

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2013

B E T W E E N:

CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

MARKHAM STOUFFVILLE HOSPITAL (the "Hospital")

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

AND WHEREAS pursuant to various amending agreements the term of the H-SAA has been extended to September 30, 2013;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six-month period with the joint intention of finalizing and executing an H-SAA for the period April 1, 2014 – March 31, 2017;

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.

2.0 Amendments.

2.1 Agreed Amendments. The H-SAA is amended as set out in this Article 2.

2.2 Term. The reference to "September 30, 2013" in Article 3.2 is deleted and replaced with "March 31, 2014".

3.0 Effective Date. The amendments set out in Article 2 shall take effect on October 1, 2013. All other terms of the H-SAA 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 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.

CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:

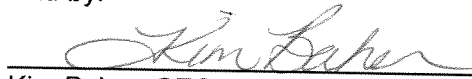


John Langs, Chair




Date

And by:




Kim Baker, CEO



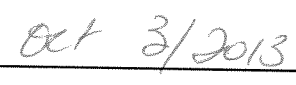
Date

MARKHAM STOUFFVILLE HOSPITAL

By:

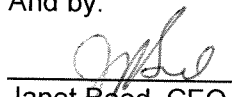


Jennifer Hawkins, Board Chair

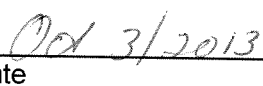


Date

And by:



Janet Beed, CEO



Date

Hospital Sector 2013-14 H-SAA

Identification #:	906
Hospital Name:	Markham Stouffville Hospital
Hospital Legal Name:	Markham Stouffville Hospital
Site Name:	Markham Stouffville Hospital

2013-14 Schedule A:
Funding Allocation

Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
	Base ²	One-Time ²
General Operations³	Base ²	
	\$0	
Patient Based Funding- HBAM	\$37,627,917	
Global Funding ⁶	\$73,934,321	
PCOP	\$25,592,105	
Patient Based Funding - Quality-Based Procedures	Allocation ⁵	Rate
Unilateral Primary Hip Replacement	\$1,682,240	\$8,996
Unilateral Primary Knee Replacement	\$2,890,915	\$7,813
Inpatient Rehabilitation for unilateral primary hip replacement	\$64,843	\$6,484
Inpatient Rehabilitation for unilateral primary knee replacement	\$52,701	\$4,791
Unilateral Cataracts	\$0	\$0
Bilateral Cataracts	\$0	\$0
Chemotherapy Systemic Treatment	\$571,812	\$0
Chronic Obstructive Pulmonary Disease	\$994,860	\$6,768
Non-Cardiac Vascular - Aortic Aneurysm	\$0	\$0
Non-Cardiac Vascular - Lower Extremity Occlusive Disease	\$0	\$0
Congestive Heart Failure	\$1,848,507	\$8,143
Stroke Hemorrhage	\$364,810	\$15,200
Stroke Ischemic or Unspecified	\$986,711	\$8,810
Stroke Transient Ischemic Attack	\$132,307	\$4,009
Endoscopy	\$1,491,102	\$0
Wait Time Strategy Services ("WTS")	Base ²	One-Time ²
General Surgery	N/A	\$146,900
Pediatric Surgery	N/A	\$30,200
Hip & Knee Replacement - Revisions	N/A	\$26,400
Magnetic Resonance Imaging (MRI)	N/A	\$773,500
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	N/A	\$0
Computed Tomography (CT)	N/A	\$80,000
Other WTS Funding	N/A	\$0
Provincial Program Services ("PPS")	Base ²	One-Time ²
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Regional Trauma	\$0	\$0
Other Provincial Program Funding ()	\$0	\$0
Other Funding	Base ²	One-Time ²
Grant in Lieu of Taxes	\$0	\$22,050
Ontario Renal Funding ⁴	\$0	\$0
Diabetes Education Program	\$1,269,665	\$0
Chronic Care Bed Funding	\$0	\$900
ED Pay for Results	\$0	\$1,270,100
Total 13/14 Estimated Funding Allocation	Base²	One-Time²
	\$149,504,816	\$2,350,050

^[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHIN.

^[2] Funding allocations are subject to change year over year.

^[3] Includes the provision of Services not specifically identified under QBP, WTS or PPS.

^[4] Funding provided by Cancer Care Ontario, not the LHIN.

^[5] All QBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. QBP Funding is not base funding for the purposes of the BOND policy.

^[6] Funding is net of one-time HSFR mitigation.

Hospital Sector 2013-14 H-SAA

Identification #:
 Hospital Name
 Hospital Legal Name
 Site Name:

905
Markham Stouffville Hospital
Markham Stouffville Hospital
Markham Stouffville Hospital

**2013-14 Schedule B:
 Reporting Requirements**

1. MIS Trial Balance and Supplemental Reporting as Necessary.

Reporting Period	Due Date
2013-14	
Q2 – Apr 01-13- to Sept 30-13	31-Oct-2013
Q3 – Apr 01-13- to Dec 31-13	31-Jan-2014
Q4 – Apr 01-13- to March 31-14	31-May-2014
2014-2015	
Q2 – Apr 01-14- to Sept 30-14	31-Oct-2014
Q3 – Apr 01-14- to Dec 31-14	31-Jan-2015
Q4 – Apr 01-14- to March 31-15	31-May-2015
2015-2016	
Q2 – Apr 01-15- to Sept 30-15	31-Oct-2015
Q3 – Apr 01-15- to Dec 31-15	31-Jan-2016
Q4 – Apr 01-15- to March 31-16	31-May-2016

2. Year End MIS Trial Balance and Supplemental Report

Fiscal Year	Due Date
2013-14	31-May-2014
2014-15	31-May-2015
2015-16	31-May-2016

3. Audited Financial Statements

Fiscal Year	Due Date
2013-14	31-May-2014
2014-15	31-May-2015
2015-16	31-May-2016

4. French Language Services Report

Fiscal Year	Due Date
2013-14	30-Apr-2014
2014-15	30-Apr-2015
2015-16	30-Apr-2016

Hospital Sector 2013-14 H-SAA

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2013-14 Schedule C 1
Performance Indicators

Performance Indicators		Explanatory Indicators	
Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard	Measurement Unit

Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered

90th Percentile ER LOS for Admitted Patients	Hours	TBD	TBD		
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	TBD	TBD	30-day Readmission of Patients with Stroke or Transient Ischemic Attack (TIA) to Acute Care for All Diagnoses	Percentage
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	TBD	TBD	Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization	Percentage
90th Percentile Wait Times for Cancer Surgery	Days	NA ⁴	NA ⁴	Percent of Stroke Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	NA ⁴	NA ⁴	Hospital Standardized Mortality Ratio	Percentage
90th Percentile Wait Times for Cataract Surgery	Days	NA ⁴	NA ⁴	Readmissions Within 30 Days for Selected CMGs	Ratio
90th Percentile Wait Times for Joint Replacement (Hip)	Days	NA ⁴	NA ⁴	** Adjusted Working Funds Including: > Adjusted Working Funds > Adjusted Working Funds as a % of Total Revenue > Current Ratio > Adjusted Working Funds Current Ratio > Debt Ratio	Funding Percentage Ratio Ratio Ratio
90th Percentile Wait Times for Joint Replacement (Knee)	Days	NA ⁴	NA ⁴		
90th Percentile Wait Times for Diagnostic MRI Scan	Days	NA ⁴	NA ⁴		
90th Percentile Wait Times for Diagnostic CT Scan	Days	NA ⁴	NA ⁴		
Rate of Ventilator-Associated Pneumonia	Rate	0.00	0		
Central Line Infection Rate	Cases/Days	0.00	0		
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.60	<= 0.74		
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	0		
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	0		

Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Current Ratio (Consolidated)	Ratio	2.40	0.5 - 2.7	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated)	Percentage	0.00%	0% - 2%	Percentage of Full-Time Nurses	Percentage
				Percentage of Paid Sick Time (Full-Time)	Percentage
				Percentage of Paid Overtime	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Percentage ALC Days (closed cases)	Percentage	TBD	TBD	Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	Visits
				Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	Visits

Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3 (2013-2014)

*Refer to 2013-15 H-SAA Indicator Technical Specification for further details.

** Adjusted Working Capital: Under Consideration

⁴ The LHIN, through the Ministry-LHIN Performance Agreement, is no longer held accountable for 90th Percentile Wait Times. The LHIN is now accountable for Percent of Priority IV Cases Completed with Access Target.

Hospital Sector 2013-14 H-SAA

Identification #	905
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2013-14 Schedule C 2.
Service Volumes

		Measurement Unit	
Part I - GLOBAL VOLUMES			
Emergency Department	Weighted Cases	2013/14 Performance Target	2013/14 Performance Standard
Total Inpatient Acute	Weighted Cases	3,933	> 3,540
Day Surgery	Weighted Visits	14,732	> 13,848
Inpatient Mental Health	Weighted Patient Days	2,386	> 2,147
Inpatient Rehabilitation	Weighted Cases	13,658	> 11,609
Complex Continuing Care	Weighted Patient Days	568	> 483
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	4,139	> 3,518
Ambulatory Care	Visits	0	-
		82,690	> 66,312
Part II - HOSPITAL SPECIALIZED SERVICES			
Cochlear Implants	Cases	2013-2014 Primary	2013-2014 Revision
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	2013-2014 Base	2013-2014 Incremental
Sexual Assault/Domestic Violence Treatment Clinics	Visits	0	0
		0	0
		0	
Part III - WAIT TIME VOLUMES			
General Surgery	Cases	2013/14 Base	2013/14 Incremental
Paediatric Surgery	Cases	510	68
Hip & Knee Replacement - Revisions	Cases	70	18
Magnetic Resonance Imaging (MRI)	Total Hours	1	3
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	2,080	2,975
Computed Tomography (CT)	Total Hours	0	0
		2,480	320
Part IV - PROVINCIAL PROGRAMS			
Cardiac Surgery	Cases	2013/14 Base	2013/14 Incremental
Cardiac Services - Catheterization	Cases	NA	NA
Cardiac Services- Interventional Cardiology	Cases	NA	NA
Cardiac Services- Permanent Pacemakers	Cases	NA	NA
Organ Transplantation	Cases	NA	NA
Neurosciences	Cases	NA	NA
Regional Trauma	Cases	NA	NA
		NA	NA
Part V - QUALITY BASED PROCEDURES			
Unilateral Primary Hip Replacement	Volumes	2013/14 Volume	
Unilateral Primary Knee Replacement	Volumes	187	
Inpatient Rehabilitation for unilateral primary hip replacement	Volumes	370	
Inpatient Rehabilitation for unilateral primary knee replacement	Volumes	10	
Unilateral Cataracts	Volumes	11	
Bilateral Cataracts	Volumes	0	
Chemotherapy Systemic Treatment	Volumes	0	
Chronic Obstructive Pulmonary Disease	Volumes	TBD	
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm (AA)	Volumes	147	
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volumes	0	
Congestive Heart Failure	Volumes	0	
Stroke Hemorrhage	Volumes	227	
Stroke Ischemic or Unspecified	Volumes	24	
Stroke Transient Ischemic Attack (TIA)	Volumes	112	
Endoscopy	Volumes	33	
		TBD	

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**2013-14 Schedule C.3.:
LHIN Indicators & Volumes**

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
E-health	<p>In support of the Provincial e-Health strategy, the Hospital will comply with any technical and information management standards, including those related to architecture, technology, privacy and security. These are set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be. The Hospital will implement and use the approved provincial eHealth solutions identified in the LHIN eHealth plan, and implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN eHealth plan. The expectation is that any compliance requirements will be rolled out within reasonable implementation timelines. The level of available resources will be considered in any required implementations.</p> <p>eHealth-related discussions will take place at the Central LHIN eHealth Advisory Council. The Hospital is required to appoint a senior staff member responsible for eHealth decision-making as a committee member.</p>		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Quality	<p>Hospitals are required to submit a copy of their Quality Improvement Plan to the LHIN concurrently with or prior to the submission to Health Quality Ontario for information purposes and use in hospital service accountability agreement quality indicator target setting.</p>		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Community Engagement and Health Equity	<p>The Hospital will provide the LHIN an annual Community Engagement Plan by November 29, 2013 and a biennial Health Equity Plan by November 29, 2013.</p>		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Peer Accountability, Integration and Long-Term Solutions to Advance the Local Health System	<p>The Hospital will continue to work collaboratively with other hospitals, other health service providers and with the Central LHIN to advance the strategic direction of the local health system as outlined in the Integrated Health Service Plan. The Hospital will consult with the LHIN as appropriate when developing plans and setting priorities for the delivery of its health services. From time to time, the LHIN may establish special purpose committees or working groups to support the advancement of LHIN and provincial priorities for which equitable representation from the Hospital will be sought.</p>		

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 the Schedules

Hospital Sector 2013-14 H-SAA

Identification #:	906
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2013-14 Schedule C.3.:
LHIN Indicators & Volumes

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Capital Initiatives	When planning for capital initiatives, the Hospital will comply with the requirements outlined in the Ministry of Health & Long-Term Care's Capital Planning Manual (1996) and MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages (2010), as may be updated or amended from time to time. In this context, "capital initiatives" refer to initiatives of the Hospital in relation to the construction, renewal or renovation of a facility or site.		

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Ontario Stroke Network	The hospital will collaborate with the Ontario Stroke Network and contribute to planning related to stroke services.		

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Cardiac Care Network of Ontario	The hospital will collaborate with the Ontario Cardiac Care Network and contribute to planning related to cardiac services.		

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: Cancer	95%		90% - 100%
Performance Obligation			
	Percent of Priority IV Cases Completed Within Access Target for Cancer Surgery (Priority IV: 84 days)		

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 the Schedules

Hospital Sector 2013-14 H-SAA

Identification #: 905
 Hospital Name: Markham Stouffville Hospital
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**2013-14 Schedule C.3.:
 LHIN Indicators & Volumes**

LHIN Priority			
Performance Indicator Surgical & Diagnostic Wait Times: MRI	Performance Target TBD	2013-14	Performance Standard TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Diagnostic MRI Scan (Priority IV: 28 days)		
LHIN Priority			
Performance Indicator Surgical & Diagnostic Wait Times: CT	Performance Target TBD	2013-14	Performance Standard TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Diagnostic CT Scan (Priority IV: 28 days)		
LHIN Priority			
Performance Indicator Surgical & Diagnostic Wait Times: Hip	Performance Target TBD	2013-14	Performance Standard TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Hip Replacement Surgery (Priority IV: 182 days)		
LHIN Priority			
Performance Indicator Surgical & Diagnostic Wait Times: Knee	Performance Target TBD	2013-14	Performance Standard TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Knee Replacement Surgery (Priority IV: 182 days)		

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 the Schedules

Hospital Sector 2013-14 H-SAA

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**2013-14 Schedule C.3.:
 LHIN Indicators & Volumes**

LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
Diabetes Education Programs: Clients	2,730	2013-14
Performance Obligation	Diabetes Education Programs are required to submit a quarterly report outlining activities set out within the Central LHIN template.	
-		
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
Diabetes Education Programs: Visits	10,579	2013-14
Performance Obligation	Diabetes Education Programs are required to submit a quarterly report outlining activities set out within the Central LHIN template.	
-		
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	2013-14
Performance Obligation	The Local Partnership will support the successful implementation of Health System Funding Reform by encouraging a supportive change management environment locally and across Ontario. The Local Partnership will act as an advisory group, facilitating clinical, financial and decision support advice to and from the LHINs and Ministry. The hospital is required to appoint two representatives as members of the Local Partnership based on the following areas of expertise: Clinical and program leadership and change management; Financial leadership; Clinical health informatics and decision support; and Quality and process performance improvement.	
Local Partnership		
-		
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	2013-14
Performance Obligation		
-		

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 the Schedules

Hospital Sector 2013-14 H-SAA

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2013-14 Schedule C.4.
P.C.O.P. Targeted Funding and Volume

Year-Construction Operating Plan

Base Year>>	2000		2013-2014 Received from LHIN % Funding Received		2013-2014 Hospital Plan			
	Base Volume	Total Approved Volume	Funding Rate	2013-2014 Additional Volumes	Funding (Note 1)	Additional Volumes	New Beds	Funding
Inpatient Acute - Medicine/Surgery	8,859	12,425	3,987	1,310	\$5,223,127	1,310	15	\$5,223,127
Inpatient Acute - Obstetrics	2,340	3,343	3,987	0	\$0	0	0	\$0
Inpatient Acute - ICU	8	24	489,985	0	\$0	0	0	\$0
Inpatient Rehabilitation General	5,715	7,184	382	0	\$0	0	0	\$0
Inpatient Complex Continuing Care	6,628	10,917	281	0	\$0	0	0	\$0
Inpatient Acute - Mental Health	7,700	11,704	528	3,140	\$1,657,072	3,140	8	\$1,657,072
Day Surgery	4,740	8,035	957	300	\$287,073	300	0	\$287,073
Endoscopy (cases)	4,268	9,000	403	530	\$213,431	530	0	\$213,431
Emergency	57,021	67,715	207	9,479	\$1,981,300	9,479	0	\$1,981,300
Amb Care - Acute Mental Health	15,395	24,600	231	1,605	\$371,124	1,605	0	\$371,124
Amb Care - Diabetes	1,713	2,890	230	803	\$184,578	803	0	\$184,578
Amb Care - Palliative	0	0	0	0	\$0	0	0	\$0
Clinic - Med/Surg	46,745	98,110	308	6,800	\$2,094,400	6,800	0	\$2,094,400
Clinic - Metabolic	0	0	0	0	\$0	0	0	\$0
Other - ()	0	0	0	0	\$0	0	0	\$0
Other - ()	0	0	0	0	\$0	0	0	\$0
Other - ()	0	0	0	0	\$0	0	0	\$0
Other - ()	0	0	0	0	\$0	0	0	\$0
Facility Costs					\$8,700,000			\$8,700,000
Amortization					\$4,900,000			\$4,900,000
Total Funding					\$25,592,105 (Note2)			\$25,592,105

Funding provided in this Schedule is an additional in-year allocation contemplated by section 5.3 of the Agreement

Note 1 - Terms and conditions of PCOP funding are determined by the Ministry of Health and Long Term Care (MOHLTC). Incremental volumes required to be achieved by the Hospital as set out above are in addition to PCOP volumes provided in previous years. The MOHLTC may adjust funded volumes upon reconciliation.

Note 2 - This amount must be the same as PCOP (General Operations Funding) on 2013-14 Schedule A: Funding Allocations

Once negotiated, an amendment in the form of this 2013-14 Schedule C.4. P.C.O.P. will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in any other Schedule.