60 Renfrew Drive, Suite 300 Markham, ON L3R 0E1 Tel: 905 948-1872 • Fax: 905 948-8011 Toll Free: 1 866 392-5446 www.centrallhin.on.ca

October 6, 2015

Dr. Dave Williams President and CEO Southlake Regional Health Centre 596 Davis Drive Newmarket, ON L3Y 2P9

Dear Dr. Williams:

Re: 2008-16 Hospital Service Accountability Amending Agreement

I am pleased to provide you with the 2008-16 Hospital Service Accountability Amending Agreement (the "H-SAA") which amends and extends to March 31, 2016, the service accountability agreement between the Hospital and the LHIN that took effect April 1, 2008.

The attached H-SAA includes funding and related volume targets as agreed to through the 2015/16 planning and H-SAA process. All other terms and conditions of the H-SAA will remain the same. The LHIN and Hospital will continue to work together throughout the fiscal year to establish performance targets, as relevant information becomes available.

In response to your letter datead August 18, 2015, we appreciate Southlake's commitment to achieving the targets in the HSAA, including the ALC target. We will continue to work with you, through the upcoming target setting exercise to finalize these schedules, and through the LHIN-ALC task force.

If you have any questions or concerns please contact Sue Turcotte, Director, Performance, Contract and Allocations at Sue.Turcotte@lhins.on.ca or 905-948-1872 x222.

Sincerely,

Kim Baker

Chief Executive Officer

Central LHIN

/rg

c: Mr. Rob Bull, Chief Financial Officer & Vice President Accountable Care, Southlake Regional

Health Centre

Ms. Karin Dschankilic, Senior Director, Performance, Contracts and Chief Financial Officer,

Central LHIN

Enclosure





596 Davis Drive Newmarket, Ontario L3Y 2P9 Telephone: 905-895-4521 Main Fax: 905-830-5972

Administration Fax: 905 853-2220
Website: www.southlokeregional.org

August 18, 2015

Ms. Kim Baker Chief Executive Officer Central LHIN 60 Renfrew Drive, Suite 300 Markham, Ontario L3R 0E1

Dear Ms. Baker:

Attached, please find our completed and signed HSAA Amendment with respect to ALC targets. Southlake remains committed to fulfilling the targets outlined in the HSAA. The ability of the Hospital to achieve ALC targets however, relies heavily on the availability of community supports. From 2013/14 to 2014/15, Southlake experienced a 2% decrease in the number of ALC patients, however the total number of ALC days has increased 31%. The increased ALC days corresponds to approximately 10 patients per day. Most notably, the ALC LOS for the discharge destination of "home with home care" is currently 14.7 days. Southlake has continued to drive internal efficiencies to ensure hospital-related ALC waits are less than one bed utilized per day.

Southlake is excited to participate in and encouraged by the LHIN-ALC task force analysis and planning. In addition, we have been discussing transitions in care with Lynn Harrett, CCAC and believe there are innovative models to reduce the ALC burden on acute care hospitals. We look forward to continuing to work together with our health system partners in the coming months to strive to achieve ALC targets together.

Sincerely,

Dave Williams
President & CEO

:tpa

2008-16 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2015

BETWEEN:

CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

SOUTHLAKE REGIONAL HEALTH CENTRE (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 March 31, 2015;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further twelve month period to permit the LHIN and the Hospital to continue to work toward a new multi-year H-SAA;

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 Amended Definitions.
 - (a) The following terms have the following meanings.

"Post-Construction Operating Plan (PCOP) Funding" and "PCOP Funding" means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

"Schedule" means any one of, and "Schedules" means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:

Schedule A: Funding Allocation

Schedule B: Reporting

Schedule C: Indicators and Volumes

- C.1. Performance Indicators
- C.2. Service Volumes
- C.3. LHIN Indicators and Volumes
- C.4. PCOP Targeted Funding and Volumes
- 2.3 Term. This Agreement and the H-SAA will terminate on March 31, 2016.
- 3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2015. 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.
- **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

Bv.

MA	OCT 6,2015
Warren Jestin, Chair	Date
And by:	g ×
Kim Fahr	OCT 6, 2015
Kim Baker, CEO	Date
SOUTHLAKE REGIONAL HEALTH C By:	
Jonathan Harris, Chair	Date Date 2015
And by:	AULUST 20 1 2015
David Williams, CEO	Date

Facility #: 736
Hospital Name: Southlake Regional Health Centre
Hospital Legal Name: Southlake Regional Health Centre

2015-2016 Schedule A Funding Allocation

	20	15-2016		
医肠切除 医克勒氏管神经肠神经神经炎	[1] Estimated I	[1] Estimated Funding Allocation		
Section 1: FUNDING SUMMARY				
LHIN FUNDING	[2] Base			
LHIN Global Allocation	\$155,777,233			
Health System Funding Reform: HBAM Funding	\$100,271,195			
Health System Funding Reform: QBP Funding (Sec. 2)	\$20,213,710	ger - The second		
Post Construction Operating Plan (PCOP)	\$0	[2] Incremental One-Tim		
Wait Time Strategy Services ("WTS") (Sec. 3)	\$0	\$1,216,300		
Provincial Program Services ("PPS") (Sec. 4)	\$2,720,500	\$0		
Other Non-HSFR Funding (Sec. 5)	\$0	\$10,572,932		
Sub-Total LHIN Funding	\$278,982,638	\$11,789,232		
NON-LHIN FUNDING		THE RESIDENCE OF THE PARTY OF T		
[3] Cancer Care Ontario and the Ontario Renal Network	\$24,923,223			
Recoveries and Misc. Revenue	\$20,584,990			
Amortization of Grants/Donations Equipment	\$5,793,025			
OHIP Revenue and Patient Revenue from Other Payors	\$22,185,815			
Differential & Copayment Revenue	\$4,790,565			
Sub-Total Non-LHIN Funding	\$78,277,618			
Total 15/16 Estimated Funding Allocation (All Sources)	\$357,260,256	\$11,789,232		

Hospital Sector Accountability Agreement 2015-2016

Facility #: 736
Hospital Name: Southlake Regional Health Centre
Southlake Regional Health Centre

2015-2016 Schedule A Funding Allocation

	2	715-2016
Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	33	\$144,373
Acute Inpatient Primary Unitateral Hip Replacement	234	\$1,991,954
Rehabilitation Inpatient Primary Unlitateral Knee Replacement	30	\$94,685
Acute Inpatient Primary Unitateral Knee Replacement	384	\$2,974,346
Acute Inpatient Hip Fracture	249	\$3,119,644
Knee Arthroscopy	TBD	TBD
Elective Hips - Outpatient Rehabilitation for Primary Hip	0	\$0
Elective Knees - Outpatient Rehabilitation for Primary Knee	0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	25	\$279,799
Acute Inpatient Congestive Heart Failure	399	\$2,948,827
Aortic Valve Replacement	O	\$0
Coronary Artery Disease	0	\$0
Acute Inpatient Stroke Hemorrhage	13	\$107,204
Acute Inpatient Stroke Ischemic or Unspecified	177	\$1,291,843
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	33	\$114,798
cute Inpatient Non-Cardiac Vascular Aorlic Aneurysm excluding Advanced Pathway	24	\$572,378
Cute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	35	\$368,182
Jnilateral Cataract Day Surgery	4,247	\$2,120,055

Facility #:

736

Hospital Name: Hospital Legal Name:

Southlake Regional Health Centre

Southlake Regional Health Centre

2015-2018 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	DESCRIPTION	Volume	[4] Allocation
	2000	Anmine	[4] MIOCADOIL
Bilateral Cataract Day Surgery	1 1	0	\$0
Retinal Disease	200	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		125	\$293,280
Acute Inpatient Tonsillectomy	Judge	160	\$213,713
Acute Inpatient Chronic Obstructive Pulmonary Disease	5	318	\$1,978,127
Acute Inpatient Pneumonia	- Annual Control	251	\$1,595,210
Endoscopy		0	\$0
Rehabilitation Inpatient Primary Bitateral Joint Replacement (Hip/Knee)		3	\$5,292
Sub-Total Quality Based Procedure Funding	ALC: N	6.740	\$20,213,710

Hospital Sector Accountability Agreement 2015-2016

Facility #:

736

Hospital Name:

Southlake Regional Health Centre

ment (Hip/Knee)

3

Hospital Legal Name:

Southlake Regional Health Centre

2015-2016 Schedule A Funding Allocation

	STATE OF THE PARTY		15-2016
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incrementations-Time
General Surgery		\$0	\$258,400
Pediatric Surgery	the state of the s	\$0	\$15,700
Hip & Knee Replacement - Revisions	450	\$0	\$132,000
Magnetic Resonance Imaging (MRI)		\$0	\$594,200
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	0.1	\$0	\$0
Computed Tomography (CT)		\$0	\$116,000
Other WTS Funding		\$0	\$0
Section 4: Provincial Priority Program Services ("PPS")		[Z] Base	[2] Incremental/One-Time
Cardiac Surgery		\$824,200	\$0
Other Cardiac Services	200	\$1,896,300	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services	6/3	\$0	\$0
Regional Trauma		\$0	\$0
Sub-Total Provincial Priority Program Services Funding	THE PERSON NAMED IN COLUMN	\$2,720,500	\$0
Section 5: Other Non-HSFR		[Z] Base	[2] incremental/One-Time
LHIN One-time payments - ED Pay for Results		\$0	\$2,865,200
MOH One-time payments	1.5	\$0	\$7,707,732
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC	147	\$0	771
Paymaster	100	\$0	
Sub-Total Other Non-HSFR Funding	1	\$0	\$10,572,932

Facility #: 736

Hospital Name: Southlake Regional Health Centre

Southlake Regional Health Centre

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2015-2016, Schedule, A Funding Allocation

Section 6: Other Funding	1815	201	5-2016
(Info. Only. Funding is already included in Sections 1-4 above)	1	[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	100	\$0	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	11/	\$24,923,223	\$0
Sub-Total Other Funding	0.000	\$24,923,223	S ASSESSED TO SERVICE
[2] Funding aflocations are subject to change year over year.			-200 - 120
[3] Funding provided by Cancer Care Ontario, not the LHIN,			
[4]All QBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. QBF BOND policy.	Funding is	not base funding fo	the purposes of the

Facility #: Hospital Name: Hospital Legal Name:

736
Southlake Regional Health Centre
Southlake Regional Health Centre

2015-2016 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2015-2016
Q2 - April 01 to September 30	31 Oclober 2015
Q3 - October 01 to December 31	31 January 2016
Q4 — January 01 to March 31	30 May 2016
2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2015-2016
Q2 - April 01 to September 30	07 November 201
Q3 - October 01 to December 31	07 February 2016
Q4 – January 01 to March 31	30 June 2016
Year End	30 June 2016
3. Audited Financial Statements	Due Date 2015-2016
Fiscal Year	30 June 2016
4. French Language Services Report	Due Date 2015-2016
Fiscal Year	30 April 2016

Facility #: 736

Hospital Name: Southlake Regional Health Centre

Site Name: TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

*Performance Indicators	Measurement Unit	Performance Target 2015-2018	Performance Standard 2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	25,4	<=26,4
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Pallents	Hours	7.0	<= 7.0
90th Percentille ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3,6	<= 3,6
Cancer Surgery: % Priority 4 cases completed within Target	Percent	95.0%	>= 90%
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	95.0%	>= 10%
Cataract Surgery: % Priority 4 cases completed within Target	Percent	95.0%	>= 90%
Joint Replacement (Hip): % Priority 4 cases completed within Target	Parcent	90.0%	>= 90%
Joint Replacement (Knea): % Priority 4 cases completed within Target	Percent	90.0%	>= 10%
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	50.0%	>= 50%
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	82.0%	>= 82%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.22	← 0.13
Explanatory Indicators	Measurement Unit		
Percent of Stroke/lia Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio	Ratio		
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage		
Rate of Ventilator-Associated Pneumonia	Rate		
Cental Line Infection Rate	Rate		
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate		
Rate of Hospital Acquired Methicillin Resisteant Staphylococcus Aureus Bacteremia	Rate		

Facility #: 736
Hospital Name: Southlake Regional Health Centre
Hospital Legal Name: Site Name: TOTAL ENTITY

TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performant Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	0.55	0,48 - 2,0
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	2.75%	9,00% - 4,003
Explanatory Indicators	Measurement Unit		
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2015-2018	Performanc Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	13,70%	<= 13.7%
Explanatory Indicators	Measurement Unit		
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated	i) Percentage		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process. *Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.

Facility #:

736

Hospital Name: Southlake Regional Health Centre

Hospital Legal Name:

Southlake Regional Health Centre

2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes		AN objectories of the bedray and the province of the	
	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2015
Ambulatory Care	Vishs	225,505	>= 202,954.5
Complex Continuing Care	Weighted Patient Days	14,435	>= 12263,6 and < 16600,1
Day Surgery	Weighted Cases	7,296	>= 6712.7 and <= 7880.2
Emergency Department	Weighted Cases	5,247	>= 4827.2 and <1 5686.7
Inpatient Mental Health	Weighted Patient Days	12,659	>= 10760.2 and < 14557.9
Inpatient Rehabiliation	Weighted Cases	705	>= 598.3 and <= 81
Total Inpatient Acute	Weighted Cases	33,433	>= 32085.4 and <

	Measurement Unit	Primary 2016-2016	Revision 2015-2018
Cochlear Implants	Cases	0	0
		Base 2015-2016	One-Ume 2015-2016
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	-	

	Measurement Unit	Base 2015-2016	One-time 2015-2016
General Surgery	Cases	654	120
Paediatric Surgery	Cases	26	a
Hip & Knee Replacement - Revisions	Cases	10	15
Magnetic Resonance Imaging (MRI)	Total Hours	5,200	2,670
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	4,726	2,064

Facility #: 736
Hospital Name: Southlake Regional Health Centre
Hospital Legal Name: Southlake Regional Health Centre

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2015-2016 Schedule C2 Service Volumes

	Measurement Unit	B=se 2015-2016	One-time 2015-2016
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services- Interventional Cardiology	Cases	0	
Cardiac Services- Permanent Pacemakers	Cases	C	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
lumber of Forensic Beds- Secure	Beds	0	
lumber of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavloural Treatment Cases	Cases		

Facility #:

736

Hospital Name:

Southlake Regional Health Centre Southlake Regional Health Centre

2015-2016 Schedule C2 Service Volumes

	Measurement Unit	Volume 2015-2016
Rehabilitation Inpatient Primary Unlitateral Hip Replacement	Volume	33
Acute Inpatient Primary Unilateral HIp Replacement	Volume	234
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	Volume	30
Acute Inpatient Primary Unilateral Knee Replacement	Volume	384
Acute Inpatient Hip Fracture	Volume	249
Knee Arthroscopy	Volume	TBD
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	0
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	25
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	3
Acute Inpatient Congestive Heart Failure	Volume	399
Aortic Valve Replacement	Volume	0
Coronary Artery Disease	Volume	0
Acute Inpallent Stroke Hemorrhage	Volume	13
Acute Inpatient Stroke Ischemic or Unspecified	Volume	177
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	33
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	24
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	35
Unilateral Cataract Day Surgery	Volume	4,247
Bilateral Cataract Day Surgery	Volume	0
Retinal Disease	Volume	0
inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	125
Acute Inpatient Tonsillectomy	Volume	160
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	318
Acute Inpatient Pneumonia	Volume	251

Facility #: 736 | Hospital Name: Southlake Rei

Southlake Regional Health Centre Southlako Regional Health Centre 2015-2016 Schedule C3: LHIN Local Indicators and Obligations

E-Health: 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 limeframes 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 biveptint 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.

Quality: 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.

Community Engagement and Health Equity: The Hospital will provide the LHIN with an annual Community Engagement Plan by November 30, 2014 and a biennial Health Equity Plan by November 30, 2015.

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).

Schedule C.4 – PCOP Targeted Funding and Volumes

Post-Construction Operating Plan (PCOP) funding and related performance requirements will be communicated in separate funding letters and subject to the Term and Conditions applicable to the overall HSAA.