

H-SAA AMENDING AGREEMENT

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

B E T W E E N:

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Strathroy Middlesex General Hospital (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 following new definition will be added:

"Accountability Agreement" means the Accountability Agreement in effect between the LHIN and the MOHLTC during a Fiscal Year."

(d) 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 A1 attached to this Agreement.

(b) Schedules B and B1 shall be supplemented with the addition of Schedule B2 attached to this Agreement.

(c) Schedules C and C1 shall be supplemented with the addition of Schedule C2 attached to this Agreement.

(d) Schedules D and D1 shall be supplemented with the addition of Schedule D-2 attached to this Agreement.

(e) Schedules E and E1 shall be supplemented with the addition of Schedule E2 attached to this Agreement.

(f) Schedules F and F1 shall be supplemented with the addition of Schedule F2 attached to this Agreement.

(g) Schedules G and G1 shall be supplemented with the addition of Schedule G2 attached to this Agreement.

(h) Schedules H and H1 shall be supplemented with the addition of Schedule H2 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 MOHLTC.

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

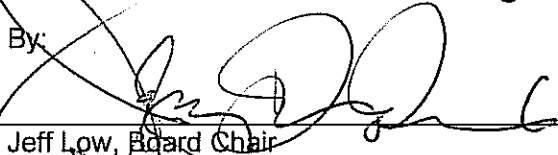
limited to current funding levels and those provisions in Schedule A to H not amended by s. 2.6, above, shall remain in full force and effect.

- 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 A1, B2, C2, D2, E2, F2, G2 and H2, 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.

South West Local Health Integration Network

By:



Jeff Low, Board Chair

APR 13 2011

Date

And by:




Michael Barrett, CEO

APR 13 2011

Date

Strathroy Middlesex General Hospital

By:




Cheryl Waters, Chair

March 30 / 2011

Date

And by:



Michael Mazza, CEO

March 30 / 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:
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 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: 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 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:
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 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) n/a

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.

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

- (a) Hospitals will participate in and advance the LHIN's 2010-13 Integrated Health Service Plan (IHSP) specifically for the strategic direction of enhancing access and sustainability of hospital-based treatment and care consistent with the priorities established through the Hospital/CCAC Leadership Group.
 - Hospitals will focus on Emergency Department access, cancer surgery and hip fractures.
- (b) Hospitals will participate in performance improvement initiatives through the LHIN's Quality Improvement Program and/or Excellent Care for All Act implementation and align their enterprise performance management solutions to the drivers (service utilization and cost) of the Health Based Allocation Model (HBAM).
- (c) The South West LHIN, CCAC and Hospital partners will work together in 2011/12 to determine indicator(s) related to appropriate placement of patient/client discharge and patient flow, including percentage of patients designated ALC and number of long term care home applications conducted in hospital.

Hospital Multi-Year Funding Allocation

Schedule C2 2011/12

| Hospital | Fac # | 2011/12 Planning Allocation | |
|--|-------|-----------------------------|-----------|
| | | Base | One-Time |
| Sirralhroy Middlesex General Hospital | 814 | | |
| Operating Base Funding | | 23,945,300 | |
| Multi-Year Funding Incremental Adjustment | | | |
| Other Funding | | | |
| Funding adjustment 1 (WTS General Surgery) | | | 139,600 |
| Funding adjustment 2 () | | | |
| Funding adjustment 3 () | | | |
| Funding adjustment 4 () | | | |
| Funding Adjustment 5 () | | | |
| 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 | | | |
| Hemophilac 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 | | | |
| Total Hip and Knee Joint Replacements | | | 1,388,000 |
| Cataract Surgeries | | | 45,000 |
| Magnetic Resonance Imaging (MRI) | | | |
| Computed Tomography (CT) | | | 19,300 |
| Total Additional Base and One Time Funding | | 23,945,300 | 1,589,900 |
| Total Allocation | | 25,535,200 | |

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

Hospital **Strathroy Middlesex General Hospital**

Schedule D2 2011/12

| Fac # | 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 | 13.40 | <=13.4 |
| 90th Percentile ER LOS for Non-admitted Complex Patients | Hours | 6.20 | <=6.2 |
| 90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients | Hours | 4.00 | <4.2 |
| 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 | 1.00 | 1.2-2.0 |
| 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 | 3,205 | >2685 |
| Complex Continuing Care | RUG Weighted Patient Days | n/a | n/a |
| Mental Health | Inpatient Days | n/a | n/a |
| ELDCAP | Inpatient Days | n/a | n/a |
| Rehabilitation | Inpatient Days | n/a | n/a |
| Ambulatory Care*** | Visits | 25,400 | > 19,050 |

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

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

*** Ambulatory Care includes DHRB Primary account codes 7134* (excluding 7134055), 712*, 7136*, 715*; DHRB secondary statistical account codes 447*, 450*, 5* (excluding 50*, 511*, 512*, 513*, 514*, 515*, 516*, 517*, 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

Fac #

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

| Provincial Strategies | | | |
|--|-------|----------------------------------|----------------------------------|
| Organ Transplantation* Endovascular aortic aneurysm repair Electrophysiology studies EPS/ablation Percutaneous coronary intervention (PCI) Implantable cardiac defibrillators (ICD) Daily nocturnal home hemodialysis Provincial peritoneal dialysis initiative Newborn screening program | Cases | <input type="text" value="n/a"/> | <input type="text" value="n/a"/> |

| Specialized Hospital Services | | | |
|--|---|----------------------------------|----------------------------------|
| Cardiac Rehabilitation | Number of patients treated | <input type="text" value="n/a"/> | <input type="text" value="n/a"/> |
| Visudyne Therapy | Number of Insured Visudyne vials administered | <input type="text" value="n/a"/> | <input type="text" value="n/a"/> |
| Total Hip and Knee Joint Replacements (Non-WTS) | Number of Implant Devices | <input type="text" value="n/a"/> | <input type="text" value="n/a"/> |
| Magnetic Resonance Imaging | Hours of operation | <input type="text" value="n/a"/> | <input type="text" value="n/a"/> |
| Regional Trauma | Cases | <input type="text" value="n/a"/> | <input type="text" value="n/a"/> |
| Regional & District Stroke Centres Sexual Assault/Domestic Violence Treatment Centres Provincial Regional Genetic Services HIV Outpatient Clinics Hemophillic 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 Strathroy Middlesex General Hospital

| Fac # 814 | 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) | 0 | 200 | 0 | 200 |
| Cataract Surgeries (Total Procedures) | 487 | 60 | 487 | 60 |
| Magnetic Resonance Imaging (MRI) (Total Hours) | n/a | n/a | n/a | n/a |
| Computed Tomography (CT) (Total Hours) | 1,920 | 77 | 1,920 | 77 |

| | Measurement Unit | 2011/12 Performance Target | 2011/12 Performance Standard** |
|---|------------------|----------------------------|--------------------------------|
| 90th Percentile Wait Times for Cancer Surgery | Days | n/a | n/a |
| 90th Percentile Wait Times for Cardiac Surgery | Days | n/a | n/a |
| 90th Percentile Wait Times for Cataract Surgery | Days | 65.00 | <=65 |
| 90th Percentile Wait Times for Hip Replacement Surgery | Days | 126.00 | <=126 |
| 90th Percentile Wait Times for Knee Replacement Surgery | Days | 122.00 | <=122 |
| 90th Percentile Wait Times for MRI Scan | Days | n/a | n/a |
| 90th Percentile Wait Times for CT Scan | Days | 11.00 | <=11 |

* 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.