H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2016

BETWEEN:

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, 2016;

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 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 September 30, 2016.

3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2016. 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:

Jean-Pierre Boisclair, Chair — Date: April 6, 2016

And by:

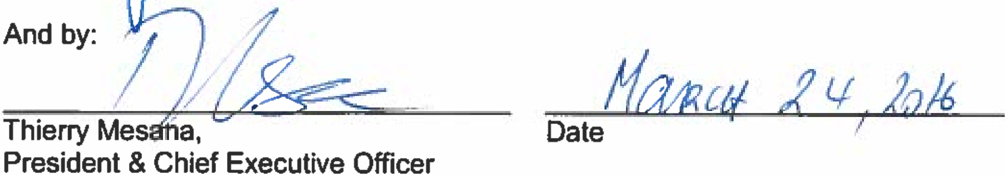
Chantale LeClerc, CEO — Date: April 6, 2016

University of Ottawa Heart Institute

By:

Lawrence Soloway, Chair — Date: MARCH 24, 2016

And by:



Thierry Mesana, President & Chief Executive Officer — Date: March 24, 2016

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule A Funding Allocation

	2016-2017	
	[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	[2] Base	[2] Incremental/One-Time
LHIN Global Allocation	$18,870,869	
Health System Funding Reform: HBAM Funding	$44,659,820	
Health System Funding Reform: QBP Funding (Sec. 2)	$3,000,415	
Post Construction Operating Plan (PCOP)	$0	
Wait Time Strategy Services ("WTS") (Sec. 3)	$57,500	$0
Provincial Program Services ("PPS") (Sec. 4)	$59,662,807	$0
Other Non-HSFR Funding (Sec. 5)	$0	$2,880,766
Sub-Total LHIN Funding	$126,251,411	$2,880,766
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	$0	
Recoveries and Misc. Revenue	$7,055,186	
Amortization of Grants/Donations Equipment	$1,149,827	
OHIP Revenue and Patient Revenue from Other Payors	$27,874,154	
Differential & Copayment Revenue	$1,452,198	
Sub-Total Non-LHIN Funding	$37,531,365	
Total 16/17 Estimated Funding Allocation (All Sources)	$163,782,776	$2,880,766

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement	0	$0
Acute Inpatient Primary Unilateral Hip Replacement	0	$0
Rehabilitation Inpatient Primary Unilateral 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	278	$2,901,827
Aortic Valve Replacement	0	$0
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	3	$14,176
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	1	$3,295
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0	$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0	$0

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral Cataract Day Surgery	0	$0
Retinal Disease	0	$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	0	$0
Acute Inpatient Tonsillectomy	0	$0
Acute Inpatient Chronic Obstructive Pulmonary Disease	5	$58,282
Acute Inpatient Pneumonia	6	$22,835
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	**293**	**$3,000,415**

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
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**

Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Time
Cardiac Surgery	$21,170,200	$0
Other Cardiac Services	$37,594,973	$0
Organ Transplantation	$897,634	$0
Neurosciences	$0	$0
Bariatric Services	$0	$0
Regional Trauma	$0	$0
Sub-Total Provincial Priority Program Services Funding	**$59,662,807**	**$0**

Hospital Sector Accountability Agreement 2016-2017

Facility #: 961

Hospital Name: University of Ottawa Heart Institute

Hospital Legal Name: University of Ottawa Heart Institute

2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	$0	$451,189
MOH One-time payments	$0	$2,429,577
LHIN/MOH Recoveries	$0	
Other Revenue from MOHLTC	$0	
Paymaster	$0	
Sub-Total Other Non-HSFR Funding	$0	$2,880,766

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 Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2016-2017
Q2 – April 01 to September 30	31 October 2016
Q3 – October 01 to December 31	31 January 2017
Q4 – January 01 to March 31	31 May 2017

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2016-2017
Q2 – April 01 to September 30	07 November 2016
Q3 – October 01 to December 31	07 February 2017
Q4 – January 01 to March 31	7 June 2017
Year End	30 June 2017

3. Audited Financial Statements	Due Date 2016-2017
Fiscal Year	30 June 2017

4. French Language Services Report	Due Date 2016-2017
Fiscal Year	30 April 2017

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	0.0	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	0.0	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	0.0%	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	0.0%	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	50.0%	>= 50%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	80.5%	>= 80.5%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	TBD	
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	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 Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	0.76	>= 0.72
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	(1.85%)	>=0%

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 2016-2017	Performance Standard 2016-2017
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 2016-2017 H-SAA Indicator Technical Specification for further details.**

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	49,253	>= 39,402 and <= 59,104
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	2,665	>= 2,399 and <= 2,932
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	18,350	>= 17,433 and <= 19,268

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

IT Systems: The Hospital understands that as a partner in the health care system, it has an obligation to participate in LHIN, provincial, and cNEO (connecting Northern and Eastern Ontario) initiatives. Hospital participation includes, but is not limited to, the identification of project leads/champions, participation in regional/ provincial planning and implementation groups, and any specific obligations that may be specified in LHIN, provincial or cNEO 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 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 agrees that, prior to making a material investment in information technology, especially Hospital Information Systems, it will consult with the Champlain LHIN or the Ministry of Health and Long-Term Care, as per the eHealth 2.0 directive.

The hospital will work with the cNEO team to ensure that its Memorandum of Understanding is signed by the end of the first quarter of the 2016-17 fiscal year and begins contribution to the provincial electronic health record in fiscal 2016-2017.

Readmission Rates for Patients with Heart Failure: 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 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.

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Surgical and Diagnostic Wait Times: The Hospital will maintain awareness of regional wait time performance indicators and targets and will monitor the Hospital's contribution to the region's overall performance. The Hospital will work with all other Champlain hospitals that provide surgical and diagnostic services to ensure that the Champlain LHIN wait time targets are met. Hospital-specific wait time targets may be renegotiated during the fiscal year, if services are redistributed as part of a LHIN-approved strategy to improve regional wait time performance.

Regional Health Services Programs: The Hospital will implement LHIN-approved plans and will align its services with regional programs and networks such as, but not limited to, Champlain Hospice Palliative Care Regional Program, Champlain Regional Orthopaedic Program, Champlain Maternal Newborn Regional Program, Champlain Regional Stroke Network and the Champlain Telemedicine Coordinating Committee.

Senior Friendly: Hospitals will continue to build on their past year's activities to develop quality improvement plans in line with Senior Friendly best practices. 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. Senior Friendly Hospital QIPs must include objectives that target both delirium and functional decline.

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

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

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 often if required.

Cultural Dimension: Hospitals will support the development and implementation of a Champlain LHIN Plan to capture information on Francophone clients/patients

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. The hospital is expected to review their performance relative to the provincial Life or Limb and Repatriation policy expectations and to implement improvement plans to move individual hospital performance toward policy targets (e.g. patients repatriated within 48 hours).

LHIN Performance: The HSP will take actions to contribute to the LHIN's performance and will monitor its contribution to the region's overall performance on the indicators within the LHIN Performance Report.

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

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

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

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, 2017 and should be submitted using the subject line: 2016-17 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.

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

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Health Links: The HSP will be expected to collaborate in the implementation of Health Links across Champlain region.

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 June 30, 2017.

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-specific target is:15.5

% Acute ALC Days: The Hospital will achieve a target of 9.46%; performance standard is ≤10.4%.

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

MRI: Percent of Priority 2 and 3 Cases Completed Within Access Targets: The Hospital will achieve a target of 90%.

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

Performance Waiver: The Hospital Service Accountability Agreement between the LHIN and the Hospital includes a basic requirement for the Hospital to achieve and maintain a balanced budget (S.6.1.3(a)). The Hospital has advised the LHIN that based on funding assumptions it anticipates incurring a deficit Total Margin (consolidated) of no more than $3,082,947 (the "Deficit Amount") in fiscal 2016/17. The Hospital agrees that it will not exceed $3,082,947. The LHIN will waive the requirements of 6.1.3 (a) from April 1, 2016 to June 30, 2016 provided that: (i) the Hospital develops an improvement plan that will enable the Hospital to achieve a balanced operating position by no later than March 31, 2017 (the "Hospital Improvement Plan"); (ii) the board approved Hospital Improvement Plan is delivered to the LHIN no later than June 30, 2016.