

AMENDING AGREEMENT

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

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

[University of Ottawa Heart Institute] (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a two year hospital service accountability agreement that took effect April 1, 2008 (the "H-SAA");

AND WHEREAS pursuant to an amending agreement effective as of April 1, 2010 (the "1st Amending Agreement") the H-SAA was amended and extended effective April 1, 2010;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a fourth year;

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. References in this Agreement to the H-SAA mean the H-SAA as amended and extended by the 1st Amending Agreement.

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 Title and Headers. The Parties agree that the title of the H-SAA and the headers within the H-SAA shall be amended by deleting "2008-2011" and replacing it with "2008-2012."

2.3 Definitions.

(a) The following new definition will be added:

"Explanatory Indicator" means a measure of hospital performance for which no Performance Target is set.

(b) The definition for HAPS in Article 2.1 shall be deleted and replaced with:

"HAPS means the Board-approved hospital accountability planning submission provided by the Hospital to the LHIN for the Fiscal years 2008-2009, 2009-2010, 2010-2011 and 2011-2012;"

(c) The terms "Performance Indicator" and "Performance Indicators" shall be deleted and replaced with "Accountability Indicator" and "Accountability Indicators" respectively.

2.4 Term. The reference to "March 31, 2011" in Article 3.2 shall be deleted and replaced with "March 31, 2012".

2.5 Remedies for Non-Compliance. The words "for Fiscal Year 2009/10" shall be deleted from Article 12.1(i) (a).

2.6 Schedules.

- (a) Schedule A shall be supplemented with the addition of Schedule A-1 attached to this Agreement.
- (b) Schedules B and B-1 shall be supplemented with the addition of Schedule B-2 attached to this Agreement.
- (c) Schedules C and C-1 shall be supplemented with the addition of Schedule C-2 attached to this agreement.
- (d) Schedules D and D-1 shall be supplemented with the addition of Schedule D-2 attached to this agreement.
- (e) Schedules E and E-1 shall be supplemented with the addition of Schedule E-2 attached to this agreement.
- (f) Schedules F and F-1 shall be supplemented with the addition of Schedule F-2 attached to this agreement.
- (g) Schedules G and G-1 shall be supplemented with the addition of Schedule G-2 attached to this agreement.
- (h) Schedules H and H-1 shall be supplemented with the addition of Schedule H-2 attached to this agreement.

2.7 Renegotiation of Schedules. The Parties agree that it is their intention to negotiate and to further amend the Schedules following the announcement of funding allocations by the Ministry of Health and Long-Term Care.

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, including but not limited to current funding levels and those provisions in Schedule A to H not amended by s. 2.6 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 A-1, B-2, C-2, D-2, E-2, F-2, G-2 and H-2, 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.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By:



Dr. Wilbert Keon, Chair

March 30, 2011

Date

And by:



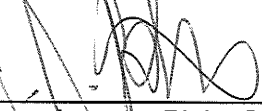
Mr. Alex Munter, CEO

le 29 mars, 2011

Date

University of Ottawa Heart Institute

By:



Mr. Jean Jacques Blais, Chair

Mar 10, 2011

Date

And by:



Dr. Robert Roberts, CEO

mar 10, 2011

Date



Schedule A1

Planning and Funding Timetable

OBLIGATIONS

Part I - Funding Obligations	Party	Timing
Announcement of hospital-specific 2011-12 base funding allocation	LHIN	The later of June 30, 2011 or 21 Days after confirmation from the MOHLTC

Part II - Planning Obligations	Party	Timing
Sign 1 year extension to the 2008-11 Hospital Service Accountability Agreement	Hospital/LHIN	No later than March 31, 2011
Announcement of multi-year planning targets for 2012-15 Hospital Service Accountability Agreement negotiations*	LHIN	Contingent upon MOHLTC announcement and direction
Publication of the Hospital Accountability Planning Submission Guidelines for 2012-15*	LHIN	Fiscal quarter following MOHLTC direction regarding new multi-year agreements
Indicator Refresh (including detailed hospital calculations)*	LHIN (in conjunction with MOHLTC)	Contingent upon announcement and timing of multi-year planning targets
Submission of Hospital Accountability Planning Submission for 2012-15 *	Hospital	Contingent upon announcement and timing of multi-year planning targets and provincial 2012-15 HAPS /Hospital Service Accountability Agreement process
Sign 2012-15 Hospital Service Accountability Agreement *	Hospital/LHIN	No later than March 31, 2012

* Intended process based on timely announcement of multi-year planning targets from the MOHLTC. Actual process may change to adapt to timing and duration of the planning targets actually announced by the MOHLTC.

Schedule B2

Performance Obligations for 11/12

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 D2.

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 90th 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 90th 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 with Pay for Results Funding:
Performance Target: Pay for Results target (use Pay for Results methodology)
 - (iii) For hospitals performing above the LHIN's Accountability Agreement target without Pay for Results Funding:
Performance Target: minimum 5% improvement from current baseline
- 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 with Pay for Results Funding:
Performance Corridor: Pay for Results Corridor (use Pay for Results methodology)
 - (iii) For hospitals performing above the LHIN's Accountability Agreement ER target without Pay for Results Funding:
Performance Corridor: 10%

2.8 90th 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 90th 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: Pay for Results Target (use Pay for Results methodology)
- (iii) For hospitals performing above the LHIN's Accountability Agreement target without Pay for Results Funding:
Performance Target: minimum 5% improvement from current baseline

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 with Pay for Results Funding:
Performance Corridor: Pay for Results Corridor (use Pay for Results methodology)
- (iii) For hospitals performing above the LHIN's Accountability Agreement ER target without Pay for Results Funding:
Performance Corridor: 10%

2.9 90th 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 90th 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 with Pay for Results Funding:
Performance Target: Pay for Results target (use Pay for Results methodology)
- (iii) For hospitals performing above the LHIN's Accountability Agreement target without Pay for Results Funding:
Performance Target: minimum 5% improvement from current baseline

c) Performance Corridor

- (i) For hospitals performing at the LHIN's Accountability Agreement target or better:

Performance Corridor: less than or equal to Accountability Agreement target

- (ii) For hospitals performing above the LHIN's Accountability Agreement target with Pay for Results Funding:
Performance Corridor: Pay for Results Corridor (use Pay for Results methodology)
- (iii) For hospitals performing above the LHIN's Accountability Agreement ER target without Pay for Results Funding"
Performance Corridor: 10%

and

- (b) All references to Schedule D1 shall be read as referring to Schedule D2.

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 D2.

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 E2.

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 F2; 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 D2 and G2 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) **90th 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 90th percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90th 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 "90th 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 "90th 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) **90th Percentile Wait Times for Cardiac Bypass Surgery**

- (i) Definition. 90th 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 90th percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90th 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) 90th 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 90th percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90th 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 "90th 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 "90th 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) 90th 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 90th percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90th 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 "90th 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 "90th 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) **90th 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 90th percentile is the point at which 90% of the patients received their treatment while the other 10% waited longer. The 90th 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 "90th 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 "90th 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) **90th 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 90th 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 "90th 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 "90th 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) **90th 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 90th 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 "90th 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 "90th 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, G2 or H2 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) 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, 2012. [Reach = individuals screened as a percentage of the prevalence of inpatient smokers];

The University of Ottawa Heart Institute will submit a statistical report on the Ottawa Model of Smoking Cessation for all hospitals in the region to the Champlain LHIN on a semi-annual basis. Reports will be due 30 days following the end of Q2 and Q4.

(b) Regional Health Services Planning

Hospitals will participate in regional health services planning as requested by the LHIN. Hospitals will also implement LHIN-approved plans and will align their services with regional programs such as, but not limited to, Maternal Newborn, Palliative, EORLA, Diabetes and Eastern Counties

(c) Integrated Health Services Plan (IHSP)

All hospitals will ensure that their strategic plans are aligned with the LHIN's 2010/13 IHSP

(d) French Language Services (FLS)

If the Hospital is required to provide services to the public in French under the provision of the *French Language Services Act (1986)*, 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 provision of the *French Language Services Act (1986)*, it will be required to provide a report to the LHIN that outlines how the Hospital addresses the needs of its local Francophone community.

(e) Cultural/Linguistic Dimension

HSPs will support the development and implementation of a Champlain LHIN Plan to capture information on the Francophone and Aboriginal clients/patients

(f) Information Systems

- i) The Hospital will work as part of the initiative to establish a standard for an Emergency Department Information System for the Champlain LHIN Hospitals. In addition, it will agree to abide by the standard when developing plans to implement, update, or replace its Emergency Department Information System. The standard will include a strategy to address those hospitals that have chosen to adopt either a “best of breed” or an integrated solution;
- ii) The hospital understands that as a partner in the health care system, it has an obligation to participate in e-Health initiatives. Hospitals participation is defined as including, but not limited to, the identification of project leads/ champions, participation in regional/ provincial planning and implementation groups, as well as any specific obligations that may be specified in e-Health initiatives;
- iii) The hospital understands that under legislation they are required to look for integration opportunities with other health service providers. The hospital agrees that it will incorporate opportunities to collaborate / integrate IT services with other health service providers into their eHealth Strategic Plans. In so doing, they will identify those areas, projects, or initiatives where collaboration is targeted. In addition, the hospital agrees that, prior to making a material investment in information systems or information technology; the hospital will share the product specifications and identified need with the LHIN E-Health Lead. The LHIN E-Health Lead will evaluate the submission to ensure that the purchase is aligned with any strategic IT/ IS plans, or with the identified best practice standards within the LHIN. The LHIN E-Health Lead will advise the hospital of his opinion on how the submission supports a LHIN-wide IT/ IS approach within 30 days and include in that opinion any recommendations which would strengthen the integration of IT/ IS connectivity within the LHIN. Should the hospital disagree with these recommendations, the hospital is required to advise its LHIN specialist and provide their rationale for proceeding as originally planned. The LHIN consultant will review the submission, and may agree with the hospital, or refer the question to the LHIN senior directors for direction. Further dispute resolution will be subject to the terms of this agreement. Any recommendations, in the opinion of the LHIN E-Health Lead, that support electronic data interchange compatibility and supports users’ ease of use are to be incorporated into the hospital’s purchase and implementation plans. Finally, the hospital’s procurement person or department will affirm that collaboration has been sought prior to allowing any material investment in information systems or information technology to proceed

(g) Senior Friendly

Hospitals will utilize findings of the Senior Friendly self-assessment to develop quality improvement plans in line with best practices

(h) Alternative Level of Care (ALC)

i) Each hospital will report quarterly to the LHIN the number of ALC patients referred to CCAC for assessment and discharge planning, excluding those clients waiting for rehabilitation services, complex continuing care and palliative care not at home. The target for 2011-12 is 100%.

ii) For hospitals whose percentage of ALC days are above the LHIN's MLPA target, the hospital will develop a plan in conjunction with the LHIN to achieve the region's MLPA goal of % ALC days. The Champlain LHIN MLPA target will be provided on an annual basis

(i) Diabetes

All HSPs who offer chronic self-management programs will register such with the Living Health Champlain Program at

<http://www.livinghealthy Champlain.ca/main.aspx?lang=en&nongraphical=false>

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 B1, 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.

Hospital Multi-Year Funding Allocation

Schedule C2 2011/12

Hospital: OTTAWA Heart Institute		2011/12 Planning Allocation Assumed, Not Approved	
Fac #: 961		Base	One-Time
Operating Base Funding		114,582,100	
Multi-Year Funding Incremental Adjustment			
Other Funding			
Funding adjustment 1 (Grants for Municipal Taxation)		TBD	
Funding adjustment 2 (-)			
Funding adjustment 3 (-)			
Funding adjustment 4 (-)			
Funding Adjustment 5 (Incontinence Supplies)			
Funding Adjustment 6 (-)			
Other Items			
Prior Years' Payments			
Critical Care Strategies Schedule E			
PCOP: Schedule F			
PCOP			
Stable Priority Services: Schedule G			
Chronic Kidney Disease			
Cardiac catheterization			
Cardiac surgery			
Provincial Strategies: Schedule G			
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: Schedule G			
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			
Provincial Resources			
Bone Marrow Transplant			
Adult Interventional Cardiology for Congenital Heart Defects			
Cardiac Laser Lead Removals			
Pulmonary Thromboendarterectomy Services			
Thoracoabdominal Aortic Aneurysm Repairs (TAA)			
Health Results (Wait Time Strategy): Schedule H			
Selected Cardiac Services		TBD	
Total Hip and Knee Joint Replacements			
Cataract Surgeries			
Magnetic Resonance Imaging (MRI)			
Computed Tomography (CT)		TBD	
Total Additional Base and One Time Funding		0	0
Total Allocation		114,582,100	0

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 2010/11) for Priority Services in out-years.

Performance Indicators

Schedule D2 2011/12

Hospital

University of Ottawa Heart Institute

Fac #

961

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	0.00	0
90th Percentile ER LOS for Non-admitted Complex Patients	Hours	0.00	0
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	0.00	0

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	0.39	0.8-2.0
Total Margin (Consolidated)	Percentage	0.00	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

GLOBAL VOLUMES

Accountability Indicators

Total Acute Activity, incl. Inpatient and Day Surgery*	Weighted Cases	20,690	19,846 - 21,935
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
Ambulatory Care***	Visits	43,050	>34,440

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

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

*** Ambulatory Care includes OHSR Primary account codes 7134* (excluding 7134055), 712*, 7135*, 715*, OHSR secondary statistical account codes 447*, 450*, 5* (excluding 507, 511*, 512*, 513*, 514*, 518*, 519*, 521*)

Critical Care Funding

Schedule E2 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 or B2. 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 F2 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 or B2. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Protected Services

Schedule G2 2011/12

Hospital University of Ottawa Heart Institute

Fac # 961

	Units of Service	2011/12 Interim Performance Target	2011/12 Performance Standard
Stable Priority Services			
Chronic Kidney Disease	Weighted Units		
Cardiac catheterization	Procedures		
Cardiac surgery	Weighted Cases	7,105	7,105

Provincial Strategies

Organ Transplantation*	Cases	15	15
Endovascular aortic aneurysm repair			
Electrophysiology studies EPS/ablation		825	
Percutaneous coronary intervention (PCI)		2466	
Implantable cardiac defibrillators (ICD)		315	
Daily nocturnal home hemodialysis			
Provincial peritoneal dialysis initiative			
Drug Eluting Stents		617	

Specialized Hospital Services

Cardiac Rehabilitation	Number of patients treated		
Visudyne Therapy	Number of insured Visudyne vials administered		
Total Hip and Knee Joint Replacements (Non-WTS)	Number of Implant Devices		
Magnetic Resonance Imaging	Hours of operation		
Regional Trauma	Cases		
Regional & District Stroke Centres			
Sexual Assault/Domestic Violence Treatment Centres			
Provincial Regional Genetic Services			
HIV Outpatient Clinics			
Hemophiliac 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)

* 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

Funding and volumes for these services should be planned for based on 2010/11 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 University of Ottawa Heart Institute

Fac # 961

2010/11 Funded

Assumed Not Approved
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)

Cataract Surgeries
(Total Procedures)

Magnetic Resonance Imaging (MRI)
(Total Hours)

Computed Tomography (CT)
(Total Hours)

80

TBD

Measurement
Unit

2011/12
Performance
Target

2011/12
Performance
Standard**

90th Percentile Wait Times for Cancer Surgery

Days

90th Percentile Wait Times for Cardiac Surgery

Days

<=60

<=60

90th Percentile Wait Times for Cataract Surgery

Days

90th Percentile Wait Times for Hip Replacement Surgery

Days

90th Percentile Wait Times for Knee Replacement Surgery

Days

90th Percentile Wait Times for MRI Scan

Days

90th Percentile Wait Times for CT Scan

Days

<=41

<=41

* 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. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement.