Central East **LHIN**
RLISS du Centre-Est

Service Accountability Agreements

Central East LHIN Board of Directors
March 27, 2013

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

2013-16 Long-Term Care Service Accountability Agreement (L-SAA)

2013-2016 L-SAA - Status

- At the November 28, 2012 meeting, the Central East LHIN Board passed a motion delegating authority to the LHIN CEO and Chair to execute all L-SAA Agreements by March 31, 2013.
- There have been a number of issues preventing Long-Term Care Home (LTCH) Associations from signing back agreements; however, effective on March 26th, a number of these issues seem to have been resolved.
- As of late March 26, 2013: 19 of the 69 LSAA agreements have been signed and returned by the LTCHs.
- The LHIN now expects many more agreements will be received in the following two days and staff will be contacting the remainder of the homes.

2013/14 Multi-Sector Service Accountability Agreement (M-SAA) Target and Indicator Refresh

2013/14 M-SAA Refresh – Update

- At the February 27th meeting, the Central East LHIN Board passed a motion authorizing the LHIN CEO and Chair to execute the 2013/14 M-SAA Refresh agreements by March 31, 2013.

- Issues/Challenges that have been resolved:
  - 2012/13 budgeted volumes in the Community Annual Planning Submission often did not reflect their M-SAA targets, and were decreased.
  - Some agencies decreased their 2013/14 budgeted volumes in the Community Annual Planning Submission upon resubmission.
  - The majority did not input the correct funding amounts in their Community Annual Planning Submission.

2013/14 M-SAA Refresh – Status

Sector	# of Agencies	# of Sign-backs Received
Community Health Centres (CHCs)	7 (incl. 2 CHC/CSS)	5
Community Mental Health & Addictions agencies (CMH&As)	18 (incl. 2 CMHA/CSS)	10
Community Support Services (CSS)	37	22
Community Care Access Centre (CCAC)	1 (incl. CSS)	1
Total	**63**	**38**

*As of March 26, 2013

CECCAC Update

- The CECCAC receives $235M in funding from the LHIN.
- Overall, the CECCAC has maintained, and even increased, service volumes.
- There were some reductions in the number of in-home visits, but these were due to the addition of three nursing clinics and implementation of clinical and operational efficiencies.

2013-14 Hospital Service Accountability Agreement (H-SAA)

2013/14 H-SAA Extension Update

- The Central East LHIN Board was updated on the process, indicators and timelines in February 2013.
- As of March 22nd, LHINs have received 2 Provincial templates with the following options:
  - An Amending Agreement to extend the existing H-SAA and existing Schedules for 6 months to September 30, 2013.
  - An amending agreement to extend the existing H-SAA to September 30, 2013 but will also replace existing schedules with the new 2013-14 schedules.
  - In six months' time, there will be a new H-SAA template agreement, along with an opportunity to refresh/revisit targets, depending on circumstances.
- Although the Central East LHIN will be refreshing schedules and targets in 2013/14, there was insufficient time to populate the schedules and have the hospitals sign them back. For that reason, a one month extension is requested.

H-SAA Amending Agreement - Extending 2012/13 Agreement for 1 Month

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 31st day of March, 2013

B E T W E E N:

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND (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 one-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 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.

2.4 Term. The reference to "March 31, 2013" in Article 3.2 is deleted and replaced with "April 30, 2013".

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 constitutes the entire agreement between

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.

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

By:

_____ _____

Wayne Gladstone, Chair Date

And by:

_____ _____

Deborah Hammons, CEO Date

By:

_____ _____

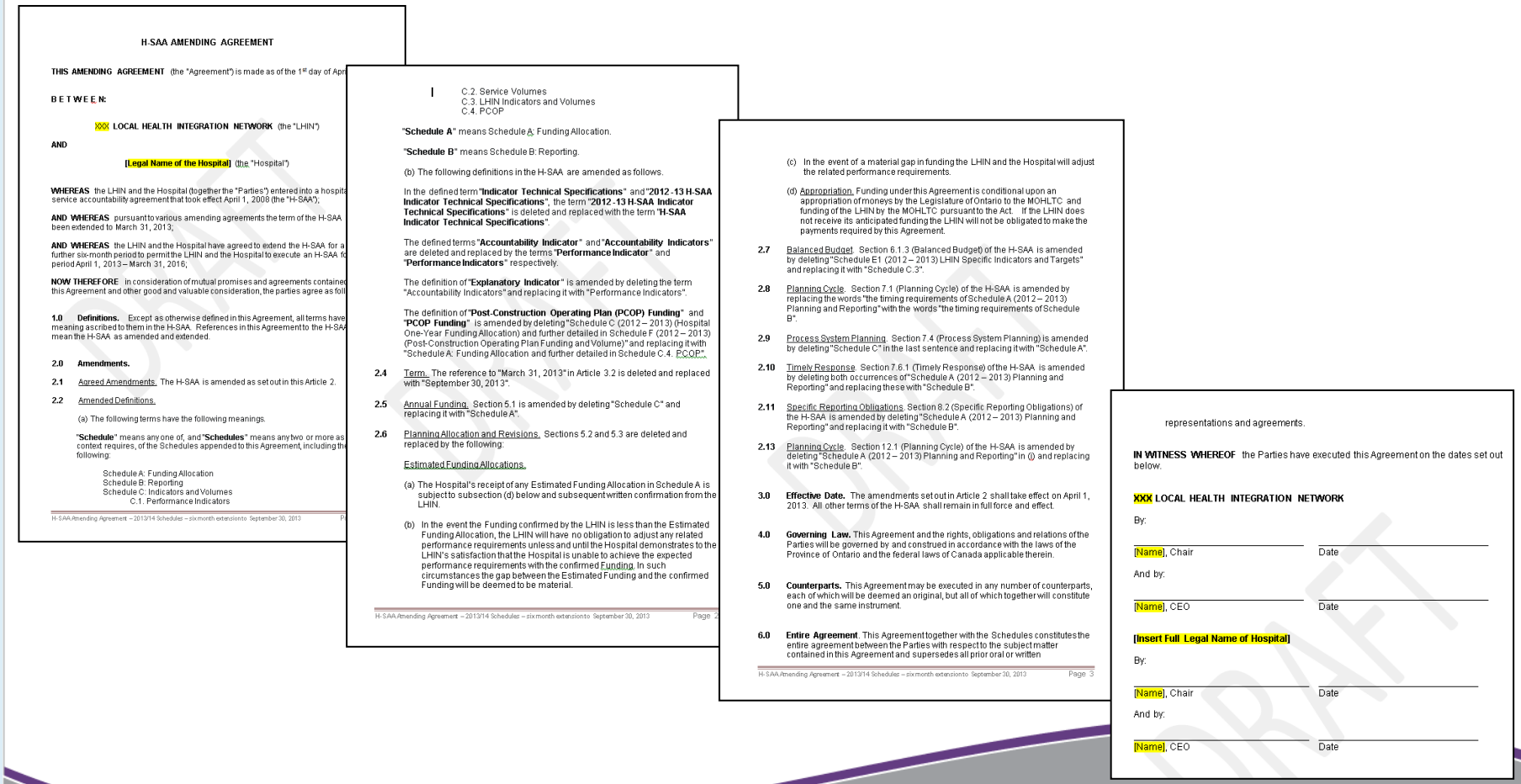
, Board Chair Date

And by:

_____ _____

, President and CEO Date

H-SAA Amending Agreement With 2013/14 Schedules



H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of Apr

B E T W E E N:

XXX LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

[Legal Name of the Hospital] (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a hospita 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 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 fo period April 1, 2013 – March 31, 2016;

NOW THEREFORE in consideration of mutual promises and agreements containe this Agreement and other good and valuable consideration, the parties agree as foll

1.0 Definitions. Except as otherwise defined in this Agreement, all terms have meaning ascribed to them in the H-SAA. References in this Agreement to the H-SA 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 anytwo or more as context requires, of the Schedules appended to this Agreement, including th 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.

(b) 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.

H-SAA Amending Agreement – 2013/14 Schedules – six month extension to September 30, 2013 Page 2

(c) In the event of a material gap in funding the LHIN and the Hospital will adjust the related performance requirements.

(d) 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

H-SAA Amending Agreement – 2013/14 Schedules – six month extension to September 30, 2013 Page 3

representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

XXX LOCAL HEALTH INTEGRATION NETWORK

By:

[Name], Chair Date

And by:

[Name], CEO Date

[Insert Full Legal Name of Hospital]

By:

[Name], Chair Date

And by:

[Name], CEO Date

DRAFT

PH-SAA Amending Agreement - Extending 2012/13 Agreement for 1 Month

B E T W E E N:

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

(the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a private hospital service accountability agreement that took effect April 1, 2008 (the "PH-SAA");

AND WHEREAS pursuant to various amending agreements the term of the PH-SAA has been extended to March 31, 2013;

AND WHEREAS the LHIN and the Hospital have agreed to extend the PH-SAA for a further one-month period to permit the LHIN and the Hospital to execute a PH-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 shall have the meaning ascribed to them in the PH-SAA. References in this Agreement to the PH-SAA mean the PH-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The PH-SAA is amended as set out in this Article 2.

2.4 Term. The reference to "March 31, 2013" in Article 3.2 is deleted and replaced with "April 30, 2013".

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2013. All other terms of the PH-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.

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CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

By:

_____ _____
Wayne Gladstone, Chair Date

And by:

_____ _____
Deborah Hammons, CEO Date

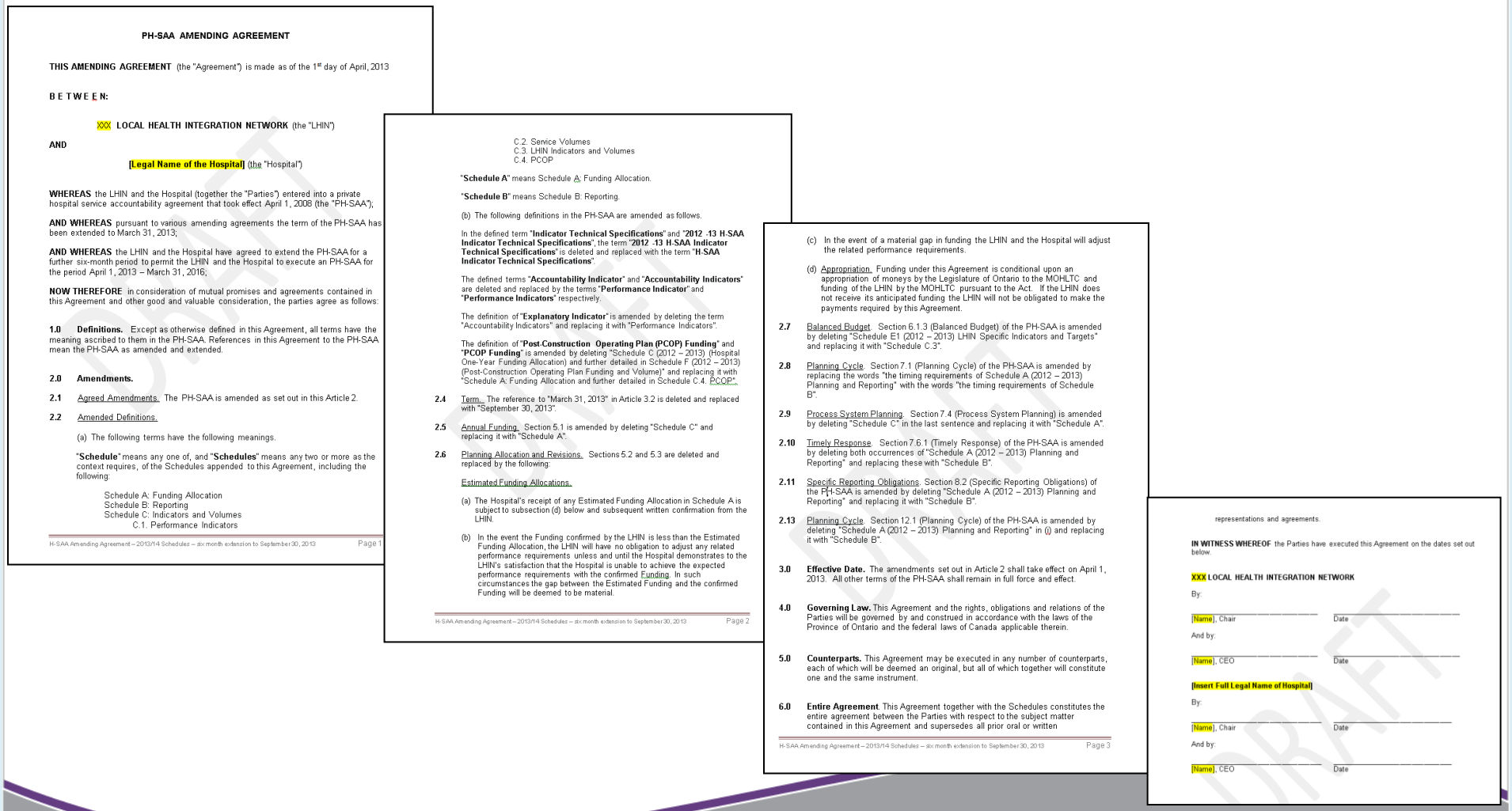
By:

_____ _____
President Date

And by:

_____ _____
Date
Vice President, Finance & Administration

PH-SAA Amending Agreement With 2013/14 Schedules



PH-SAA AMENDING AGREEMENT

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

B E T W E E N:

XXX LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

[Legal Name of the Hospital] (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a private hospital service accountability agreement that took effect April 1, 2008 (the "PH-SAA");

AND WHEREAS pursuant to various amending agreements the term of the PH-SAA has been extended to March 31, 2013;

AND WHEREAS the LHIN and the Hospital have agreed to extend the PH-SAA for a further six-month period to permit the LHIN and the Hospital to execute an PH-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 PH-SAA. References in this Agreement to the PH-SAA mean the PH-SAA as amended and extended.

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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.

(b) 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.

(c) In the event of a material gap in funding the LHIN and the Hospital will adjust the related performance requirements.

(d) 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 PH-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 PH-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 PH-SAA is amended by deleting both occurrences of "Schedule A (2012 – 2013) Planning and Reporting" and replacing these with "Schedule B".

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2.13 Planning Cycle. Section 12.1 (Planning Cycle) of the PH-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 PH-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.

XXX LOCAL HEALTH INTEGRATION NETWORK

By:

_____ _____
[Name], Chair Date

And by:

_____ _____
[Name], CEO Date

[Insert Full Legal Name of Hospital]

By:

_____ _____
[Name], Chair Date

And by:

_____ _____
[Name], CEO Date

Motion – Approval of Agreement Templates

- Be it resolved that the Central East LHIN Board of Directors approves the proposed H-SAA and PH-SAA Amending Agreements.

- The first made as of the 1st of April, 2013, amending the 2008/13 Hospital Service Accountability Agreement (H-SAA) and the Private Hospital Service Accountability Agreement (PH-SAA) by extending its term to April 30, 2013; and

- The second, to be made as and when appropriate and necessary, further amending the 2008/13 H-SAA and the 2008/13 PH-SAA by replacing the 2012/13 Schedules with 2013/14 Schedules for the period of April 1st, 2013 to September 30th.

Motion – 30 Day Extension for Public Hospitals

Be it resolved that the Central East LHIN approve the H-SAA Amending Agreement made as of the 1st day of April 2013, and amending the 2008/13 H-SAA by extending its term to April 30, 2013. Further, the Board authorizes the Chair and CEO to execute the Amending Agreements with the following hospitals:

- Campbellford Memorial Hospital (CMH)
- Haliburton Highlands Health Services (HHHS)
- Lakeridge Health (LH)
- Northumberland Hills Hospital (NHH)
- Ontario Shores Centre for Mental Health Sciences (OSCMHS)
- Peterborough Regional Health Centre (PRHC)
- Ross Memorial Hospital (RMH)
- Rouge Valley Health System (RVHS)
- The Scarborough Hospital (TSH)

Hospitals must also submit to the LHIN, any planned divestment or transfer of services to another health service provider as an integration, as defined by LHSIA. Any integration must be submitted for the LHIN's consideration before implementation and must demonstrate engagement with affected stakeholders.

Motion – 30 Day Extension Agreement for Private Hospital

Be it resolved that the Central East LHIN approve the PH-SAA Amending Agreement with BHS made as of the 1st day of April 2013, and amending the 2008/13 PH-SAA by extending its term to April 30, 2013. Further, the Central East LHIN Board authorizes the CEO and Chair to sign and execute the PH-SAA agreement with Bellwood Private Hospital.

Bellwood Private Hospital must also submit to the LHIN, any planned divestment or transfer of services to another health service provider as an integration, as defined by LHSIA. Any integration must be submitted for the LHIN's consideration before implementation and must demonstrate engagement with affected stakeholders.

2013/14 H-SAA Targets

Comparison of 2013/14 targets vs. 2012/13 targets are shown for each hospital.

- 2013/14 targets were negotiated based on 2012/13 targets, as well as 2011/12 year-end actuals and 2012/13 year-end forecast.
- In some cases, 2012/13 targets were over-estimated and 2013/14 targets have been adjusted to reflect a more realistic target

For example: current ratio – the 2013/14 methodology for target-setting is to maintain or improve upon actuals.

2013/14 H-SAA Update – Hospital Financial Pressure

- Issue: All hospitals must balance in an environment where:
  - Hospital annual funding increase = 0%
    i. All hospitals' primary expense relates to clinical staffing (+2%).
    ii. Annual increases in insurance and utilities.
    iii. Equipment must be maintained/replaced.
    iv. Aging Infrastructures.
    v. One time restructuring costs (severances and minor capital).
  - Global funding reduces from 54% to 45% in year 2.
  - QBP and HBAM impacts are unknown and will be unique for each hospital.

Note: At some point hospitals will have exhausted their opportunities for efficiencies and service reductions will have to be considered (for Central East hospitals it will be evident in 2014/15).

Campbellford Memorial Hospital – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↓
Global Volumes	
Emergency Department (Weighted Cases)	↔
Complex Continuing Care (RUG Weighted Patient Days)	N/A
Total Acute Inpatient (Weighted Cases)	↔
Day Surgery (Weighted Visits)	↔
Mental Health Inpatient (Weighted Patient Days)	N/A
Rehab Inpatient (Weighted Cases)	N/A
Ambulatory Care (Visits) [excl. ER]	↓
90th Percentile Wait Times (Days)	
Cancer Surgery	N/A
Cataract Surgery	N/A
Hip Replacement Surgery	N/A
Knee Replacement Surgery	N/A
MRI Scan	N/A
CT Scan	↓
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	N/A
Proportion of Patients Discharged Home (%)	N/A

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	↓
90th Percentile ED LOS for Non-Admitted High Acuity Patients	↔
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	↔
Percentage ALC Days (Closed Cases)	↑
ALC Throughput Ratio	↓
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	↓
Repeat Unplanned Emergency Visits within 30 days for Substance	↓
Readmissions within 30 days for Selected CMGs - CHF	↓
Readmissions within 30 days for Selected CMGs - COPD	↓
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	N/A
Central Line Infection Rate (Cases)	N/A
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	↑
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Haliburton Highlands Health Services – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↔
Global Volumes	
Emergency Department (Weighted Cases)	↔
Complex Continuing Care (RUG Weighted Patient Days)	N/A
Total Acute Inpatient (Weighted Cases)	↔
Day Surgery (Weighted Visits)	N/A
Mental Health Inpatient (Weighted Patient Days)	N/A
Rehab Inpatient (Weighted Cases)	N/A
Ambulatory Care (Visits) [excl. ER]	N/A
90th Percentile Wait Times (Days)	
Cancer Surgery	N/A
Cataract Surgery	N/A
Hip Replacement Surgery	N/A
Knee Replacement Surgery	N/A
MRI Scan	N/A
CT Scan	N/A
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	N/A
Proportion of Patients Discharged Home (%)	N/A

Indicator	2013/14 versus 2012/13
Patient Safety (Haliburon Campus Only)	
Cases of Ventilator-associated Pneumonia (Cases)	N/A
Central Line Infection Rate (Cases)	N/A
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	↔
Hospital Acquired Cases of Vancomycin Resistant Enterococcus (Cases)	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus aureus (Cases)	↔

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	
Haliburton Campus	↓
90th Percentile ED LOS for Non-Admitted High Acuity Patients	
Haliburton Campus	↔
Minden Campus	↔
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	
Haliburton Campus	↔
Minden Campus	↔
Percentage ALC Days (Closed Cases)	
Haliburton Campus	↔
Minden Campus	N/A
ALC Throughput Ratio	↑
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for MH	
Ajax and Pickering	↓
Centenary	↓
Repeat Unplanned Emergency Visits within 30 days for SA Conditions	
Ajax and Pickering	↓
Centenary	↓
Readmissions within 30 days for Selected CMGs - CHF	
Ajax and Pickering	↔
Centenary	N/A
Readmissions within 30 days for Selected CMGs - COPD	
Ajax and Pickering	↔
Centenary	N/A

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Lakeridge Health – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↑
Global Volumes	
Emergency Department (Weighted Cases)	↔
Complex Continuing Care (RUG Weighted Patient Days)	↔
Total Acute Inpatient (Weighted Cases)	↑
Day Surgery (Weighted Visits)	↔
Mental Health Inpatient (Weighted Patient Days)	↓
Rehab Inpatient (Weighted Cases)	↔
Ambulatory Care (Visits) [excl. ER]	↔
90th Percentile Wait Times (Days)	
Cancer Surgery	↔
Cataract Surgery	↓
Hip Replacement Surgery	↔
Knee Replacement Surgery	↔
MRI Scan	↑
CT Scan	↓
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	↔
Proportion of Patients Discharged Home (%)	↔

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
90th Percentile ED LOS for Non-Admitted High Acuity Patients	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
Percentage ALC Days (Closed Cases)	
Bowmanville	↑
Oshawa	↑
Port Perry	↑
Whitby	N/A
ALC Throughput Ratio	↓

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Lakeridge Health – 2013/14 Targets Comparison (cont'd)

Indicator	2013/14 versus 2012/13
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental Health	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
Readmissions within 30 days for Selected CMGs - CHF	
Bowmanville	↔
Oshawa	
Port Perry	
Readmissions within 30 days for Selected CMGs - COPD	
Bowmanville	↔
Oshawa	
Port Perry	

Indicator	2013/14 versus 2012/13
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	
Bowmanville	↔
Oshawa	↓
Port Perry	N/A
Central Line Infection Rate (Cases)	
Bowmanville	↔
Oshawa	↔
Port Perry	N/A
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
Hospital Acquired Cases of Vancomycin Resistant Enterococcus (Cases)	
Bowmanville	↔
Oshawa	↔
Port Perry	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus aureus	
Bowmanville	↔
Oshawa	↔
Port Perry	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Ontario Shores Centre for Mental Health Sciences – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↔
Global Volumes	
Emergency Department (Weighted Cases)	N/A
Complex Continuing Care (RUG Weighted Patient Days)	N/A
Total Acute Inpatient (Weighted Cases)	N/A
Day Surgery (Weighted Visits)	N/A
Mental Health Inpatient (Weighted Patient Days)	↑
Rehab Inpatient (Weighted Cases)	N/A
Ambulatory Care (Visits) [excl. ER]	↑
90th Percentile Wait Times (Days)	
Cancer Surgery	N/A
Cataract Surgery	N/A
Hip Replacement Surgery	N/A
Knee Replacement Surgery	N/A
MRI Scan	N/A
CT Scan	N/A
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	N/A
Proportion of Patients Discharged Home (%)	N/A

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	N/A
90th Percentile ED LOS for Non-Admitted High Acuity Patients	N/A
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	N/A
Percentage ALC Days (Closed Cases)	N/A
ALC Throughput Ratio	↓
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	N/A
Repeat Unplanned Emergency Visits within 30 days for Substance	N/A
Readmissions within 30 days for Selected CMGs	N/A
Readmissions within 30 days for Selected CMGs	N/A
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	N/A
Central Line Infection Rate (Cases)	N/A
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	↔
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Peterborough Regional Health Centre – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↑
Global Volumes	
Emergency Department (Weighted Cases)	↓
Complex Continuing Care (RUG Weighted Patient Days)	↔
Total Acute Inpatient (Weighted Cases)	↓
Day Surgery (Weighted Visits)	↑
Mental Health Inpatient (Weighted Patient Days)	↓
Rehab Inpatient (Weighted Cases)	↑
Ambulatory Care (Visits) [excl. ER]	↑
90th Percentile Wait Times (Days)	
Cancer Surgery	↔
Cataract Surgery	↑
Hip Replacement Surgery	↓
Knee Replacement Surgery	↓
MRI Scan	↓
CT Scan	↓
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	↔
Proportion of Patients Discharged Home (%)	↔

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	↓
90th Percentile ED LOS for Non-Admitted High Acuity Patients	↔
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	↔
Percentage ALC Days (Closed Cases)	↑
ALC Throughput Ratio	↔
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	↔
Repeat Unplanned Emergency Visits within 30 days for Substance	↔
Readmissions within 30 days for Selected CMGs - CHF	↔
Readmissions within 30 days for Selected CMGs - COPD	↔
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	↔
Central Line Infection Rate (Cases)	↔
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	↔
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Ross Memorial Hospital – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↑
Global Volumes	
Emergency Department (Weighted Cases)	↔
Complex Continuing Care (RUG Weighted Patient Days)	↑
Total Acute Inpatient (Weighted Cases)	↔
Day Surgery (Weighted Visits)	↑
Mental Health Inpatient (Weighted Patient Days)	↔
Rehab Inpatient (Weighted Cases)	↔
Ambulatory Care (Visits) [excl. ER]	↑
90th Percentile Wait Times (Days)	
Cancer Surgery	↔
Cataract Surgery	↔
Hip Replacement Surgery	↓
Knee Replacement Surgery	↓
MRI Scan	↑
CT Scan	↓
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	↔
Proportion of Patients Discharged Home (%)	↔

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	↓
90th Percentile ED LOS for Non-Admitted High Acuity Patients	↔
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	↔
Percentage ALC Days (Closed Cases)	↑
ALC Throughput Ratio	↔
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	↑
Repeat Unplanned Emergency Visits within 30 days for Substance	↔
Readmissions within 30 days for Selected CMGs - CHF	↔
Readmissions within 30 days for Selected CMGs - COPD	New
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	↔
Central Line Infection Rate (Cases)	↔
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	↑
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Rouge Valley Health System – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↑
Global Volumes	
Emergency Department (Weighted Cases)	↑
Complex Continuing Care (RUG Weighted Patient Days)	↔
Total Acute Inpatient (Weighted Cases)	↔
Day Surgery (Weighted Visits)	↔
Mental Health Inpatient (Weighted Patient Days)	↓
Rehab Inpatient (Weighted Cases)	↑
Ambulatory Care (Visits) [excl. ER]	↔
90th Percentile Wait Times (Days)	
Cancer Surgery	↔
Cataract Surgery	N/A
Hip Replacement Surgery	↓
Knee Replacement Surgery	↓
MRI Scan	↓
CT Scan	↓
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	↔
Proportion of Patients Discharged Home (%)	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	
Ajax and Pickering	↔
Centenary	↔
90th Percentile ED LOS for Non-Admitted High Acuity Patients	
Ajax and Pickering	↑
Centenary	↓
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	
Ajax and Pickering	↔
Centenary	↓
Percentage ALC Days (Closed Cases)	
Ajax and Pickering	↔
Centenary	↔
ALC Throughput Ratio	↔
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for MH	
Ajax and Pickering	↔
Centenary	↔
Repeat Unplanned Emergency Visits within 30 days for SA Conditions	
Ajax and Pickering	↔
Centenary	↔
Readmissions within 30 days for Selected CMGs - CHF	
Ajax and Pickering	↔
Centenary	
Readmissions within 30 days for Selected CMGs - COPD	
Ajax and Pickering	↔
Centenary	

Rouge Valley Health System – 2013/14 Targets Comparison (cont'd)

Indicator	2013/14 versus 2012/13
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	
Ajax and Pickering	↔
Centenary	↔
Central Line Infection Rate (Cases)	
Ajax and Pickering	↔
Centenary	↔
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	
Ajax and Pickering	↓
Centenary	↑
Hospital Acquired Cases of Vancomycin Resistant Enterococcus (Cases)	
Ajax and Pickering	↔
Centenary	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus aureus (Cases)	
Ajax and Pickering	↔
Centenary	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Motion – 6 Month H-SAA Amending Agreement with 2013/14 Schedules

The following hospitals have submitted to the Central East LHIN a Hospital Annual Planning Submission (HAPS), which confirms a balanced operating position for fiscal 2013/14 and acceptable targets for volumes and outcomes:

- Campbellford Memorial Hospital (CMH)
- Haliburton Highlands Health Services (HHHS)
- Lakeridge Health (LH)
- Ontario Shores Centre for Mental Health Sciences (OSCMHS)
- Peterborough Regional Health Centre (PRHC)
- Ross Memorial Hospital (RMH)
- Rouge Valley Health System

Be it resolved that the Central East LHIN approve the HAPs and H-SAA Amending Agreements made as of the 1st of April, 2013 and amending the 2008/13 H-SAA by extending its term to September 30, 2013 and by replacing the 2012/13 Schedules with 2013/14 Schedules, for the above hospitals.

Further, the Board authorizes the CEO and Chair to execute these amending agreements on behalf of the Board of Directors.

Hospitals must also submit to the LHIN, any planned divestment or transfer of services to another health service provider as an integration, as defined by LHSIA. Any integration must be submitted for the LHIN's consideration before implementation and must demonstrate engagement with affected stakeholders.

Bellwood Health Services – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↑
Global Volumes	
Emergency Department (Weighted Cases)	N/A
Complex Continuing Care (RUG Weighted Patient Days)	N/A
Total Acute Inpatient (Weighted Cases)	N/A
Day Surgery (Weighted Visits)	N/A
Mental Health Inpatient (Weighted Patient Days)	↔
Rehab Inpatient (Weighted Cases)	N/A
Ambulatory Care (Visits) [excl. ER]	N/A
90th Percentile Wait Times (Days)	
Cancer Surgery	N/A
Cataract Surgery	N/A
Hip Replacement Surgery	N/A
Knee Replacement Surgery	N/A
MRI Scan	N/A
CT Scan	N/A
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	N/A
Proportion of Patients Discharged Home (%)	N/A

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	N/A
90th Percentile ED LOS for Non-Admitted High Acuity Patients	N/A
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	N/A
Percentage ALC Days (Closed Cases)	N/A
ALC Throughput Ratio	N/A
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	N/A
Repeat Unplanned Emergency Visits within 30 days for Substance	N/A
Readmissions within 30 days for Selected CMGs - CHF	N/A
Readmissions within 30 days for Selected CMGs - COPD	N/A
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	N/A
Central Line Infection Rate (Cases)	N/A
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	N/A
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	N/A
Hospital Acquired Cases of Methicillin Resistant Staphylococcus	N/A

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Motion – 6 - Month PH-SAA Amending Agreement with 2013/14 Schedules

Bellwood Health Services Inc. (The Bellwood Hospital) has submitted to the Central East LHIN a Hospital Annual Planning Submission (HAPS), which confirms a balanced operating position for fiscal 2013/14 and has acceptable targets for volumes and outcomes:

Be it resolved that the Central East LHIN Board approved the HAPS and PH-SAA Amending Agreement made as of the 1st of April, 2013 and amending the 2008/13 PH-SAA by extending its term to September 30, 2013 and by replacing the 2012/13 Schedules with 2013/14 Schedules for Bellwood Health Services Inc. Further, the Board authorizes the CEO and Chair to execute this amending agreement on behalf of the Board of Directors.

Bellwood Health Services Inc. must also submit to the LHIN, any planned divestment or transfer of services to another health service provider as an integration, as defined by LHSIA. Any integration must be submitted for the LHIN's consideration before implementation and must demonstrate engagement with affected stakeholders.

Northumberland Hills Hospital – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↑
Global Volumes	
Emergency Department (Weighted Cases)	↔
Complex Continuing Care (RUG Weighted Patient Days)	N/A
Total Acute Inpatient (Weighted Cases)	↔
Day Surgery (Weighted Visits)	↔
Mental Health Inpatient (Weighted Patient Days)	N/A
Rehab Inpatient (Weighted Cases)	↓
Ambulatory Care (Visits) [excl. ER]	↔
90th Percentile Wait Times (Days)	
Cancer Surgery	↓
Cataract Surgery	↔
Hip Replacement Surgery	N/A
Knee Replacement Surgery	N/A
MRI Scan	↑
CT Scan	↓
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	N/A
Proportion of Patients Discharged Home (%)	N/A

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	↔
90th Percentile ED LOS for Non-Admitted High Acuity Patients	↑
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	↔
Percentage ALC Days (Closed Cases)	↔
ALC Throughput Ratio	↔
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	↔
Repeat Unplanned Emergency Visits within 30 days for Substance	↔
Readmissions within 30 days for Selected CMGs - COPD	↔
Readmissions within 30 days for Selected CMGs - Pneumonia	↔
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	↔
Central Line Infection Rate (Cases)	↔
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	↔
Hospital Acquired Cases of Vancomycin Resistant Enterococcus	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

Motion

Be it resolved that the proposed Northumberland Hills Hospital (NHH) H-SAA Amending Agreement made as of the 1st of April, 2013 and amending the 2008/13 H-SAA by extending its term to September 30, 2013 and by replacing the 2012/13 Schedules with 2013/14 Schedules, be approved with the following conditions:

- Northumberland Hills Hospital is required to use the current facilitated integration process with its community and hospital partners to identify sustainable solutions that will address the hospital's on-going financial pressures. These solutions will be tabled back to the LHIN as part of the integration planning report process; and,
- Northumberland Hills Hospital is to develop and submit to the Central East LHIN Board at its July 24th, 2013 meeting, a plan to pay down any increase in working funds deficit generated during fiscal 2012-13.

Further, the Board authorizes the CEO and Chair to execute these amending agreements on behalf of the Board of Directors.

Northumberland Hills Hospital must also submit to the LHIN, any planned divestment or transfer of services to another health service provider as an integration, as defined by LHSIA. Any integration must be submitted for the LHIN's consideration before implementation and must demonstrate engagement with affected stakeholders.

The Scarborough Hospital – 2013/14 Targets Comparison

Indicator	2013/14 versus 2012/13
Financial	
Year-End Total Margin	↔
Current Ratio	↓
Global Volumes	
Emergency Department (Weighted Cases)	↑
Complex Continuing Care (RUG Weighted Patient Days)	N/A
Total Acute Inpatient (Weighted Cases)	↔
Day Surgery (Weighted Visits)	↓
Mental Health Inpatient (Weighted Patient Days)	↑
Rehab Inpatient (Weighted Cases)	↔
Ambulatory Care (Visits) [excl. ER]	↔
90th Percentile Wait Times (Days)	
Cancer Surgery	↔
Cataract Surgery	↓
Hip Replacement Surgery	↔
Knee Replacement Surgery	↔
MRI Scan	↓
CT Scan	↔
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery	
Average Length of Stay (Days)	↔
Proportion of Patients Discharged Home (%)	↔

Indicator	2013/14 versus 2012/13
ED / ALC	
90th Percentile ED LOS for Admitted Patients (Hours)	
General Campus	↔
Birchmount Campus	↔
90th Percentile ED LOS for Non-Admitted High Acuity Patients	
General Campus	↔
Birchmount Campus	↔
90th Percentile ED LOS for Non-Admitted Low Acuity Patients (Hours)	
General Campus	↔
Birchmount Campus	↔
Percentage ALC Days (Closed Cases)	
General Campus	↑
Birchmount Campus	↑
ALC Throughput Ratio	↑
Mental Health, Substance Abuse and CMGs	
Repeat Unplanned Emergency Visits within 30 days for Mental	
General Campus	↔
Birchmount Campus	↔
Repeat Unplanned Emergency Visits within 30 days for Substance	
General Campus	↔
Birchmount Campus	↔
Readmissions within 30 days for Selected CMGs - CHF	
General Campus	↔
Birchmount Campus	↔
Readmissions within 30 days for Selected CMGs - COPD	
General Campus	↔
Birchmount Campus	↔

↔	2013/14 target is equal to 2012/13 target
↑	2013/14 target is an increase over 2012/13 target
↓	2013/14 target is a decrease from 2012/13 target
	Improvement over 2012/13 target
	Worse than 2013/14 target

The Scarborough Hospital – 2013/14 Targets Comparison (cont'd)

Indicator	2013/14 versus 2012/13
Patient Safety	
Cases of Ventilator-associated Pneumonia (Cases)	
General Campus	↔
Birchmount Campus	↔
Central Line Infection Rate (Cases)	
General Campus	↔
Birchmount Campus	↔
Hospital Acquired Cases of Clostridium difficile Infections (Cases)	
General Campus	↔
Birchmount Campus	↔
Hospital Acquired Cases of Vancomycin Resistant Enterococcus (Cases)	
General Campus	↔
Birchmount Campus	↔
Hospital Acquired Cases of Methicillin Resistant Staphylococcus aureus	
General Campus	↔
Birchmount Campus	↔

Motion

Be it resolved that the proposed The Scarborough Hospital (TSH) Hospital-Services Accountability Agreement (H-SAA) Amending Agreement made as of the 1st of April, 2013 and amending the 2008/13 H-SAA by extending its term to September 30, 2013 and by replacing the 2012/13 Schedules with 2013/14 Schedules, be approved with the following conditions:

- TSH will not proceed with implementation on any aspects of their HAPS derived from their Strategic Plan Refresh that relate to Maternal Newborn services and changes in delivery of surgical services until they complete all actions directed by the Central East LHIN resulting from the LHIN review of the TSH Strategic Plan Refresh; and
- With respect to the remaining strategies and initiatives in the TSH 2013/14 HAPS, the Board directs leadership of the LHIN to meet with leadership of the TSH to review those items and provide LHIN confirmation on which specific strategies/initiatives they may begin to implement.

Further, the Board authorizes the CEO and Chair to execute these amending agreements on behalf of the Board of Directors.

TSH must also submit to the LHIN, any planned divestment or transfer of services to another health service provider as an integration, as defined by LHSIA. Any integration must be submitted for the LHIN's consideration before implementation and must demonstrate engagement with affected stakeholders.