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June 13, 2018

Thierry Mesana
University of Ottawa Heart Institute
40 Ruskin Street
Ottawa, K1Y 4W7

Dear Dr. Mesana,

Re: Confirmation of New HSAA Schedules - 2018

Further to section 2.4 of the H-SAA Amending Agreement between the Champlain Local Health Integration Network (the "LHIN") and University of Ottawa Heart Institute (the "Hospital"), this is to confirm that, effective July 1, 2018, the attached new schedules replace the "Schedules" as defined in the Hospital Service Accountability Agreement for 2018-20 between the LHIN and the Hospital.

Please indicate the Hospital's acknowledgment of, and agreement with, the foregoing by signing below and returning one copy of this letter to CH.AccountabilityTeam@lhins.on.ca by June 28, 2018.

If you have any questions or concerns please contact Elizabeth Woodbury, Director, Health System Accountability at Elizabeth.Woodbury@lhins.on.ca or (613) 747-3221.

Sincerely,

Chantale LeClerc
Chief Executive Officer

ACKNOWLEGED AND AGREED TO BY:

University of Ottawa Heart Institute

Paul Labarge, Chair — Date: June 28/2018

And By:

Thierry Mesana, President — Date: June 15, 2018

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By:

Jean-Pierre Boisclair, Chair — Date: July 12/18

And By:

Chantale LeClerc, CEO — Date: August 7, 2018

Hospital Service Accountability Agreements

Facility #: 961

Hospital Name: University of Ottawa Heart Institute

Hospital Legal Name: University of Ottawa Heart Institute

2018-2019 Schedule A Funding Allocation

Section 1: FUNDING SUMMARY	2018-2019 [1] Estimated Funding Allocation	
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes Sec. 3)	**$89,954,384**	
Health System Funding Reform: HBAM Funding	**$51,356,632**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$3,272,107**	
Post Construction Operating Plan (PCOP)	**$5,955,400**	**[2] Incremental/One-Time**
Wait Time Strategy Services ("WTS") (Sec. 3)	**$57,500**	**$0**
Provincial Program Services ("PPS") (Sec. 4)	**$1,543,600**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$60,000**	**$1,390,684**
Sub-Total LHIN Funding	**$152,199,623**	**$1,390,684**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$0**	
Recoveries and Misc. Revenue	**$8,006,272**	
Amortization of Grants/Donations Equipment	**$1,228,000**	
OHIP Revenue and Patient Revenue from Other Payors	**$29,226,862**	
Differential & Copayment Revenue	**$1,334,434**	
Sub-Total Non-LHIN Funding	**$39,795,568**	
Total 16/17 Estimated Funding Allocation (All Sources)	**$191,995,191**	**$1,390,684**

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	**0**	**$0**
Acute Inpatient Primary Unilateral Hip Replacement	**0**	**$0**
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	**0**	**$0**
Acute Inpatient Primary Unilateral Knee Replacement	**0**	**$0**
Acute Inpatient Hip Fracture	**0**	**$0**
Knee Arthroscopy	**0**	**$0**
Elective Hips - Outpatient Rehab for Primary Hip Replacement	**0**	**$0**
Elective Knees - Outpatient Rehab for Primary Knee Replacement	**0**	**$0**
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	**0**	**$0**
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Acute Inpatient Congestive Heart Failure	**307**	**$3,212,735**
Coronary Artery Disease- CABG	**0**	**$0**
Coronary Artery Disease - PCI	**0**	**$0**
Coronary Artery Disease - Catheterization	**0**	**$0**
Acute Inpatient Stroke Hemorrhage	**0**	**$0**
Acute Inpatient Stroke Ischemic or Unspecified	**1**	**$7,120**
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	**3**	**$14,252**
Stroke Endovascular Treatment (EVT)	**0**	**$0**
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	**0**	**$0**
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	**0**	**$0**

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
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2018-2019 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral Cataract Day Surgery	0	$0
Retinal Disease	0	$0
Acute Inpatient Tonsillectomy	0	$0
Acute Inpatient Chronic Obstructive Pulmonary Disease	1	$4,768
Acute Inpatient Pneumonia	7	$33,232
Non-Routine and Bilateral Cataract Day Surgery	0	$0
Shoulder Surgery – Osteoarthritis Cuff	0	$0
Paediatric Asthma	0	$0
Sickle Cell Anemia	0	$0
Cardiac Devices	0	$0
Cardiac Prevention Rehab in the Community	0	$0
Neck and Lower Back Pain	0	$0
Schizophrenia	0	$0
Major Depression	0	$0
Dementia	0	$0
Corneal Transplants	0	$0
C-Section	0	$0
Hysterectomy	0	$0
Sub-Total Quality Based Procedure Funding	**626**	**$3,272,107**

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental Base
General Surgery	$0	$0
Pediatric Surgery	$0	$0
Hip & Knee Replacement - Revisions	$0	$0
Magnetic Resonance Imaging (MRI)	$0	$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	$0	$0
Computed Tomography (CT)	$57,500	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Sub-Total Wait Time Strategy Services Funding	**$57,500**	**$0**

Hospital Service Accountability Agreements

Facility #:	961
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2018-2019 Schedule A Funding Allocation

Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Time
Cardiac Surgery	$1,385,200	$0
Other Cardiac Services	$0	$0
Organ Transplantation	$158,400	$0
Neurosciences	$0	$0
Bariatric Services	$0	$0
Regional Trauma	$0	$0
Sub-Total Provincial Priority Program Services Funding	$1,543,600	$0

Section 5: Other Non-HSFR	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	$0	$144,000
MOH One-time payments	$0	$1,246,684
LHIN/MOH Recoveries	$0	
Other Revenue from MOHLTC	$60,000	
Paymaster	$0	
Sub-Total Other Non-HSFR Funding	$60,000	$1,390,684

Section 6: Other Funding *(Info. Only. Funding is already included in Sections 1-4 above)*	[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	$0	$10,575
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	$0	$0
Sub-Total Other Funding	$0	$10,575

* Targets for Year 3 of the agreement will be determined during the annual refresh process.

[1] Estimated funding allocations.

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

[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. QBP Funding is not base funding for the purposes of the BOND policy.

Hospital Service Accountability Agreements

Facility #:	961
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Hospital Legal Name:	University of Ottawa Heart Institute

2018-2019 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2018-2019
Q2 – April 01 to September 30	31 October 2018
Q3 – October 01 to December 31	31 January 2019
Q4 – January 01 to March 31	31 May 2019

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2018-2019
Q2 – April 01 to September 30	07 November 2018
Q3 – October 01 to December 31	07 February 2019
Q4 – January 01 to March 31	7 June 2019
Year End	30 June 2019

3. Audited Financial Statements	Due Date 2018-2019
Fiscal Year	30 June 2019

4. French Language Services Report	Due Date 2018-2019
Fiscal Year	30 April 2019

Hospital Service Accountability Agreements

Facility #:	**961**
Hospital Name:	**University of Ottawa Heart Institute**
Hospital Legal Name:	**University of Ottawa Heart Institute**
Site Name:	**TOTAL ENTITY**

2018-2019 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2018-2019	Performance Standard 2018-2019
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	**N/A**	**N/A**
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	**N/A**	**N/A**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	**N/A**	**N/A**
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	**15.5%**	**<= 17.0**
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	**0.00**	

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Hospital Service Accountability Agreements

Facility #:	**961**
Hospital Name:	**University of Ottawa Heart Institute**
Hospital Legal Name:	**University of Ottawa Heart Institute**
Site Name:	**TOTAL ENTITY**

2018-2019 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2018-2019	Performance Standard 2018-2019
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	**0.81**	**>= 0.73**
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	**0.70%**	**>=0.702203280888178 %**

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

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

*Performance Indicators	Measurement Unit	Performance Target 2018-2019	Performance Standard 2018-2019
Alternate Level of Care (ALC) Rate	Percentage	**12.70%**	**<= 13.97%**

Explanatory Indicators	Measurement Unit
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	Percentage

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

Targets for future years of the Agreement will be set during the Annual Refresh process.
***Refer to 2018-2019 H-SAA Indicator Technical Specification for further details.**

Hospital Service Accountability Agreements

Facility #: 961
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2018-2019 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2018-2019	Performance Standard 2018-2019
Clinical Activity and Patient Services			
Ambulatory Care	Visits	**54,400**	**>= 43,520 and <= 65,280**
Complex Continuing Care	Weighted Patient Days	**0**	**-**
Day Surgery	Weighted Cases	**4,675**	**>= 4,208 and <= 5,143**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**0**	**-**
Emergency Department and Urgent Care	Visits	**0**	**-**
Inpatient Mental Health	Patient Days	**0**	**-**
Inpatient Mental Health	Weighted Patient Days	**0**	**-**
Inpatient Rehabilitation Days	Patient Days	**0**	**-**
Total Inpatient Acute	Weighted Cases	**18,700**	**>= 17,765 and <= 19,635**

Hospital Service Accountability Agreements

Facility #:	961
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2018-2019 Schedule C3: LHIN Local Indicators and Obligations

Senior Friendly:

Hospitals will continue to spread and increase the uptake of functional decline and delirium quality improvement programs to promote adoption throughout the hospital. Hospitals will also work towards the implementation of the recommendations included in their self-assessment report provided to them by the Regional Geriatric Program of Toronto (Feb. 2015). Hospitals will submit their current Senior Friendly Hospital QIP with year-end outcomes and accomplishments concurrent with the Hospital Quarterly SRI Report for Q4, using the SharePoint/LHINWorks portal. Hospitals will also submit their Senior Friendly Hospital QIP for the upcoming year using the SharePoint/LHINWorks portal.

Palliative Care: The Health Service Provider agrees to leverage regionally developed tools to support:

- any education initiatives on advance care planning that may be undertaken for staff, volunteers and patients and:

- communication of patient goals of care.

Resources can be found at (www.champlainpalliative.ca)

The Health Service Provider will consult with the Champlain Hospice Palliative Care Program (CHPCP) and the Champlain LHIN prior to making adjustments to hospice palliative care services, including but not limited to temporary or permanent closures of designated palliative care beds. (Bruyère Continuing Care and The Ottawa Hospital)

The Health Service Provider will participate in regional initiatives to optimize access to palliative care services such as regional coordinated access.

Heart Failure GAP Project: The Hospital will participate in the Acute Coronary Syndrome (ACS) and Chronic Heart Failure (CHF) Guidelines Applied in Practice (GAP) Projects. UOHI will receive data from other Champlain LHIN hospitals according to individual site agreements between UOHI and participating hospitals. UOHI will submit a statistical report on the CHF Readmission Rate and the percent of ACS & CHF patients discharged with best practices by site on a semi-annual basis. Reports will be provided on Q2 and Q4 as available by CIHI.

Hospital Service Accountability Agreements

Facility #:	961
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2018-2019 Schedule C3: LHIN Local Indicators and Obligations

Health Links Partners: The Health Service Provider, in collaboration with the Health Link Lead and other partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, participation on patient care teams, and as appropriate, delivery of coordinated care to achieve the 2018-19 target number of coordinated care plans.

The HSP will ensure awareness within its organization of the Health Links approach, the desired patient and system outcomes and its contribution to advancing this critical work.

The HSP is aware that the specific system-metrics that are being monitored and reported include:

- The percentage of 30 day readmissions to hospitals within the sub-region;
- The percentage of acute care patients who have had a follow-up with a physician within 7 days of discharge within the sub-region; and
- The number of avoidable ED visits for identified complex patients with conditions best managed elsewhere within the sub-region.

In 2018-19, the HSP will work in collaboration with the LHIN, the Health Links Leads and primary care organizations (as appropriate) to support reporting for the following information:

- Patient experience metrics;
- The number and percentage of complex patients with regular and timely access to a primary care provider.
- The average time patients waited from referral (for CCP) to initial assessment; and
- The number of sectors and organizations involved in identifying and referring individuals who might benefit from a coordinated care plan.

The HSP will contact the primary care provider and the Health Links Care Coordinator to make a follow-up appointment within 7 days of discharge for Health Link patients for whom it is appropriate.

For specific health care providers providing care coordination:

The HSP will meet its 2018-19 commitments for:

- Care coordination capacity as agreed to with the sub-regional Health Link Lead organization Capacity Plan, and
- Completed Coordinated Care Plans (CCPs) by March 31, 2019. The number of completed Coordinated Care Plans committed will be outlined in an amendment to this agreement in Q1 2018-19, if applicable.

The HSP will provide requested information to the respective Health Link Lead to support timely and accurate reporting.

Quality Based Procedures: The Hospital will maintain awareness, and continue to implement and reinforce, the best practices contained in new and existing Quality Based Procedure (QBP) clinical handbooks to support optimal patient care.

Hospital Service Accountability Agreements

Facility #:	961
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2018-2019 Schedule C3: LHIN Local Indicators and Obligations

Diagnostic Imaging: The Hospital will collaborate with the LHIN and other MRI and CT service providers in the LHIN to implement the recommendations of the third party report, and support the activities aimed at establishing a streamlined Central Intake process for improving wait times.

Life or Limb Policy and Repatriation Agreement: Hospitals are obligated to participate in provincial strategies related to One-Number-to-Call, Life or Limb and repatriation. Hospitals are expected to use and provide updates to the CritiCall bed registry systems, the Critical Care Information System (as applicable) and to use the CritiCall Repatriation tool for all repatriations.

Hospitals are expected to achieve and maintain a rate of 90% of patients repatriated within 48 hours.

% Acute ALC Days: The Hospital will achieve a target of 9.46%

Surge Capacity Planning: The Hospital will develop internal policies and procedures for the management of minor and moderate surge capacity for their Critical Care Units, in alignment with the work of the Champlain LHIN Critical Care Network. These policies will be reviewed and updated every 2 years or more frequently if required.

Hospital Service Accountability Agreements

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2018-2019 Schedule C3: LHIN Local Indicators and Obligations

Sub-region Planning: The Champlain LHIN has established five sub-regions in order to improve patient and client health outcomes through population health planning and integrated service delivery. HSPS are expected to collaborate in the development of sub-region planning, and to contribute to more coordinated care for sub-regional populations across the continuum of primary, home, community, and long-term care and to improve transitions from hospital to community care. This will require close collaboration and partnership with primary care providers in each sub-region in meeting the needs of their patients.

Sub-acute Care Plan Implementation: The Health Service Provider will maintain an awareness of the Champlain LHIN Sub-acute Care Plan and participate in implementation as requested by the LHIN.

The HSP's sub-acute care volume, performance, and associated funding will be adjusted in accordance with, and subject to the approval, of the regional sub-acute care implementation plan.

For the purpose of implementation planning, the Health Service Provider's 2016-17 rehabilitation and complex continuing care bed capacity and associated financial capacity will be the basis for the plan's capacity and resource assumptions. Baseline 2016-17 capacity is defined as: 2016-17 approved HAPS bed numbers, 2016-17 Ontario Cost Distribution Methodology (OCDM) costs for the respective inpatient services, and associated ambulatory activity.

Home First Philosophy: The hospital will sustain a strong Home First philosophy and demonstrate this through the appropriate designation of patients awaiting an alternate level of care. This involves consistently engaging the LHIN/Hospital Care Coordinators in care planning early in the patient trajectory and in joint discharge planning meetings and case conferences.

Indigenous Cultural Awareness: The HSP will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2019 and should be submitted using the subject line: 2018-19 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Hospital Service Accountability Agreements

Facility #:	961
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2018-2019 Schedule C3: LHIN Local Indicators and Obligations

Linguistic Variables Project: Hospitals will support the implementation of the Champlain LHIN project to capture linguistic information on clients/patients.

The UOHI will submit a statistical report on the OMSC for all hospitals in the region to the Champlain LHIN on a semi-annual basis. Reports will be due 60 days following the end of Q2 and Q4.

Ottawa Model of Smoking Cessation: The Hospital will ensure that the Ottawa Model of Smoking Cessation (OMSC) is implemented and provided to Hospital inpatients, working toward reaching 80% of inpatient smokers. [Reach= number of individuals provided OMSC and entered into centralized database divided by number of expected smokers.] The Hospital will implement the OMSC in outpatients clinics where applicable

Digital Health: The Hospital understands that as a partner in the health care system, it has an obligation to participate in LHIN and provincial initiatives, with particular emphasis on the Connecting Ontario project and the Digital Health strategy. Hospital participation includes, but is not limited to, the identification of project leads/champions, participation in regional/ provincial planning and implementation groups, and any obligations that may be specified from time to time.

The Hospital understands that under legislation it is required to look for integration opportunities with other health service providers. The Hospital agrees that it will incorporate opportunities to collaborate and integrate IT services with other health service providers into their work plans. In so doing, the Hospital will be prepared to identify those areas, projects, or initiatives where collaboration is targeted.

The Hospital will comply with recommendations of the Provincial HIS Renewal Clustering Guidebook.

The Hospital will work with ConnectingOntario Northern and Eastern Region to contribute to the provincial clinical document repository, engage in clinical viewer adoption activities, and other project deliverables for completion within agreed upon program timelines as per their MOU.

The hospital will facilitate and support regional and provincial strategies to streamline processes and information flow for Health Links (including eNotification interface to CHRIS) and eReferral/eConsult.

Hospital Service Accountability Agreements

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
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2018-2019 Schedule C3: LHIN Local Indicators and Obligations

Shared Non-clinical Services: The Health Service Provider will participate in the development of a region-wide strategic plan and implementation plan for shared non-clinical services. This will include, but will not be limited to, engagement with the Champlain LHIN Shared Services Regionalization Committee and consideration of the emerging recommendations of the Province of Ontario Healthcare Sector Supply Chain Strategy.

Ancillary Activities for Revenue Generation and Investment: In compliance with the BOND policy, hospitals contemplating significant new or expanded ancillary activities will consult with the LHIN prior to making contractual commitments; the LHIN may request a business case and conduct a risk assessment prior to providing support or endorsement for such activities.

Corporate Reporting: Hospitals will report audited consolidated corporate financial results and inter-company arrangements within 90 days of fiscal year-end.

Executive Succession: The HSP must inform the LHIN prior to undertaking a recruitment or appointment process for a CEO or Executive Director.

MLAA indicator changes: The hospital agrees to negotiate additional performance indicators and targets, in the event that new Ministry-LHIN Accountability Agreement performance indicators and targets are introduced during the 2018-19 fiscal year.

Cardiac Procedure Wait Times: The Institute will meet or exceed provincial average performance on provincial cardiac scorecard indicators