

## H-SAA AMENDING AGREEMENT

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

**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 March 31, 2013;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA for a further six-month period to permit the LHIN and the Hospital to execute an H-SAA for the period April 1, 2013 – March 31, 2016;

**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 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

“**Schedule A**” means Schedule A: Funding Allocation.

“**Schedule B**” means Schedule B: Reporting.

(b) The following definitions in the H-SAA are amended as follows.

In the defined term “**Indicator Technical Specifications**” and “**2012 -13 H-SAA Indicator Technical Specifications**”, the term “**2012 -13 H-SAA Indicator Technical Specifications**” is deleted and replaced with the term “**H-SAA Indicator Technical Specifications**”.

The defined terms “**Accountability Indicator**” and “**Accountability Indicators**” are deleted and replaced by the terms “**Performance Indicator**” and “**Performance Indicators**” respectively.

The definition of “**Explanatory Indicator**” is amended by deleting the term “**Accountability Indicators**” and replacing it with “**Performance Indicators**”.

The definition of “**Post-Construction Operating Plan (PCOP) Funding**” and “**PCOP Funding**” is amended by deleting “**Schedule C (2012 – 2013) (Hospital One-Year Funding Allocation)** and further detailed in **Schedule F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume)**” and replacing it with “**Schedule A: Funding Allocation and further detailed in Schedule C.4. PCOP**”.

- 2.4 Term. The reference to “**March 31, 2013**” in Article 3.2 is deleted and replaced with “**September 30, 2013**”.
- 2.5 Annual Funding. Section 5.1 is amended by deleting “**Schedule C**” and replacing it with “**Schedule A**”.
- 2.6 Planning Allocation and Revisions. Sections 5.2 and 5.3 are deleted and replaced by the following:

Estimated Funding Allocations.

- (a) The Hospital’s receipt of any Estimated Funding Allocation in Schedule A is subject to subsection (d) below and subsequent written confirmation from the LHIN.
- (a) In the event the Funding confirmed by the LHIN is less than the Estimated Funding Allocation, the LHIN will have no obligation to adjust any related performance requirements unless and until the Hospital demonstrates to the LHIN’s satisfaction that the Hospital is unable to achieve the expected performance requirements with the confirmed Funding. In such circumstances the gap between the Estimated Funding and the confirmed Funding will be deemed to be material.

- (b) In the event of a material gap in funding the LHIN and the Hospital will adjust the related performance requirements.
- (c) Appropriation. Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement.
- 2.7** Balanced Budget. Section 6.1.3 (Balanced Budget) of the H-SAA is amended by deleting "Schedule E1 (2012 – 2013) LHIN Specific Indicators and Targets" and replacing it with "Schedule C.3".
- 2.8** Planning Cycle. Section 7.1 (Planning Cycle) of the H-SAA is amended by replacing the words "the timing requirements of Schedule A (2012 – 2013) Planning and Reporting" with the words "the timing requirements of Schedule B".
- 2.9** Process System Planning. Section 7.4 (Process System Planning) is amended by deleting "Schedule C" in the last sentence and replacing it with "Schedule A".
- 2.10** Timely Response. Section 7.6.1 (Timely Response) of the H-SAA is amended by deleting both occurrences of "Schedule A (2012 – 2013) Planning and Reporting" and replacing these with "Schedule B".
- 2.11** Specific Reporting Obligations. Section 8.2 (Specific Reporting Obligations) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" and replacing it with "Schedule B".
- 2.13** Planning Cycle. Section 12.1 (Planning Cycle) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" in (i) and replacing it with "Schedule B".
- 3.0** **Effective Date**. The amendments set out in Article 2 shall take effect on April 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 together with the Schedules 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:

*April 30<sup>th</sup> Wilbert Keon*  
Dr. Wilbert Keon, Chair

*April 30 2013*  
Date

And by:

*Chantale LeClerc*  
Ms. Chantale LeClerc, CEO

*April 24, 2013*  
Date

**University of Ottawa Heart Institute**

By:

*Lawrence Soloway*  
Mr. Lawrence Soloway, Chair

*April 2, 2013*  
Date

And by:

*Robert Roberts*  
Dr. Robert Roberts, CEO

*march 28 /13*  
Date

# Hospital Sector 2013-14 HAPS

Identification #:	961
Hospital Name	University of Ottawa Heart Institute
Hospital Legal Name	University of Ottawa Heart Institute
Site Name:	

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>\$0</b>	
Patient Based Funding- HBAM	\$43,058,700	
Global Funding	\$77,863,200	
PCOP	\$0	
<b>Patient Based Funding - Quality-Based Procedures</b>	<b>Rate</b>	<b>Allocation<sup>5</sup></b>
Unilateral Primary Hip Replacement	\$0	\$0
Unilateral Primary Knee Replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary hip replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary knee replacement	\$0	\$0
Unilateral Cataracts	\$0	\$0
Bilateral Cataracts	\$0	\$0
Chemotherapy Systemic Treatment	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Non-Cardiac Vascular	\$0	\$0
Congestive Heart Failure	\$0	\$0
Stroke	\$0	\$0
Endoscopy	\$0	\$0
<b>Wait Time Strategy Services ("WTS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
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)	\$0	TBD
Other WTS Funding	\$0	\$0
<b>Provincial Program Services ("PPS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Cardiac Surgery	\$0	TBD
Other Cardiac Services	\$0	TBD
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Regional Trauma	\$0	\$0
HOCC	\$0	TBD
<b>Other Funding</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Grant in Lieu of Taxes	\$0	TBD
Cancer Care Ontario <sup>4</sup>	\$0	\$0
Ontario Renal Funding <sup>4</sup>	\$0	\$0
Funding adjustment 1 ( )	\$0	\$0
	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup> + QBP Allocations</b>
<b>Total 13/14 Estimated Funding Allocation</b>	<b>\$120,921,900</b>	<b>\$851,465</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.

# Hospital Sector 2013-14 HAPS

Identification #:

961

Hospital Name

University of Ottawa Heart Institute

Hospital Legal Name

University of Ottawa Heart Institute

Site Name:

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 HAPS

Identification #:	861
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute
Site Name:	

2013-14 Schedule C.1  
Performance Indicators

Performance Indicators		2013/14 Performance Target		2013/14 Performance Standard		Explanatory Indicators	
Measurement Unit						Measurement Unit	
<b>Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered</b>							
90th Percentile ER LOS for Admitted Patients	Hours	0.0					
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	0.0				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	0.0				Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization	Percentage
90th Percentile Wait Times for Cancer Surgery	Days	0				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 to 62		Hospital Standardized Mortality Ratio	Percentage
90th Percentile Wait Times for Cataract Surgery	Days	0				Readmissions Within 30 Days for Selected CMGs	Ratio
90th Percentile Wait Times for Joint Replacement (Hip)	Days	0				<b>** Adjusted Working Funds Including:</b>	
90th Percentile Wait Times for Joint Replacement (Knee)	Days	0				> Adjusted Working Funds	Funding Percentage Ratio
90th Percentile Wait Times for Diagnostic MRI Scan	Days	0				> Adjusted Working Funds as a % of Total Revenue	Ratio
90th Percentile Wait Times for Diagnostic CT Scan	Days	32		32 to 35		> Current Ratio	Ratio
Rate of Ventilator-Associated Pneumonia	Rate	0.00				> Adjusted Working Funds Current Ratio	Ratio
Central Line Infection Rate	Cases/Days	0.00				> Debt Ratio	Ratio
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.00					
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00					
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00					
<b>Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance</b>							
Current Ratio (Consolidated)	Ratio	0.67		0.64 - 0.7		Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated)	Percentage	0.00%				Percentage of Full-Time Nurses	Percentage
						Percentage of Paid Sick Time (Full-Time)	Percentage
						Percentage of Paid Overtime	Percentage
<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>							
Percentage ALC Days (closed cases)	Percentage	1.30%		1.3% to 1.43%		Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	Visits
						Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	Visits
<b>Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3 (2013-2014)</b>							
*Refer to 2013-15 H-SAA Indicator Technical Specification for further details.							
** Adjusted Working Capital: Under Consideration							





**Hospital Sector 2013-14 HAPS**

Identification #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	
Site Name:	

Schedule C3 2013-14  
Local Indicators LHIN Specific

LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
<b>2013-14</b>		
Performance Obligation		
Self-Management Programs for Chronic Diseases	Hospitals which offer chronic self-management programs will register such with the Living Healthy Champlain Program	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
<b>2013-14</b>		
Performance Obligation		
EORLA	<p>EORLA member hospitals will: (i) In collaboration with EORLA Senior Management, ensure that the terms and conditions of the following agreements are adhered to:</p> <ul style="list-style-type: none"> <li>a. Membership Agreement</li> <li>b. Service Level Agreement</li> <li>c. Asset Use Agreement</li> <li>d. Occupancy Agreement</li> <li>e. Human Resources Integration Agreement</li> <li>f. Contract Services Agreement</li> </ul> <p>(ii) Ensure that the Hospital's laboratory director, working with EORLA Senior Management, will be responsible for ensuring that the laboratory needs of the Hospital's clinical programs are met;</p> <p>(iii) Ensure that all significant changes of the Hospital's laboratory services will be approved by the Hospital and EORLA - in consultation with the hospital's lab director, Senior Management of EORLA and EORLA's Discipline Specific Groups (DSG);</p> <p>(iv) Ensure that the EORLA Board of Directors will continue as the governing body of EORLA;</p> <p>(v) Support EORLA in cooperation with the Province towards implementing the Ontario Laboratory Information System (OLIS) across all hospital sites;</p> <p>(vi) Support EORLA to develop and implement a standard approach to laboratory testing and quality assurance throughout the Champlain LHIN;</p> <p>(vii) Work with EORLA to support the implementation roll-out of the Regional Laboratory Information System (LIS) and Anatomic Pathology Information System (APIS) as per signed 2010 Memorandum of Understanding which describes how the parties intend to work together to move from the current utilization of locally-based LIS and APIS to an integrated regional LIS and APIS shared services solution; and</p> <p>(viii) Work with EORLA and other member hospitals to ensure development and deployment of support systems to enable EORLA's provision of laboratory services.</p>	
LHIN Priority		
Performance Indicator	Performance Target	Performance Standard
	-	-
<b>2013-14</b>		
Performance Obligation		
FLS Partial Designation	The Hospital will work with the French Language Health Services Network of Eastern Ontario (le Réseau) to meet their French language services obligations and update the designation plan to include additional unique services.	

LHIN Priority Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
<b>Performance Obligation</b> IT Systems	<p>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 it is 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 its e-health Strategic Plans. In so doing, it 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 IS/IT 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 its 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.</p>		

LHIN Priority Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
<b>Performance Obligation</b> Readmission Rates for Patients with Heart Failure	<p>The Hospital will participate in the Acute Coronary Syndrome (ACS) and Chronic Heart Failure (CHF) Guidelines Applied in Practice (GAP) Projects, including submission 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 multi-sectoral plan to increase continuity of care for heart failure.</p>		

LHIN Priority Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
<b>Performance Obligation</b> Ottawa Model of Smoking Cessation	<p>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]. Given the opportunity to reach large numbers of smokers as well as the relevance of smoking to conditions being treated at outpatient clinics, hospitals will continue to provide OMSC in collaboration with UOHI in selected outpatient units.</p>		

LHIN Priority Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
<b>Performance Obligation</b> Regional Health Services Programs	<p>The Hospital will implement LHIN-approved plans and will align their services with regional programs and networks such as, but not limited to, Champlain Hospice Palliative Care, Champlain Orthopaedic Program Planning Initiative (COPPI), and the Champlain Telemedicine Plan.</p>		



<b>LHIN Priority</b>		
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>Performance Standard</b>
	-	-
<b>2013-14</b>		
<b>Performance Obligation</b>		
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.	

  

<b>LHIN Priority</b>		
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>Performance Standard</b>
	-	-
<b>2013-14</b>		
<b>Performance Obligation</b>		
ALC (ALC to LTC and long-stay ALC)	All acute care hospitals in Champlain that have patients waiting for ALC in acute care beds will report on 1) the number of these patients who are expected to be discharged to LTC, and 2) the percentage of all these patients that ALC-to-LTC patients represent . All acute care hospital in Champlain that have patients waiting for ALC in acute care beds will report on 1) the number of patients waiting for ALC ≥ 40 days, 2) the percentage of total patients waiting for ALC that the long-wait patients represent, and 3) the number of days waited that are attributed to patients waiting for ALC ≥ 40 days.	

  

<b>LHIN Priority</b>		
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>Performance Standard</b>
	-	-
<b>2013-14</b>		
<b>Performance Obligation</b>		
Alignment of 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 2013-2016 Integrated Health Service Plan by the end of Q3 2013/14	

  

<b>LHIN Priority</b>		
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>Performance Standard</b>
	-	-
<b>2013-14</b>		
<b>Performance Obligation</b>		
Surge Capacity Planning	The Hospital will develop internal policies and procedures for the management of minor and moderate surge capacity, in alignment with the work of the Champlain LHIN Critical Care Network. These policies will be reviewed and updated every 2 years or more often if required.	

  

<b>LHIN Priority</b>		
<b>Performance Indicator</b>	<b>Performance Target</b>	<b>Performance Standard</b>
	-	-
<b>2013-14</b>		
<b>Performance Obligation</b>		
Cultural Dimension	HSPs will support the development and implementation of a Champlain LHIN Plan to capture information on Francophone clients/patients	

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 HAPS

Identification #: 951  
 Hospital Name: University of Ottawa Heart Institute  
 Hospital Legal Name: University of Ottawa Heart Institute  
 Site Name:

2013-14 Schedule C.4.  
 P.C.O.P. Targeted Funding and Volume

## Post-Construction Operating Plan

	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
Inpatient Acute - Medicine/Surgery	0	0	0	0	\$0	0
Inpatient Acute - Obstetrics	0	0	0	0	\$0	0
Inpatient Acute - ICU	0	0	0	0	\$0	0
Inpatient Rehabilitation General	0	0	0	0	\$0	0
Inpatient Complex Continuing Care	0	0	0	0	\$0	0
Inpatient Acute - Mental Health	0	0	0	0	\$0	0
Day Surgery	0	0	0	0	\$0	0
Endoscopy (cases)	0	0	0	0	\$0	0
Emergency	0	0	0	0	\$0	0
Amb Care - Acute Mental Health	0	0	0	0	\$0	0
Amb Care - Diabetes	0	0	0	0	\$0	0
Amb Care - Palliative	0	0	0	0	\$0	0
Clinic - Med/Surg	0	0	0	0	\$0	0
Clinic - Metabolic	0	0	0	0	\$0	0
Other - ( )	0	0	0	0	\$0	0
Other - ( )	0	0	0	0	\$0	0
Other - ( )	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.