2008-13 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (this "Agreement") is made as of the 30th day of June, 2012.

BETWEEN:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

University of Ottawa Heart Institute (the "Hospital")

WHEREAS the LHIN and the Hospital entered into a hospital service accountability agreement that took effect April 1, 2008 and has been amended by agreements made as of April 1, 2010 and April 1, 2011 (the "H-SAA");

AND WHEREAS the Parties have extended the H-SAA by agreement effective April 1, 2012;

AND WHEREAS the Parties wish to further amend the H-SAA;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree that the H-SAA shall be amended as follows:

1.0 Definitions. Except as otherwise defined in this Agreement below, all terms shall have the meaning ascribed to them in the H-SAA.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the H-SAA shall be amended as set out in this Article 2.

2.2 Amended Definitions. Effective April 1, 2012, the following terms shall have the following meanings:

"**Base Funding**" means the Base funding set out in Schedule C (as defined below).

"**Costs**" for the purposes of Section 4.0 below, means all costs for the Executive Office (as defined below) including office space, supplies, salaries and wages of the officers and staff of the Executive Office, conferences held for or by the Executive Office and travel expenses of the officers and staff of the Executive Office.

"**Executive Office**" means the office of the chief executive officer or equivalent, and the office of every member of senior management of the Hospital that reports directly to the chief executive officer or equivalent.

"**Explanatory Indicator**" means an indicator of Hospital performance that is complementary to one or more Accountability Indicators and used to support planning, negotiation or problem solving, but for which no Performance Target has been set.

"**HAPS**" means the Board-approved hospital annual planning submission provided by the Hospital to the

LHIN for the Fiscal Years 2012-2013;

"**Indicator Technical Specifications**" and "**2012 -13 H-SAA Indicator Technical Specifications**" means the document entitled "Hospital Service Accountability Agreement 2012-13: Indicator Technical Specifications March 2012" as it may be amended or replaced from time to time.

The definition of "**Performance Standard**" is amended by adding the words "and the Indicator Technical Specifications" after the last word "Schedules". As a result, "**Performance Standard**" means the acceptable range of performance for a Performance Indicator or Service Volume that results when a Performance Corridor is applied to a Performance Target (as described in the Schedules and the Indicator Technical Specifications).

"**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 C (2012 – 2013) (Hospital One-Year Funding Allocation) and further detailed in Schedule F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume).

"**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 (2012 – 2013) (Planning and Reporting);
Schedule C (2012 – 2013) (Hospital One-Year Funding Allocation)
Schedule D (2012 – 2013) (Service Volumes)
Schedule E (2012 – 2013) (Indicators)
Schedule E1 (2012 – 2013) (LHIN Specific Indicators and Targets) and
Schedule F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume)

2.3 Interpretation. This Agreement and the H-SAA shall be interpreted with reference to the Indicator Technical Specifications.

2.4 Term. This Agreement and the H-SAA will terminate on March 31, 2013.

2.5 Recovery of Funding. Section 5.6.1 (Recovery of Funding) (a) (Generally) of the H-SAA is amended by deleting (v) and adding the following as Section 5.6.1(Recovery of Funding) (a.1) (Specific Programs):

(i) if the Performance Obligations set out in Schedule E (2012 – 2013) (Indicators) in respect of Critical Care Funding are not met, the LHIN will adjust the Critical Care Funding following the submission of in-year and year-end data;

(ii) if the Hospital does not meet a performance Obligation or Service Volume under its post-construction operating plan, as detailed in Schedule F or Schedule F (2012 – 2013), the LHIN may: adjust the applicable Post-Construction Operating Plan Funding to reflect reported actual results and projected year-end activity; and perform final settlements following the submission of year-end data of Post Construction Operating Plan Funding;

(iii) if the Hospital does not meet a Performance Obligation or Service Volume set out in Schedule D for a service within Part III - Services and Strategies, the LHIN may: adjust the Funding for that service to reflect reported actuals and projected year-end activity; and, perform in-year reallocations and final settlements following the submission of year-end data of service; and,

(iv) if the Hospital does not meet a Performance Obligation or Service Volume as detailed in Schedule D for a Wait Time Service, the LHIN may: adjust the respective Wait Time Funding to reflect reported actuals and projected year-end activity; and perform in-year reallocations and final settlements following the submission of year-end data.

2.6 Funding. Section 6.1.1 (Funding) of the H-SAA is amended by deleting (ii) and replacing it with:

"(ii) used in accordance with the Schedules".

2.7 Balanced Budget. Section 6.1.3 (Balanced Budget) of the H-SAA is amended by deleting "Schedule B" at the end of the Section and replacing it with "Schedule E1 (2012 – 2013) LHIN Specific Indicators and Targets".

2.8 Hospital Services. Section 6.2 (Hospital Services) of the H-SAA is amended by adding the words "and the Indicator Technical Specifications" after the word "Schedule" in (i) and (ii).

2.9 Planning Cycle. Section 7.1 (Planning Cycle) of the H-SAA is amended by replacing the words "the planning cycle in Part II of *Schedule A* ("Planning Cycle") for Fiscal Years 2010/11 and 2011/12" with the words "the timing requirements of Schedule A (2012 – 2013) Planning and Reporting".

2.10 Timely Response. Section 7.6.1 (Timely Response) of the H-SAA is amended by deleting both occurrences of "Schedule B" and replacing these with "Schedule A (2012 – 2013) Planning and Reporting".

2.11 Specific Reporting Obligations. Section 8.2 (Specific Reporting Obligations) of the H-SAA is amended by deleting "Schedule B" and replacing it with "Schedule A (2012 – 2013) Planning and Reporting".

2.12 Planning Cycle. Section 12.1 (Planning Cycle) of the H-SAA is amended by replacing "Schedule A" in (i) with "Schedule A (2012 – 2013) Planning and Reporting".

3.0 Effective Date. The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2012. All other terms of the H-SAA shall remain in full force and effect.

4.0 Executive Office Reduction. The Hospital shall reduce the Costs of its Executive Office by ten percent (10%) over fiscal years 2011/12 and 2012/13. Entities that have a year end of March 31 should use their 2010/2011 budget as a baseline, and entities that have a year end of December 31 should use their 2010 budget as a baseline.

5.0 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.

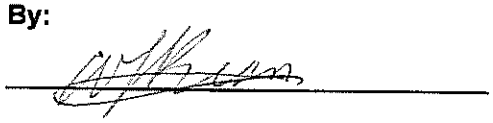
6.0 Counterparts. This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

7.0 Entire Agreement. This Agreement together with Schedules A (2012 – 2013) (Planning and Reporting), C (2012 – 2013) (Hospital One-Year Funding Allocation), D (2012 – 2013) (Service Volumes), E (2012 – 2013) (Indicators), Schedule E1 (LHIN Specific Indicators and Targets) and F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume) constitute 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:



Aug 7, 2012

Dr. Wilbert Keon, Chair — Date

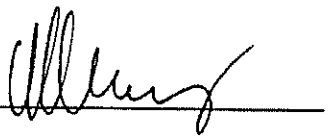
And by:

July 13, 2012

Chantale LeClerc, CEO — Date

University of Ottawa Heart Institute

By:

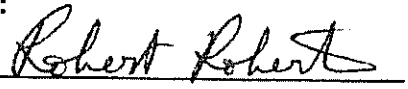


June 29, 2012

Mr. Lawrence Soloway, Chair — Date

I have authority to bind the Hospital.

And by:



June 30/2012

Dr. Robert Roberts, President & CEO — Date

I have authority to bind the Hospital.

Schedule A–Reporting Obligations

Part I – Planning
Since the MOHLTC was unable to release the amount of Hospital funding for the 2012 – 2013 fiscal year before March 31, 2012, it was not possible for the LHIN and the Hospital to enter into an H-SAA for the 2012 – 2013 fiscal year by March 31, 2012. In the circumstances, the following steps were taken at the following times: ▪ The 2008-12 H-SAA was extended to June 30, 2012. ▪ The HAPS Submission process was launched on April 17th, 2012, with the HAPS due May 29th. ▪ On execution of an amending agreement, the 2008-12 H-SAA will be amended and extended for a one year term, effective April 1, 2012 through March 31, 2013.

Part II – Reporting	Party	Timing
Hospitals submit MIS trial balance and supplemental reporting as necessary	Hospital	30 days after the end of each quarter beginning with the 2nd quarter
Year end MIS trial balance and supplemental report	Hospital	60 days following the end of the fiscal year
Audited Financial Statements	Hospital	60 days following the end of the fiscal year
French Language Services Report as applicable	Hospital	60 days following the end of the fiscal year
Attestation of compliance with tasks required by CritiCall as per the Agreement between the assigned CritiCall Transfer Payment Agency and the MOHLTC	Hospital	60 days following the end of the fiscal year
Hospital to provide compliance attestations as required by Applicable Law	Hospital	In accordance with obligations
Such other reporting as may be required by the LHIN from time to time (Note 1)	Hospital	As directed by the LHIN

Note 1: Request for reporting as per LHIN authority as set out in the Local Health System Integration Act

Hospital One-Year Funding Allocation

Schedule C (2012-2013)

Hospital Univ of Ottawa Heart Institute Fac # 961	2012/13 Allocation Base	 One-Time
Operating Base Funding		
Base Funding (Note 1)	117,963,433	
PCOP (Reference Schedule F)		
Incremental Funding Adjustment		
Other Funding		
One Time Mitigation		273,465
Other Items		
Prior Years' Payments		
Services: Schedule D		
Cardiac catherization		TBD
Cardiac surgery		TBD
Organ Transplantation		TBD
Strategies: Schedule D		
Organ Transplantation		TBD
Endovascular aortic aneurysm repair		
Electrophysiology studies EPS/ablation		TBD
Percutaneous coronary intervention (PCI)		TBD
Implantable cardiac defibrillators (ICD)		TBD
Newborn screening program		
Specialized Hospital Services: Schedule D		
Magnetic Resonance Imaging		
Provincial Regional Genetic Services 2		
Permanent Cardiac Pacemaker Services		TBD
Provincial Resources		
Stem Cell Transplant		
Adult Interventional Cardiology for Congenital Heart Defects		TBD
Cardiac Laser Lead Removals		TBD
Pulmonary Thromboendarterectomy Services		TBD
Thoracoabdominal Aortic Aneurysm Repairs (TAA)		TBD
Other Results (Wait Time Strategy):		
Selected Cardiac Services		
Hip Replacements - Revisions		
Knee Replacements - Revisions		
Magnetic Resonance Imaging (MRI)		
Computed Tomography (CT)		40,500
Quality-Based Procedures: Schedule D Planning Allocation Assumption (rate x volume)		
Primary Hips		
Primary knee		
Cataract		
Inpatient rehab for primary hip		
Inpatient rehab for primary knee		
Chronic Kidney Disease - as per Ontario Renal Network Funding Allocation		

Note 1 - Includes lines previously in Schedules G and H (Cardiac Rehabilitation, Visudyne Therapy, Regional Trauma, Regional and district Stroke Centres, Sexual Assault/Domestic Violence Treatment Centres, HIV Outpatient clinics). See 2012-13 HAPS Guidleine for additional information.

Reference to Schedules D and F means (2012 - 2013) unless otherwise stated

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Service Volumes

Schedule D (2012 - 2013)

Hospital: University of Ottawa - Heart Institute

Facility #: 981

	Measurement Unit	2012/13 Performance Target	2012/13 Performance Standard
Part I - GLOBAL VOLUMES Refer to 2012-13 H-SAA Indicator Technical Specification Document for further details			
Emergency Department	Weighted Cases	0	>=0
Complex Continuing Care	Weighted Patient Days	0	>=0
Total Inpatient Acute	Weighted Cases	18,225	>=17,314
Day Surgery	Weighted Visits	2,665	>=2,399
Inpatient Mental Health	Weighted Patient Days	0	>=0
Inpatient Rehabilitation	Weighted Cases	0	>=0
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	0	>=0
Ambulatory Care	Visits	48,143	>=38,514
Part II - WAIT TIME VOLUMES (Formerly Schedule H) (Note 1)		**2012/13 Base**	**2012/13 Incremental**
Cardiac Surgery -CABG	Cases	n/a	n/a
Cardiac Surgery -Other Open Heart	Cases	n/a	n/a
Cardiac Surgery -Valve	Cases	n/a	n/a
Cardiac Surgery -Valve/CABG	Cases	n/a	n/a
Paediatric Surgery	Cases	n/a	n/a
General Surgery	Cases	n/a	n/a
Hip Replacement - Revisions	Cases	n/a	n/a
Knee Replacements - Revisions	Cases	n/a	n/a
Magnetic Resonance Imaging (MRI)	Total Hours	n/a	n/a
Computed Tomography (CT)	Total Hours	0	162
Part III - Services & Strategies(Formerly Shedule G)		**2012/13 Performance Target**	**2012/13 Performance Standard**
Catherization	Cases	0	0
Angioplasty	Cases	0	0
Other Cardiac (Note 2)	Cases	0	0
Organ Transplantation (Note 3)	Cases	0	0
Neurosurgery (Note 4)	Cases	0	0
Bariatric Surgery	TBD	0	0
Part IV - Quality Based Procedures (Formerly In Wait Times program Schedule H) (Note 5)			**2012/13 Volume**
Primary hip	Volumes		n/a
Primary knee	Volumes		n/a
Cataract	Volumes		n/a
Inpatient rehab for primary hip	Volumes		n/a
Inpatient rehab for primary knee	Volumes		n/a
Chronic Kidney Disease (as per Ontario Renal Network Allocation Schedule)	Volumes		n/a

Note 1 - Reflect wait time procedure volumes, both base and incremental at 2011/2012 levels unless otherwise directed by your LHIN.

Note 2 -Cardiac Services are LHIN managed (Protected Services) including: Implantable Cardic Defibrillators (ICD), electrophysiology studies (EPS), Ablations, Ablations with advance mapping, Pacemakers, Drug Eluting Stents (DES), Cardiac surgery (CABG, valve, other open heart, valve+CABG), Angioplasty, and Cardiac Catheterization.

Note3- Organ Transplantation - Funding for living donation (kidney & liver) is included as part of organ transplantation funding. Hospitals are funded retrospectively for deceased donor management activity, reported and validated by the Trillium Gift of Life Network.

Note4 - Includes neuromodulation, coil embolization, and emergency neurosurgery cases.

Note 5- Under Health system Funding Reform (HSFR), for each quality-based procedure, the volumes are determined as a single figure for the year. Previously, under Wait Time program they were identified as base and incremental.

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Indicators*

Schedule E (2012 - 2013)

Hospital: University of Ottawa - Heart Institute

Facility #: 961

	Measurement Unit	2012/13 Performance Target	2012/13 Performance Standard		Measurement Unit
Accountability Indicators				**Explanatory Indicators**	
Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered					
90th Percentile ER LOS for Admitted Patients	Hours	n/a	n/a		
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	n/a	n/a	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	n/a	n/a	Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization	Percentage
90th Percentile Wait Times for Cancer Surgery	Days	n/a	n/a	Percent of Stroke Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	56	<=56	Hospital Standardized Mortality Ratio	Percentage
90th Percentile Wait Times for Cataract Surgery	Days	n/a	n/a	Readmissions Within 30 Days for Selected CMGs	Ratio
90th Percentile Wait Times for Joint Replacement (Hip)	Days	n/a	n/a		
90th Percentile Wait Times for Joint Replacement (Knee)	Days	n/a	n/a		
90th Percentile Wait Times for Diagnostic MRI Scan	Days	n/a	n/a		
90th Percentile Wait Times for Diagnostic CT Scan	Days	32	<=32		
Rate of Ventilator-Associated Pneumonia	Cases/Days	0	0		
Central Line Infection Rate	Cases/Days	0	0		
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Cases/Days	0	0		
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Cases/Days	0	0		
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Cases/Days	0	0		
Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance					
Current Ratio (Consolidated)	Ratio	0.67	0.67 - 2.0	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated)	Percentage	0%	>=0%	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)	Days	1.3%	<=1.3%	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 E1 (2012-2013)					

***Refer to 2012-13 H-SAA Indicator Technical Specification for further details.**

Hospital Local Reporting Obligations

Hospital: University of Ottawa Heart Institute

Facility #: 961

Schedule E1: 2012-13

	Local Obligation Title	Description
1	Self-Management Programs for Chronic Diseases	The Hospital which offer chronic self-management programs will register such with the Living Health Champlain Program
2	IT Systems	The hospital understands that as a partner in the health care system, it has an obligation to participate in e-Health initiatives. Hospitals participation is defined as including, but not limited to, the identification of project leads/ champions, participation in regional/ provincial planning and implementation groups, as well as any specific obligations that may be specified in e-Health initiatives. The hospital understands that under legislation they are required to look for integration opportunities with other health service providers. The hospital agrees that it will incorporate opportunities to collaborate / integrate IT services with other health service providers into their eHealth Strategic Plans. In so doing, they will identify those areas, projects, or initiatives where collaboration is targeted. In addition, the hospital agrees that, prior to making a material investment in information systems or information technology; the hospital will share the product specifications and identified need with the LHIN E-Health Lead. The LHIN E-Health Lead will evaluate the submission to ensure that the purchase is aligned with any strategic IT/ IS plans, or with the identified best practice standards within the LHIN. The LHIN E-Health Lead will advise the hospital of his opinion on how the submission supports a LHIN-wide IT/ IS approach within 30 days and include in that opinion any recommendations which would strengthen the integration of IT/ IS connectivity within the LHIN. Should the hospital disagree with these recommendations, the hospital is required to advise its LHIN consultant and provide their rationale for proceeding as originally planned. Finally, the hospital's procurement person or department will affirm that collaboration has been sought prior to allowing any material investment in information systems or information technology to proceed.
3	Readmission Rates for Patients with Chronic Heart Failure	The Hospital will participate in the Acute Coronary Syndrome (ACS) and Chronic Heart Failure (CHF) Guidelines Applied in Practice (GAP) Projects, including submision of the required data to the UOHI according to individual site agreements between UOHI and participating hospital UOHI will report to the LHIN on the % of ACS and CHF patients discharged with best practices by site and by region. UOHI will ensure the development of a standardized care map for CHF. UOHI will ensure the development of a multi-sectoral plan to increase continuity of care for heart failure. By March 31 2013, the UOHI will submit to the LHIN, a Standardized Care Map for CHF and a Multi-Sectoral Plan to Increase Continuity of Care for Heart Failure.

Hospital Local Reporting Obligations

Hospital:	**University of Ottawa Heart Institute**
Facility #:	**961**

Schedule E1: 2012-13

	Local Obligation Title	Description
4	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. The hospital will expand the OMSC program to improve reach by 25 % by March 31, 2013. [Reach= number of individuals provided OMSC and entered into centralized database divided by number of expected smokers]. Given the opportunity to reach large numbers of smokers as well as the relevance of smoking to conditions being treated at outpatient clinics, specific hospitals will continue to provide OMSC in collaboration with UOHI in outpatient units as follows: **UOHI:** The UOHI will provide outreach facilitation, training, and evaluation support for hospital OMSC programs, according to individual site agreements between the UOHI and the participating hospital; The Institute 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 30 days following the end of Q2 and Q4; and the Institute will submit to each hospital a quarterly statistical report.
5	Regional Health Services Programs	The Hospital will implement LHIN-approved plans and will align their services with regional programs such as, but not limited to, Champlain Hospice Palliative Care, Champlain Orthopaedic Program Planning Initiative (COPPI), and the Champlain Telemedicine Plan.
6	Senior Friendly	Hospitals will utilize findings of the Senior Friendly (SF) self-assessment to develop quality improvement plans in line with Senior Friendly best practices and submit by Q4 a report (using the template provided) outlining what activities and accomplishments it has undertaken as part of its Senior Friendly Hospital Strategy
7	Alignment of Hospital Strategic Plans with IHSP	The Hospital, using the template provided, will describe how their organization's strategic and operating plans contribute to advancing LHIN priorities of the Integrated Health Service Plan by Q2

Post-Construction Operating Plan Funding and Volume

Hospital: University of Ottawa Heart Institute
Facility #: 961

Schedule F: (2012-2013)

2012/13

	Total Approved Volume	2012/13 Received from LHIN			2012/13 Hospital Plan		
		Funding Rate	2012/13 Additional Volumes	Funding[1]	Additional Volumes	New Beds	Funding
Inpatient Acute - Medicine/Surgery	0	$0	0	$0	0	0	$0
Inpatient Acute -Obstetrics	0	$0	0	$0	0	0	$0
Inpatient Acute - ICU	0	$0	0	$0	0	0	$0
Inpatient Rehabilitation General	0	$0	0	$0	0	0	$0
Inpatient Complex Continuing Care	0	$0	0	$0	0	0	$0
Inpatient Acute - Mental Health	0	$0	0	$0	0	0	$0
Day Surgery	0	$0	0	$0	0	0	$0
Endoscopy (cases)	0	$0	0	$0	0	0	$0
Emergency	0	$0	0	$0	0	0	$0
Amb Care - Acute Mental Health	0	$0	0	$0	0	0	$0
Amb Care - Diabetes	0	$0	0	$0	0	0	$0
Amb Care - Palliative	0	$0	0	$0	0	0	$0
Clinic - Med/Surg	0	$0	0	$0	0	0	$0
Clinic - Metabolic	0	$0	0	$0	0	0	$0
Other - ( )	0	$0	0	$0	0	0	$0
Other - ( )	0	$0	0	$0	0	0	$0
Other - ( )	0	$0	0	$0	0	0	$0
Other - ( )	0	$0	0	$0	0	0	$0
Other - ( )	0	$0	0	$0	0	0	$0
Other - ( )	0	$0	0	$0	0	0	$0
Facility Costs		$0	0	$0	0	0	$0
Amortization		$0	0	$0	0	0	$0
Total Funding				$0 [2]		0	$0

[1] Terms and conditions of PCOP funding are determined by the Ministry of Health and Long Term care (the ministry). Incremental volumes required to be achieved by the health service provider as appearing above are in addition to PCOP volumes provided in previous years consistent with these terms and conditions. The ministry may adjust funded volumes consistent with PCOP policy upon reconcilation.

[2] Matches PCOP Revenue on Schedule C

Once negotiated, an amendment (Sch F2.1) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B, B1 or B2. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement