

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1<sup>st</sup> day of October, 2013

**B E T W E E N:**

**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 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.

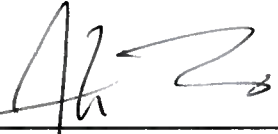
**5.0 Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.


**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.

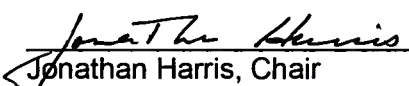
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

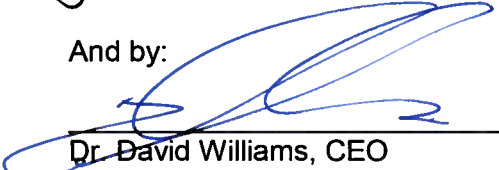
**CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

By:   
\_\_\_\_\_  
John Langs, Chair Date Oct 29, 2013

And by:   
\_\_\_\_\_  
Kim Baker, CEO Date Oct 2, 2013

**SOUTHLAKE REGIONAL HEALTH CENTRE**

By:   
\_\_\_\_\_  
Jonathan Harris, Chair Date Sept. 26, 2013

And by:   
\_\_\_\_\_  
Dr. David Williams, CEO Date Sept 26, 2013

### Hospital Sector 2013-14 H-SAA

Identification #:	736
Hospital Name:	Southlake Regional Health Centre
Hospital Legal Name:	Southlake Regional Health Centre
Site Name:	Southlake Regional Health Centre

2013-14 Schedule A:  
Funding Allocation

Intended Purpose or Use of Funding	Estimated <sup>1</sup> Funding Allocation	
	Base <sup>2</sup>	
<b>General Operations<sup>3</sup></b>	<b>Base<sup>2</sup></b>	
Patient Based Funding- HBAM	\$0	
Global Funding <sup>6</sup>	\$94,182,460	
PCOP	\$151,607,846	
	\$0	
<b>Patient Based Funding - Quality-Based Procedures</b>	<b>Allocation<sup>5</sup></b>	<b>Rate</b>
Unilateral Primary Hip Replacement	\$2,094,314	\$8,950
Unilateral Primary Knee Replacement	\$3,108,649	\$8,095
Inpatient Rehabilitation for unilateral primary hip replacement	\$120,756	\$5,489
Inpatient Rehabilitation for unilateral primary knee replacement	\$113,154	\$4,715
Unilateral Cataracts	\$2,423,985	\$547
Bilateral Cataracts	\$0	\$0
Chemotherapy Systemic Treatment	\$6,954,600	\$0
Chronic Obstructive Pulmonary Disease	\$2,257,271	\$6,395
Non-Cardiac Vascular - Aortic Aneurysm	\$217,669	\$21,767
Non-Cardiac Vascular - Lower Extremity Occlusive Disease	\$290,840	\$14,542
Congestive Heart Failure	\$2,747,894	\$7,212
Stroke Hemorrhage	\$684,189	\$19,005
Stroke Ischemic or Unspecified	\$1,211,163	\$7,666
Stroke Transient Ischemic Attack	\$119,961	\$3,749
Endoscopy	\$2,847,914	\$0
<b>Wait Time Strategy Services ("WTS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
General Surgery	N/A	\$258,400
Pediatric Surgery	N/A	\$33,800
Hip & Knee Replacement - Revisions	N/A	\$132,000
Magnetic Resonance Imaging (MRI)	N/A	\$699,400
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	N/A	\$0
Computed Tomography (CT)	N/A	\$116,000
Other WTS Funding	N/A	\$0
<b>Provincial Program Services ("PPS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Cardiac Surgery	\$824,200	\$0
Other Cardiac Services	\$484,300	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Regional Trauma	\$0	\$0
Defibrillators	\$775,500	\$0
Advanced Ablations	\$359,400	\$0
Pacemakers	\$277,100	\$0
<b>Other Funding</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Grant in Lieu of Taxes	\$0	\$31,575
Ontario Renal Funding <sup>4</sup>	\$0	\$0
ED Pay for Results	\$0	\$2,638,000
Diabetes Education Program	\$2,650,902	\$0
Chronic Care Bed Funding	\$0	\$1,400
Nurse Led Outreach Team	\$0	\$85,033
	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
<b>Total 13/14 Estimated Funding Allocation</b>	<b>\$276,354,067</b>	<b>\$3,995,608</b>

<sup>(1)</sup> Estimated funding allocations are subject to appropriation and written confirmation by the LHIN.

<sup>(2)</sup> Funding allocations are subject to change year over year.

<sup>(3)</sup> Includes the provision of Services not specifically identified under QBP, WTS or PPS.

<sup>(4)</sup> Funding provided by Cancer Care Ontario, not the LHIN.

<sup>(5)</sup> 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.

<sup>(6)</sup> Funding is net of one-time HSMR mitigation.

# Hospital Sector 2013-14 H-SAA

Identification #:

736

Hospital Name

Southlake Regional Health Centre

Hospital Legal Name

Southlake Regional Health Centre

Site Name:

Southlake Regional Health Centre

2013-14 Schedule B:  
Reporting Requirements

## 1. MIS Trial Balance and Supplemental Reporting as Necessary.

Reporting Period	Due Date
<b>2013-14</b>	
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
<b>2014-2015</b>	
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
<b>2015-2016</b>	
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

Identification #	738
Hospital Name	Southlake Regional Health Centre
Hospital Legal Name	Southlake Regional Health Centre
Site Name	Southlake Regional Health Centre

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 <sup>a</sup>	NA <sup>a</sup>	Percent of Stroke Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	NA <sup>a</sup>	NA <sup>a</sup>	Hospital Standardized Mortality Ratio	Percentage
90th Percentile Wait Times for Cataract Surgery	Days	NA <sup>a</sup>	NA <sup>a</sup>	Readmissions Within 30 Days for Selected CMGs	Ratio
90th Percentile Wait Times for Joint Replacement (Hip)	Days	NA <sup>a</sup>	NA <sup>a</sup>	<b>** Adjusted Working Funds Including:</b>	
90th Percentile Wait Times for Joint Replacement (Knee)	Days	NA <sup>a</sup>	NA <sup>a</sup>	> Adjusted Working Funds	Funding
90th Percentile Wait Times for Diagnostic MRI Scan	Days	NA <sup>a</sup>	NA <sup>a</sup>	> Adjusted Working Funds as a % of Total Revenue	Percentage
90th Percentile Wait Times for Diagnostic CT Scan	Days	NA <sup>a</sup>	NA <sup>a</sup>	> Current Ratio	Ratio
Rate of Ventilator-Associated Pneumonia	Rate	0.00	<= 0.67	> Adjusted Working Funds Current Ratio	Ratio
Central Line Infection Rate	Cases/Days	0.00	0.00	> Debt Ratio	Ratio
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.35	<= 0.42		
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	0.00		
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	0.00		

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

Current Ratio (Consolidated)	Ratio	0.50	0.5 - 2.0	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated)	Percentage	0.01%	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

<sup>a</sup> 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 #	736
Hospital Name	Southlake Regional Health Centre
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2013-14 Schedule C.2.:  
Service Volumes

Measurement Unit

**Part I - GLOBAL VOLUMES**

Emergency Department	Weighted Cases
Total Inpatient Acute	Weighted Cases
Day Surgery	Weighted Visits
Inpatient Mental Health	Weighted Patient Days
Inpatient Rehabilitation	Weighted Cases
Complex Continuing Care	Weighted Patient Days
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days
Ambulatory Care	Visits

2013/14 Performance Target	2013/14 Performance Standard
4,740	> 4,266
30,637	> 29,412
6,668	> 6,135
11,394	> 9,685
315	> 236
6,795	> 5,776
0	-
221,172	> 199,055

**Part II - HOSPITAL SPECIALIZED SERVICES**

Cochlear Implants	Cases
Cleft Palate	Cases
HIV Outpatient Clinics	Visits
Sexual Assault/Domestic Violence Treatment Clinics	Visits

2013-2014 Primary	2013-2014 Revision
0	0
2013-2014 Base	2013-2014 Incremental
0	0
0	
0	

**Part III - WAIT TIME VOLUMES**

General Surgery	Cases
Paediatric Surgery	Cases
Hip & Knee Replacement - Revisions	Cases
Magnetic Resonance Imaging (MRI)	Total Hours
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours
Computed Tomography (CT)	Total Hours

2013/14 Base	2013/14 Incremental
654	120
63	26
10	15
5,200	2,690
0	0
4,726	464

**Part IV - PROVINCIAL PROGRAMS**

Cardiac Surgery	Cases
Cardiac Services - Catheterization	Cases
Other Cardiac Services	Cases
Organ Transplantation	Cases
Neurosciences	Cases
Regional Trauma	Cases
Defibrillators	
Advanced Ablations	
Pacemakers	

2013/14 Base	2013/14 Incremental
1,060	0
5,915	0
3,543	0
0	0
0	0
0	0
330	0
290	0
700	0

**Part V - QUALITY BASED PROCEDURES**

Unilateral Primary Hip Replacement	Volumes
Unilateral Primary Knee Replacement	Volumes
Inpatient Rehabilitation for unilateral primary hip replacement	Volumes
Inpatient Rehabilitation for unilateral primary knee replacement	Volumes
Unilateral Cataracts	Volumes
Bilateral Cataracts	Volumes
Chemotherapy Systemic Treatment	Volumes
Chronic Obstructive Pulmonary Disease	Volumes
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm (AA)	Volumes
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volumes
Congestive Heart Failure	Volumes
Stroke Hemorrhage	Volumes
Stroke Ischemic or Unspecified	Volumes
Stroke Transient Ischemic Attack (TIA)	Volumes
Endoscopy	Volumes

2013/14 Volume
234
384
22
24
4,430
0
TBD
353
10
20
381
36
158
32
TBD

**Hospital Sector 2013-14 H-SAA**

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

<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
[ ]	-		-
<b>Performance Obligation</b>			
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>		
<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
[ ]	-		-
<b>Performance Obligation</b>			
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>		
<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
[ ]	-		-
<b>Performance Obligation</b>			
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>		
<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
[ ]	-		-
<b>Performance Obligation</b>			
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 #:	736
Hospital Name:	Southlake Regional Health Centre
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2013-14 Schedule C.3.:  
LHIN Indicators & Volumes

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
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
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
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: MRI	TBD		TBD
Percent of Priority IV Cases Completed Within Access Target for Diagnostic MRI Scan (Priority IV: 28 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	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: CT	TBD	2013-14	TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Diagnostic CT Scan (Priority IV: 28 days)		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: Hip	TBD	2013-14	TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Hip Replacement Surgery (Priority IV: 182 days)		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: Knee	TBD	2013-14	TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Knee Replacement Surgery (Priority IV: 182 days)		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: Cancer	95%	2013-14	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 #:	736
Hospital Name:	Southlake Regional Health Centre
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Site Name:	Southlake Regional Health Centre

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

<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>		<b>Performance Standard</b>
Surgical & Diagnostic Wait Times: Cataract	<b>95%</b>	<b>2013-14</b>	<b>90% - 100%</b>
<b>Performance Obligation</b>	Percent of Priority IV Cases Completed Within Access Target for Cataract Surgery (Priority IV: 182 days)		
<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>		<b>Performance Standard</b>
Diabetes Education Programs: Clients	<b>5,058</b>	<b>2013-14</b>	-
<b>Performance Obligation</b>	Diabetes Education Programs are required to submit a quarterly report outlining activities set out within the Central LHIN template.		
<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>		<b>Performance Standard</b>
Diabetes Education Programs: Visits	<b>13,735</b>	<b>2013-14</b>	-
<b>Performance Obligation</b>	Diabetes Education Programs are required to submit a quarterly report outlining activities set out within the Central LHIN template.		
<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>		<b>Performance Standard</b>
Telehomecare	-	<b>2013-14</b>	-
<b>Performance Obligation</b>	The hospital will submit regular reports to the LHIN as set out within the (OTN) Ontario Telemedicine Network template (for applicable hospitals).		

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

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

<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<b>Performance Obligation</b>			
<input type="text" value="Local Partnership"/>	<p>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.</p> <p>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.</p>		

<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
<input type="text" value="Surgical &amp; Diagnostic Wait Times: Cardiac By-Pass Procedures"/>	<input type="text" value="95%"/>		<input type="text" value="90% - 100%"/>
<b>Performance Obligation</b>			
<input type="text"/>	<p>Percent of Priority IV Cases Completed Within Access Target for Cardiac By-Pass Procedures Surgery (Priority IV: 90 days)</p>		

<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<b>Performance Obligation</b>			
<input type="text"/>	<input type="text"/>		

<b>LHIN Priority</b>			
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>2013-14</b>	<b>Performance Standard</b>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<b>Performance Obligation</b>			
<input type="text"/>	<input type="text"/>		

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 #:	736
Hospital Name	Southlake Regional Health Centre
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2013-14 Schedule C.4.  
\*P.C.O.P. Targeted Funding and Volume

**\*Post-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	0	0	0	0	\$0	0	0	\$0
Inpatient Acute -Obstetrics	0	0	0	0	\$0	0	0	\$0
Inpatient Acute - ICU	0	0	0	0	\$0	0	0	\$0
Inpatient Rehabilitation General	0	0	0	0	\$0	0	0	\$0
Inpatient Complex Continuing Care	0	0	0	0	\$0	0	0	\$0
Inpatient Acute - Mental Health	0	0	0	0	\$0	0	0	\$0
Day Surgery	0	0	0	0	\$0	0	0	\$0
Endoscopy (cases)	0	0	0	0	\$0	0	0	\$0
Emergency	0	0	0	0	\$0	0	0	\$0
Amb Care - Acute Mental Health	0	0	0	0	\$0	0	0	\$0
Amb Care - Diabetes	0	0	0	0	\$0	0	0	\$0
Amb Care - Palliative	0	0	0	0	\$0	0	0	\$0
Clinic - Med/Surg	0	0	0	0	\$0	0	0	\$0
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
Facility Costs					\$0			\$0
Amortization					\$0			\$0
Total Funding					\$0 (Note2)			\$0

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.