

**(c) 90<sup>th</sup> Percentile Wait Times for Cancer Surgery**

- (i) Definition. This indicator measures the time between a patient's and surgeon's decision to proceed with surgery, and the time the procedure is conducted. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90<sup>th</sup> percentile wait time is an actual wait time of a patient and is not estimated.

Steps:

1. Wait Days = Procedure Date – Decision to Treat Date – Patient Unavailable Days.
2. Sort the records in ascending order (i.e. patients with short wait days on top and patients with long wait days at the bottom).
3. Count the total number of cases and multiply by 0.90 to get the "90<sup>th</sup> percentile patient". If this value has a decimal digit greater than zero, then round up (ex. 6.6 ~ 7, 6.0 ~ 6, 17.01 ~ 18).
4. The number of wait days for the "90<sup>th</sup> percentile patient" is the indicator value

**Excludes:**

1. Procedures no longer required;
2. Diagnostic, palliative and reconstructive cancer procedures;
3. Procedures on skin - carcinoma, skin-melanoma, and lymphomas;
4. Procedures assigned as priority level 1;
5. Wait list entries identified by hospitals as data entry errors; and
6. If unavailable days fall outside the decision to treat date up to procedure date, unavailable days are not deducted from patients' wait days. These are considered data entry errors.

**(ii) LHIN Targets**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Target:* Accountability Agreement target or better

**(iii) Performance Corridors**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN's Accountability Agreement target
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Corridor:* 10%

**(d) 90<sup>th</sup> Percentile Wait Times for Cardiac Bypass Surgery**

- (i) Definition.** 90<sup>th</sup> percentile wait times for cardiac bypass surgery. This indicator measures the time between a patients' acceptance for bypass surgery, and the time the procedure is conducted. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90<sup>th</sup> percentile wait time is an actual wait time of a patient and is not estimated. Waiting periods are counted from the date a patient was accepted for bypass surgery by the cardiac service or cardiac surgeon.

Includes: Elective patients who have been accepted for bypass surgery who are Ontario residents.

Excludes: Time spent investigating heart disease before a patient is accepted for a procedure. For example, the time it takes for a patient to have a heart catheterization procedure before being referred to a heart surgeon is not part of the waiting time shown for heart surgery.

**(ii) LHIN Target**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding  
*Performance Target:* the LHIN's Accountability Agreement target or better

**(iii) Performance Corridor**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN's Accountability Agreement target
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Corridor:* 10%

**(e) 90<sup>th</sup> Percentile Wait Times for Cataract Surgery**

- (i) **Definition.** This indicator measures the time between a patient's and surgeon's decision to proceed with surgery, and the time the procedure is conducted. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90<sup>th</sup> percentile wait time is an actual wait time of a patient and is not estimated.

**Steps:**

1. Wait Days = Procedure Date – Decision to Treat Date – Patient Unavailable Days.
2. Sort the records in ascending order (i.e. patients with short wait days on top and patients with long wait days at the bottom).
3. Count the total number of cases and multiply by 0.90 to get the "90<sup>th</sup> percentile patient". If this value has a decimal digit greater than zero, then round up (ex. 6.6 ~ 7, 6.0 ~ 6, 17.01 ~ 18).

4. The number of wait days for the "90<sup>th</sup> percentile patient" is the indicator value.

**Excludes:**

1. Procedures no longer required;
2. Procedures assigned as priority level 1;
3. Wait list entries identified by hospitals as data entry errors; and
4. If unavailable days fall outside the decision to treat date up to procedure date, unavailable days are not deducted from patients' wait days. These are considered data entry errors.

**(ii) LHIN Target**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Target:* The LHIN's Accountability Agreement target or better

**(iii) Performance Corridor**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN's Accountability Agreement target
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Corridor:* 10%

**(f) 90<sup>th</sup> Percentile Wait Times for Joint Replacement (Hip)**

- (i) Definition.** This indicator measures the time between a patient's and surgeon's decision to proceed with surgery, and the time the procedure is conducted. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90<sup>th</sup> percentile wait time is an actual wait time of a patient and is not estimated.

**Steps:**

1. Wait Days = Procedure Date – Decision to Treat Date – Patient Unavailable Days.
2. Sort the records in ascending order (i.e. patients with short wait days on top and patients with long wait days at the bottom.)
3. Count the total number of cases and multiply by 0.90 to get the "90<sup>th</sup> percentile patient". If this value has a decimal digit

greater than zero, then round up (ex. 6.6 ~ 7, 6.0 ~ 6, 17.01 ~ 18).

4. The number of wait days for the "90<sup>th</sup> percentile patient" is the indicator value.

**Excludes:**

1. Procedures no longer required;
2. Procedures assigned as priority level 1;
3. Wait list entries identified by hospitals as data entry errors; and
4. If unavailable days fall outside the decision to treat date up to procedure date, unavailable days are not deducted from patients' wait days. These are considered data entry errors.

**(ii) LHIN Target.**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Target:* the LHIN's Accountability Agreement target or better

**(iii) Performance Corridor**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to Accountability Agreement target
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Corridor:* 10%

**(g) 90<sup>th</sup> Percentile Wait Times for Joint Replacement (Knee)**

- (i) Definition.** This indicator measures the time between a patient's and surgeon's decision to proceed with surgery, and the time the procedure is conducted. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90<sup>th</sup> percentile wait time is an actual wait time of a patient and is not estimated.

**Steps:**

1. Wait Days = Procedure Date – Decision to Treat Date – Patient Unavailable Days.
2. Sort the records in ascending order (i.e. patients with short wait days on top and patients with long wait days at the bottom).

3. Count the total number of cases and multiply by 0.90 to get the "90<sup>th</sup> percentile patient". If this value has a decimal digit greater than zero, then round up (ex. 6.6 ~ 7, 6.0 ~ 6, 17.01 ~ 18).
4. The number of wait days for the "90<sup>th</sup> percentile patient" is the indicator value

**Excludes:**

1. Procedures no longer required;
2. Procedures assigned as priority level 1;
3. Wait list entries identified by hospitals as data entry errors; and
4. If unavailable days fall outside the decision to treat date up to procedure date, unavailable days are not deducted from patients' wait days. These are considered data entry errors.

**(ii) LHIN Target**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Target:* the LHIN's Accountability Agreement target or better

**(iii) Performance Corridor**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN's Accountability Agreement target
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding  
*Performance Corridor:* 10%

**(h) 90<sup>th</sup> Percentile Wait Times for Diagnostic Magnetic Resonance Imaging (MRI) Scan**

- (i) Definition. This indicator measures the wait time from when a diagnostic scan is ordered, until the time the actual exam is conducted. This interval is typically referred to as 'intent to treat'. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer.

**Steps:**

1. Wait Days = Procedure Date – Decision to Treat Date – Patient Unavailable Days.

2. Sort the records in ascending order (i.e. patients with short wait days on top and patients with long wait days at the bottom).
3. Count the total number of cases and multiply by 0.90 to get the "90<sup>th</sup> percentile patient". If this value has a decimal digit greater than zero, then round up (ex. 6.6 ~ 7, 6.0 ~ 6, 17.01 ~ 18).
4. The number of wait days for the "90<sup>th</sup> percentile patient" is the indicator value

**Excludes:**

1. Procedures no longer required;
2. Procedures assigned as priority level 1;
3. Wait list entries identified by hospitals as data entry errors;
4. If unavailable days fall outside the decision to treat date up to procedure date, unavailable days are not deducted from patients' wait days. These are considered data entry errors; and
5. As of January 1, 2008, diagnostic imaging cases classified as specified date procedures (timed procedures).

**(ii) LHIN Target**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Target:* the LHIN's Accountability Agreement target or better

**(iii) Performance Corridor**

1. For hospitals performing at the LHIN's Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN's Accountability Agreement target
2. For hospitals performing above the LHIN's Accountability Agreement target with incremental wait time funding:  
*Performance Corridor:* 10%

**(i) 90<sup>th</sup> Percentile Wait Times for Diagnostic Computed Tomography (CT) Scan**

- (i)) Definition.** This indicator measures the wait time from when a diagnostic scan is ordered, until the time the actual exam is conducted. This interval is typically referred to as 'intent to treat'. The 90<sup>th</sup> percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer.

**Steps:**

1. Wait Days = Procedure Date – Decision to Treat Date – Patient Unavailable Days.
2. Sort the records in ascending order (i.e. patients with short wait days on top and patients with long wait days at the bottom).
3. Count the total number of cases and multiply by 0.90 to get the “90<sup>th</sup> percentile patient”. If this value has a decimal digit greater than zero, then round up (ex. 6.6 ~ 7, 6.0 ~ 6, 17.01 ~ 18).
4. The number of wait days for the “90<sup>th</sup> percentile patient” is the indicator value

**Excludes:**

1. Procedures no longer required;
2. Procedures assigned as priority level 1;
3. Wait list entries identified by hospitals as data entry errors;
4. If unavailable days fall outside the decision to treat date up to procedure date, unavailable days are not deducted from patients’ wait days. These are considered data entry errors; and
5. As of January 1, 2008, diagnostic imaging cases classified as specified date procedures (timed procedures).

ii) **LHIN Target**

1. For hospitals performing at the LHIN’s Accountability Agreement target or better:  
*Performance Target:* maintain or improve current performance
2. For hospitals performing above the LHIN’s Accountability Agreement target with incremental wait time funding:  
*Performance Target:* the LHIN’s Accountability Agreement target or better

(iii) **Performance Corridor**

1. For hospitals performing at the LHIN’s Accountability Agreement target or better:  
*Performance Corridor:* less than or equal to the LHIN’s Accountability Agreement target
2. For hospitals performing above the LHIN’s Accountability Agreement target with incremental wait time funding:  
*Performance Corridor:* 10%

and

- (b) All references to Schedules A, G, or H being read as referring to Schedules A1, G3 or H3 respectively.

## **8.0 REPORTING OBLIGATIONS**

8.1 The reporting obligations set out in Article 8 of Schedule B, as amended by B1, apply to Fiscal Year 11/12.

8.2 The following reporting obligations are added to Article 8 of Schedule B:

(a) **Commitment to Integration**

The HSP Board of Directors and management previously passed Board motions that committed the HSP to support the principles of integration as per the section 24 of the Local Health System Integration Act, 2006 (LHSIA) as a means of improving the health system in northern Ontario.

On an annual basis the HSP is committed to completing the following:

- 1) An organizational self assessment tool of gaps, issues and pressures in the delivery of health care services (tool to be provided by the LHIN)
- 2) A report, by May 31<sup>st</sup> of each year, of integration opportunities and strategies to implement which would include at a minimum (template to be provided by the LHIN)
  - Summary of discussions with HSPs for the identification and implementation of integration opportunities within the sector
  - Summary of discussions with HSPs for the identification and implementation of integration opportunities within the HUB region
- 3) Between April 1, 2011 and June 30, 2011, the NE LHIN will be hosting community engagement sessions in each of the 25 communities where there is a hospital. Hospitals will be required to participate in the session held within their community. Session objectives will be to review and evaluate current health care services to ensure the needs of each community are being met.”

(b) **Alternate Level of Care Improvement**

In the North East LHIN, the percentage of ALC patient days remains the highest in the province at 34%. The 2010/11 MOHLTC-LHIN Performance Agreement target is 17%. The current ALC situation in the North East remains a priority for all leaders in our communities who are making a concerted effort to introduce new initiatives and improvements. It is the Health Service Provider's responsibility to participate in community planning initiatives to help reduce the number of Alternate Level of Care patients in the hospital and to help reduce the number of emergency department visits for at risk seniors.

(c) **AAH Funding and Reporting**

Health Service Provider's who have received Aging at Home funding will submit a quarterly report on the indicators provided in Appendix 1. The quarterly reports will be due at the same time as the OHRs/MIS reports in WERS/SRI, as indicated in Schedule C, plus a Q1 report which will be due on July 15th of each year.

(d) **Senior Friendly**

- 1) Hospitals will utilize findings of the Senior Friendly self-assessment to develop quality improvement plans in line with best practices.
- 2) The hospital agrees to actively support the Provincial Senior

Friendly Hospital Strategy by implementing the improvement plans developed in 10/11.

(e) **Excellent Care for All Act Hospitals are required to:**

- Establish Quality Committees that would report to the Board on quality related issues
- Develop annual Quality improvement plans and make the plans available to the public
- Ensure the Executive compensation is linked to achievement of the performance improvement targets as set out in the annual quality plan
- Carry out patient, client and caregiver surveys
- Have a patient relations process and make the process available to the public
- Produce a patient declaration of values after consultations with the public

(f) **French Language Services (FLS) Reporting**

Information reported in the FLS Report submitted in Q4 of 2010-2011 will serve to verify if the 2008-2011 target for the FLS Equity Index has been reached and to identify the new baseline for the FLS Equity Index for the 2011-2012 amended service accountability agreement. The baseline index and target will be communicated to the HSP during Q1 of 2011-2012.

For monitoring purposes, the HSP will complete a FLS Report in Q4 of 2011-2012 in the manner prescribed by the NE LHIN.

If the HSP has not reached its 2008-2011 target, the NE LHIN may request FLS reporting in both Q2 and Q4 of 2011-2012.

**FLS Planning**

Based on the results of the FLS Report submitted by the HSP, as described above, the NE LHIN may also require the HSP to complete a FLS Implementation Plan as a planning tool to assist the HSP in meeting its target, or may require the HSP to complete a FLS Designation Plan if the HSP is deemed ready for designation under the *French Language Services Act (FLSA)*.<sup>1</sup> This requirement will be communicated to the HSP during Q1 of 2011-2012.

<sup>1</sup> *Designation under the FLSA is a legal process and an official recognition of a HSP's ability to provide quality FLS.*

**9.0 LHIN SPECIFIC PERFORMANCE OBLIGATIONS**

9.1 Except where specifically limited to a given year, the obligations set out in Article 9 of Schedule B, as amended by B3, apply to Fiscal Year 11/12. Without limiting the foregoing, waivers or conditional waivers for 08/09, 09/10 and 10/11 do not apply to 11/12.

9.2 The following provisions are added to Article 9 of Schedule B

- (a) The Hospital has advised the NE LHIN that it anticipates incurring a Total Margin deficit of no more than \$189,139 for the 2011/12 fiscal year. The Hospital (i) confirms that it has sufficient working capital to fund this anticipated deficit and (ii) agrees that it will fund this deficit out of its working capital.

**Hospital Multi-Year Funding Allocation**

Schedule C3 2011/12

Hospital <b>ELLIOT LAKE St Joseph's General</b>		2011/12 Planning Allocation	
Fac #	<b>650</b>	Base	One-Time
<b>Operating Base Funding</b>		<b>17,065,000</b>	
<b>Multi-Year Funding Incremental Adjustment</b>		<b>270,400</b>	
<b>Other Funding</b>			
Funding adjustment 1 ( )	Chronic Care Copayment		200
Funding adjustment 2 ( )			
Funding adjustment 3 ( )			
Funding adjustment 4 ( )			
Funding Adjustment 5 ( Incontinence Supplies )			
Funding Adjustment 6 ( )			
Other Items Emergency Department Nurse Practitioner		123,000	
Prior Years' Payments			
<b>Critical Care Strategies Schedule E</b>			
<b>PCOP: Schedule F</b>			
PCOP			
<b>Stable Priority Services: Schedule G</b>			
Chronic Kidney Disease			
Cardiac cathenzation			
Cardiac surgery			
<b>Provincial Strategies: Schedule G</b>			
Organ Transplantation			
Endovascular aortic aneurysm repair			
Electrophysiology studies EP8/ablation			
Percutaneous coronary Intervention (PCI)			
Implantable cardiac defibrillators (ICD)			
Daily nocturnal home hemodialysis			
Provincial peritoneal dialysis Initiative			
Newborn screening program			
<b>Specialized Hospital Services: Schedule G</b>			
Cardiac Rehabilitation			
Visudyne Therapy			
Total Hip and Knee Joint Replacements (Non-WTS)			
Magnetic Resonance Imaging			
Regional Trauma			
Regional & District Stroke Centres			
Sexual Assault/Domestic Violence Treatment Centres			
Provincial Regional Genetic Services			
HIV Outpatient Clinics			
Hemophilic Ambulatory Clinics			
Permanent Cardiac Pacemaker Services			
<b>Provincial Resources</b>			
Bone Marrow Transplant			
Adult Interventional Cardiology for Congenital Heart Defects			
Cardiac Laser Lead Removals			
Pulmonary Thromboendarterectomy Services			
Thoracoabdominal Aortic Aneurysm Repairs (TAA)			
<b>Health Results (Wait Time Strategy): Schedule H</b>			
Selected Cardiac Services			
Total Hip and Knee Joint Replacements			
Cataract Surgeries			
Magnetic Resonance Imaging (MRI)			
Computed Tomography (CT)			
<b>Total Additional Base and One Time Funding</b>		<b>393,400</b>	<b>200</b>
<b>Total Allocation</b>		<b>17,458,500</b>	

Allocations not provided in this schedule for 2011/12 will be provided to hospitals in subsequent planning cycles. Hospitals should assume, for planning purposes, funding for similar volumes (as in 2011/12) for Priority Services in out-years.

## Critical Care Funding

Schedule E3 2011/12

Hospital

*This section has been intentionally left blank*

*Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B, B1, B2 or B3. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement*

# Post-Construction Operating Plan Funding and Volume

Schedule F3 2011/12

Hospital

*TBD. This section has been intentionally left blank*

*Once negotiated, an amendment (Sch F2.1) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B, B1, B2 or B3. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement*

# Protected Services

Schedule G3 2011/12

Hospital

Fac #

	Units of Service	2011/12 Performance Target	2011/12 Performance Standard
<b>Stable Priority Services</b>			
Chronic Kidney Disease	Weighted Units	<input type="text"/>	<input type="text"/>
Cardiac catheterization	Procedures	<input type="text"/>	<input type="text"/>
Cardiac surgery	Weighted Cases	<input type="text"/>	<input type="text"/>

<b>Provincial Strategies</b>			
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"/>	<input type="text"/>

<b>Specialized Hospital Services</b>			
Cardiac Rehabilitation	Number of patients treated	<input type="text"/>	<input type="text"/>
Visudyne Therapy	Number of insured Visudyne vials administered	<input type="text"/>	<input type="text"/>
Total Hip and Knee Joint Replacements (Non-WTS)	Number of Implant Devices	<input type="text"/>	<input type="text"/>
Magnetic Resonance Imaging	Hours of operation	<input type="text"/>	<input type="text"/>
Regional Trauma	Cases	<input type="text"/>	<input type="text"/>
Regional & District Stroke Centres Sexual Assault/Domestic Violence Treatment Centres Provincial Regional Genetic Services HIV Outpatient Clinics Hemophilic Ambulatory Clinics Permanent Cardiac Pacemaker Services			

<b>Provincial Resources</b>			
Bone Marrow Transplant Adult Interventional Cardiology for Congenital Heart Defects Cardiac Laser Lead Removals Pulmonary Thromboendarterectomy Services Thoracoabdominal Aortic Aneurysm Repairs (TAA)			

\* 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 B, B1, B2, B3  
 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 H3 2011/12

Hospital **ELLIOT LAKE St Joseph's General**

Fac #

### 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)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Cataract Surgeries  
(Total Procedures)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Magnetic Resonance Imaging (MRI)  
(Total Hours)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Computed Tomography (CT)  
(Total Hours)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Measurement  
Unit

2011/12  
Performance  
Target

2011/12  
Performance  
Standard\*\*

90th Percentile Wait Times for Cancer Surgery

Days

<input type="text"/>	<input type="text"/>
----------------------	----------------------

90th Percentile Wait Times for Cardiac Surgery

Days

<input type="text"/>	<input type="text"/>
----------------------	----------------------

90th Percentile Wait Times for Cataract Surgery

Days

<input type="text"/>	<input type="text"/>
----------------------	----------------------

90th Percentile Wait Times for Hip Replacement Surgery

Days

<input type="text"/>	<input type="text"/>
----------------------	----------------------

90th Percentile Wait Times for Knee Replacement Surgery

Days

<input type="text"/>	<input type="text"/>
----------------------	----------------------

90th Percentile Wait Times for MRI Scan

Days

<input type="text"/>	<input type="text"/>
----------------------	----------------------

90th Percentile Wait Times for CT Scan

Days

<input type="text"/>	<input type="text"/>
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\* The 2010/11 Funded volumes are as a reference only

\*\* Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B,B1, B2, B3. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement.

