

October 28, 2010

Dr. Robert Roberts  
President & Chief Executive Officer  
University of Ottawa Heart Institute  
40 Ruskin Street  
Ottawa ON K1Y 4W7

Dear Dr. Roberts,

I am pleased to inform you that the Champlain LHIN has completed its review of your organization's revised 2010/11 budget forms that were submitted to the LHIN in September 2010. Accompanying this letter are the revised schedules to the 2010/11 Hospital Services Accountability Agreement (HSAA) Amending Agreement. The schedules have been updated in accordance with the 2010/11 funding adjustments and any other conditions that would apply to your organization.

Please complete the sign-back to demonstrate your agreement to the revised 2010/11 HSAA Amending Agreement Schedules and return to the attention of Suzanne Dionne, Senior Director, Performance, Contracts & Allocations, by November 5<sup>th</sup>, 2010.

Thank you once again for your commitment to accountability and your collaborative efforts in this challenging financial period. If you have any questions, please do not hesitate to contact your Performance and Funding Consultant.

Sincerely,



Dr. Robert Cushman, CEO  
Champlain LHIN


- c. Mr. Jean Jacques Blais, Chair of the Board  
Mr. Michael Lemay, Interim Board Chair




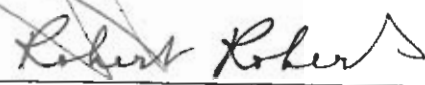
1900 City Park Drive, Suite 204  
Ottawa, ON K1J 1A3  
Tel: 613 747-6784  
Toll Free: 1 866 902-5446  
Fax: 613 747-6519  
www.champlainlhin.on.ca

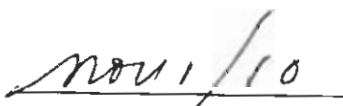
1900, promenade City Park  
Bureau 204  
Ottawa, ON K1J 1A3  
Téléphone : 613 747-6784  
Sans frais : 1 866 902-5446  
Télécopieur : 613 747-6519  
www.rliisschamplain.on.ca

I understand and agree to the revised 2010/11 Hospital Services Accountability Agreement (HSA) Amending Agreement.

  
\_\_\_\_\_  
Mr. Jean Jacques Blais, Chair of the Board

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dr. Robert Roberts, Chief Executive Officer

  
\_\_\_\_\_  
Date



Ontario

Local Health Integration  
Network  
Réseau local d'intégration  
des services de santé

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# Schedule B-1

## Performance Obligations for 10/11

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

1.1 The provisions of Article 1 of Schedule B apply in fiscal year 10/11 with all references to Schedule D being read as referring to Schedule D-1.

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

2.1 The provisions of Article 2 of Schedule B apply in fiscal year 10/11 subject to the following amendments:

- (a) sub articles 2.2, 2.3 and 2.6 shall be deleted; and
- (b) all references to Schedule D shall be read as referring to Schedule D-1.

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

3.1 The provisions of Article 3 of Schedule B apply in fiscal year 10/11 with all references to Schedule D being read as referring to Schedule D-1.

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

4.1 The provisions of Article 4 of Schedule B apply in fiscal year 10/11 subject to the following amendments:

- (a) references to "2008/09" and "2009/10" shall be read as referring to "2010/11".
- (b) all references to Schedule E shall be read as referring to Schedule E-1.

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

5.1 The provisions of Article 5 of Schedule B apply in fiscal year 10/11, subject to the following amendments:

- (a) references to Schedule F shall be read as referring to Schedule F-1;
- (b) references to "2008/09 and 09/10" shall be read as referring to 2010/11.

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

6.1 The Performance Obligations set out in Article 6 of Schedule B apply in fiscal year 10/11, subject to the following amendments:

- (a) All references to Schedule D or Schedule G shall be read as referring to Schedules D-1 and G-1 respectively; and
- (b) All references to "2008/09 and 09/10" shall be read as referring to "2010/11"

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

7.1 The Performance Obligations set out in Article 7 of Schedule B apply to fiscal year 10/11

with all references to Schedules A, G, or H being read as referring to Schedules A-1, G-1 or H-1 respectively.

## 8.0 REPORTING OBLIGATIONS

8.1 The reporting obligations set out in Article 8 of Schedule B apply to fiscal year 10/11.

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

(a) **French Language Services.** If the Hospital is required to provide services to the public in French under the provisions of the *French Language Services Act*, the Hospital will be required to submit a French language implementation report to the LHIN. If the Hospital is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the Hospital addresses the needs of its local Francophone community.”

The hospital will work with the French Language Health Services Network of Eastern Ontario to meet the hospital's french language services obligations.

(b) **Integrated Health Services Plan (IHSP).** The hospital will ensure that the strategic plan is aligned with the LHIN's IHSP. The hospital will provide an Annual Update Report to demonstrate how the hospital's strategic plan is aligned or will be aligned with the most recent IHSP and how the hospital is identifying and advancing integration with its community. The report will be included with the Q4 Report in WERS and uploaded as a narrative document,

(c) **Regional Hospital Clinical Services Distribution Planning Project.** Participate in regional clinical services planning as requested by the LHIN.

(d) **Smoking Cessation Programs.** The hospital will work towards a goal to ensure that the Ottawa Model of Smoking Cessation is provided to hospital and reaches 80% of inpatient smokers by March 31, 2013. The hospital will expand the Ottawa Model for Smoking Cessation program to improve baseline reach by 25% by March 31, 2011. [Reach = individuals screened as a percentage of the prevalence of inpatient smokers]

(e) **Patient Transfer Log.** The hospital will comply with the LHIN Patient Flow Policy, including the submission of the Quarterly Patient Transfer Log as per the following schedule:

- Q1 Report – due July 31, 2010
- Q2 Report – due Oct 31, 2010
- Q3 Report – due Jan 31, 2011
- Q4 Report – due April 30, 2011

(f) **Supply Chain Guidelines.** The Hospital will continue to comply with, all requirements in policies, directives and guidelines of the Government of Ontario including the Supply Chain Guidelines. The Guidelines are available at the Ministry of Finance Ontario Buys website.

**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 apply to fiscal 10/11. Without limiting the foregoing, waivers or conditional waivers for 08/09 and 09/10 do not apply to 10/11.

Hospital Multi-Year Funding Allocation

Schedule C1 2010/11

Hospital	2010/11 Base Funding	2010/11 Additional Funding
Ottawa Heart Institute		
Facility	851	
<b>Opening Base Funding</b>	\$118,204,000	
<b>Multi-Year Funding Incremental Adjustment</b>	\$1,022,200	
<b>Other Funding</b>		
Funding adjustment (1) Priority Programs		\$1,500,100
Funding adjustment (2) One-time funding adjustment		-\$165,101
Funding adjustment (3) Municipal tax grant		\$10,574
Funding adjustment (4) ...		
Funding adjustment (5) ...		
Funding adjustment (6) ...		
Funding adjustment (7) ...		
Directions		
Priority Services		
<b>Critical care Strategies: Schedule E</b>		
PCOP: Schedule F		
PCOP		
<b>Stable Priority Services: Schedule G</b>		
Chronic Kidney Disease		
Cardiac Catheterization		
Cardiac Surgery		
<b>Provincial Strategies: Schedule G</b>		
Organ Transplantation		
Endovascular aneurysm repair		
Electrolysis (under EPS revision)		
Permanently coronary intervention (PCI)		
Implantable cardiac defibrillators (ICD)		
Daily heparin flushes		
Provincial peritoneal dialysis initiative		
Newborn screening program		
<b>Specialized Hospital Services: Schedule G</b>		
Cardiac Rehabilitation		
Wound Therapy		
Total Hip and Knee Joint Replacements (Non-WTS)		
Magnetic Resonance Imaging		
Regional Teams		
Regional & District Stroke Centres		
Sexual Assault/Domestic Violence Treatment Centres		
Provincial Regional Genetic Services		
HIV Outpatient Clinics		
Hemodialysis Ambulatory Clinics		
Permanent Cardiac Pacemaker Services		
<b>Provincial Resources</b>		
Bone Marrow Transplant		
Adult Interventional Cardiology for Congenital Heart Defects		
Cardiac Cath Lab (Removed)		
Pulmonary Thromboembolism Services		
Discharge of Acute Care Patients (TAA)		
<b>Health Results (Wait/Time Strategy): Schedule H</b>		
Selected Cardiac Services		
Total Hip and Knee Joint Replacements		
Dialysis Budgets		
Magnetic Resonance Imaging (MRI)		
Computed Tomography (CT)		\$20,000
<b>Total Additional Base and One-Time Funding</b>	\$1,022,200	\$1,454,574
<b>Total Allocation</b>	\$119,226,200	\$1,454,574

Allocations not provided in this schedule for 2010/11, will be provided to hospitals in subsequent planning cycles. Hospitals should assume, for planning purposes, funding for similar volumes for Priority Services in out-years.

# Global Volumes

Schedule D1 2010/11

Hospital **OTTAWA Heart Institute**

Fac # **961**

Global Volumes	Units of Service	2010/11 Performance Target	2010/11 Performance Standard**
Total Acute Activity, including Inpatient and Day Surgery*	Weighted Cases	20,890	19846-21935
<i>Other</i>			
Complex Continuing Care	RUG Weighted Patient Days	0	0
Mental Health	Inpatient Days	0	0
ELDCAP	Inpatient Days	0	0
Rehabilitation	Inpatient Days	0	0
Emergency Department Visits	Visits	0	0
Ambulatory Care***	Visits	43,050	>34440

\* Global Volumes based on CRI Case Mix Group, CMG, Methodology and WHOLO PAC-10 Weights.  
 \*\* Volume Performance Indicators under Global Volumes vary in application based on hospital type.  
 \*\*\* Ambulatory Care includes CHRS Primary account codes 7134\* (excluding 7134055), 712\*, 7135\*, 715\*, CHRS secondary statistical account codes 447\*, 450\*, 51\* (excluding 501, 511, 512\*, 513\*, 514\*, 518\*, 519\*, 521\*)

# Performance Indicators

Hospital **OTTAWA Heart Institute**

Fac # **961**

Performance Indicators	2010/11 Performance Target	2010/11 Performance Standard**
<b>HSAA Performance Indicators</b>		
Performance Indicators For All Hospitals		
Current Ratio	0.39	0.8-2.0
Year End Total Margin	0.00%	>=0%

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