H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of July, 2017

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

University of Ottawa Heart Institute (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 June 30, 2017;

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

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.

"**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, 2018.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on July 1, 2017. 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.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By: _____ July 19, 2018.
Jean-Pierre Boisclair, Chair — Date

And by: _____ July 18, 2017
Chantale LeClerc, CEO — Date

University of Ottawa Heart Institute

By: _____ June 29/2017
Paul Labarge, Chair — Date

And by: _____ June 28, 2017.
Thierry Mesana, President & CEO — Date

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule A Funding Allocation

	2017-2018 [1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes Sec. 3)	**$16,770,572**	
Health System Funding Reform: HBAM Funding	**$47,178,687**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$3,548,916**	
Post Construction Operating Plan (PCOP)	**$0**	**[2] Incremental/One-Time**
Provincial Program Services ("PPS") (Sec. 4)	**$68,196,915**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$0**	**$2,012,462**
Sub-Total LHIN Funding	**$135,695,090**	**$2,012,462**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$0**	
Recoveries and Misc. Revenue	**$6,974,665**	
Amortization of Grants/Donations Equipment	**$810,000**	
OHIP Revenue and Patient Revenue from Other Payors	**$26,979,006**	
Differential & Copayment Revenue	**$1,417,137**	
Sub-Total Non-LHIN Funding	**$36,180,808**	
Total 16/17 Estimated Funding Allocation (All Sources)	**$171,875,898**	**$2,012,462**

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	**299**	**$3,480,452**
Acute Inpatient Stroke Hemorrhage	**1**	**$14,366**
Acute Inpatient Stroke Ischemic or Unspecified	**3**	**$27,644**
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	**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**
Unilateral Cataract Day Surgery	**0**	**$0**
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	**0**	**$0**
Acute Inpatient Tonsillectomy	**0**	**$0**
Acute Inpatient Chronic Obstructive Pulmonary Disease	**2**	**$9,985**
Acute Inpatient Pneumonia	**5**	**$16,469**
Non-Routine and Bilateral Cataract Day Surgery	**0**	**$0**

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule A Funding Allocation

Sub-Total Quality Based Procedure Funding	**310**	**$3,548,916**

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

Section 4: Provincial Priority Program Services ("PPS")	**[2] Base**	**[2] Incremental/One-Time**
Cardiac Surgery	**$64,478,871**	**$0**
Other Cardiac Services	**$0**	**$0**
Organ Transplantation	**$3,718,044**	**$0**
Neurosciences	**$0**	**$0**
Bariatric Services	**$0**	**$0**
Regional Trauma	**$0**	**$0**
Sub-Total Provincial Priority Program Services Funding	**$68,196,915**	**$0**

Section 5: Other Non-HSFR	**[2] Base**	**[2] Incremental/One-Time**
LHIN One-time payments	**$0**	**$349,000**
MOH One-time payments	**$0**	**$1,663,462**
LHIN/MOH Recoveries	**$0**	
Other Revenue from MOHLTC	**$0**	
Paymaster	**$0**	
Sub-Total Other Non-HSFR Funding	**$0**	**$2,012,462**

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 2017-2018

Facility #:	961
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2017-2018 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2017-2018
Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 – January 01 to March 31	31 May 2018

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2017-2018
Q2 – April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 – January 01 to March 31	7 June 2018

3. Audited Financial Statements	Due Date 2017-2018
Fiscal Year	30 June 2018

4. French Language Services Report	Due Date 2017-2018
Fiscal Year	30 April 2018

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	**N/A**	-
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	**N/A**	-
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	**N/A**	-
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	**N/A**	-
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	**N/A**	-
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	**90.0%**	>= 90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	**15.5%**	<= 0.171
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	**0.00**	

Explanatory Indicators	Measurement Unit
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 2017-2018

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

2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	**0.80**	**>=0.80**
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	**-1.24%**	**>= -1.24%**

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 2017-2018	Performance Standard 2017-2018
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 (Methodology Updated)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	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 2017-2018 H-SAA Indicator Technical Specification for further details.**

Hospital Service Accountability Agreements 2017-2018

Facility #:	961
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2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services			
Ambulatory Care	Visits	**52,700**	**>= 42,160 and <= 63,240**
Complex Continuing Care	Weighted Patient Days	**0**	**-**
Day Surgery	Weighted Cases	**4,200**	**>= 3,780 and <= 4,620**
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**	**-**
Acute Rehabilitation Patient Days	Patient Days	**0**	**-**
Total Inpatient Acute	Weighted Cases	**18,100**	**>= 17,195 and <= 19,005**

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Performance Waiver: The Hospital Service Accountability Agreement between the LHIN and the University of Ottawa Heart Institute includes a basic requirement for the University of Ottawa Heart Institute to achieve and maintain a balanced budget (S.6.1.3(a)). The University of Ottawa Heart Institute has advised the LHIN that based on funding assumptions it anticipates incurring a deficit Total Margin (Consolidated) of no more than $2,155,467 or 1.24% of total revenue (the "Deficit Amount") in fiscal 2017/18. The University of Ottawa Heart Institute agrees that it will not exceed $2,155,467. The LHIN will waive the requirements of 6.1.3 (a) from July 1, 2017 to March 31, 2018 provided that: (i) the University of Ottawa Heart Institute develops an improvement plan that will enable the Hospital to achieve a balanced operating position by no later than March 31, 2018.

IT Systems: 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 Panel Report.

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.

Hospital Service Accountability Agreements 2017-2018

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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

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.

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; targets will be set in partnership with UOHI.

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.

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.

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.

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

Hospital Service Accountability Agreements 2017-2018

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Life or Limb Policy and Repatriation Agreement: The Hospital will comply with the Life or Limb Policy and the Champlain LHIN Hospital Patient Repatriation Policy. The Hospital is expected to use the online Repatriation Tool hosted by CritiCall Ontario for all repatriations. The Hospital will collect and submit information that will support on-going monitoring and performance measurement as required. Hospitals are expected to review and improve their performance relative to the provincial Life or Limb and Repatriation policies and are expected to achieve and maintain a rate of 90% of patients repatriated within 48 hours.

Integrated Decision Support: The HSP will collaborate in the planning of a Regional Integrated Decision Support System as required.

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.

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, 2018 and should be submitted using the subject line: 2017-18 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 2017-2018

Facility #:	961
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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

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

Health Links: The Health Service Provider, in collaboration with the Health Link lead and partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, and as appropriate, delivery of coordinated care to achieve the 2017-18 target number of coordinated care plans.

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

Acute Care Readmissions for Select Chronic Conditions: The Hospital will monitor its rate of readmissions within 30 days for select HIG groups and develop and implement plans as necessary to ensure that its rate is below target. The Hospital target is: 15.5%.

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

MRI: The Hospital will collaborate with other MRI service providers in the LHIN to implement the recommendations of the third party report.

Cardiac Bypass Surgery Wait Time: The Hospital will achieve Percent of Priority IV cases completed within priority targets for Cardiac Bypass Surgery of ≥90%

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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

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.

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.

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.

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. For the purpose of implementation planning, the Health Service Provider's 2015-16 rehabilitation and complex continuing care bed capacity and associated financial capacity will be the basis for the plan's capacity and resource assumptions. Baseline 2015-16 capacity is defined as: 2015-16 approved HAPS bed numbers, 2015-16 Ontario Cost Distribution Methodology (OCDM) costs for the respective inpatient services, and associated ambulatory activity.

Hospital Service Accountability Agreements 2017-2018

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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Palliative Care: The Health Service Provider agrees to leverage materials developed by Champlain Hospice Palliative Care Program and Hospice Care Ontario to provide education for staff, volunteers and service recipients on advance care planning/ health care consent and to incorporate regionally developed tools to support standardized documentation of patient/resident goals of care.

French Language Services – Partially Designated: Using the template to be provided by the LHIN, the HSP will submit a Human Resources plan to the LHIN, by April 30, 2018.