

## 2008-15 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of July, 2014

B E T W E E N:

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

AND

LAKERIDGE HEALTH (the "Hospital")

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

**AND WHEREAS** pursuant to various amending agreements the term of the H-SAA has been extended to June 30, 2014;

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

**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

**2.3 Term.** This Agreement and the H-SAA will terminate on March 31, 2015.

- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2014. 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.

**CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK**

By:

  
Wayne Gladstone, Chair

JUN 20 2014

Date

And by:

  
Deborah Hammons, CEO

JUN 20 2014

Date

**LAKERIDGE HEALTH**

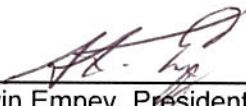
By:

  
Bonnie St. George, Chair

June 19/14

Date

And by:

  
Kevin Empey, President & CEO

June 29, 2014

Date

# Hospital Sector 2014-2015

Facility #: 952  
 Hospital Name: Lakeridge Health  
 Hospital Legal Name: Lakeridge Health

## 2014-2015 Schedule A: Funding Allocation

Intended Purpose or Use of Funding		2014-2015 Target	
Estimated <sup>1</sup> Funding Allocation		Allocation <sup>2</sup> /One-Time <sup>2</sup>	
<b><sup>1</sup>FUNDING SUMMARY</b>			
Other LHIN Allocations- Global Funding	\$342,230,581		
Health System Funding Reform (HSFR) HBAM Funding (Includes Mitigation) *	\$0		
Health System Funding Reform (HSFR) QBP Funding (Section 1 below) *	\$0		
Wait Time Strategy Services ("WTS") (Section 2 below) *	\$0		\$0
Provincial Program Services ("PPS") (Section 3 below) *	\$0		\$0
Other Non-HSFR LHIN Funding (Section 4 below)	\$0		\$0
Post Construction Operating Plan (PCOP)	\$0		
<b>Total 14/15 Estimated Funding Allocation</b>	<b>\$342,230,581</b>		<b>\$0</b>
<b><sup>4</sup>Section 1: Health System Funding Reform - Quality-Based Procedures</b>		<b>Rate</b>	<b>Allocation<sup>4</sup></b>
Cancer- Surgery	TBD		\$0
Cancer- Colposcopy	TBD		\$0
Cardiac- Aortic Valve Replacement	TBD		\$0
Cardiac- Coronary Artery Disease	TBD		\$0
Cataracts- Bilateral	TBD		\$0
Cataracts- Unilateral	TBD		\$0
Chemotherapy Systemic Treatment	TBD		\$0
Chronic Obstructive Pulmonary Disease	TBD		\$0
Congestive Heart Failure	TBD		\$0
Endoscopy	TBD		\$0
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	TBD		\$0
Hip Replacement- Unilateral Primary	TBD		\$0
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	TBD		\$0
Knee Replacement- Unilateral Primary	TBD		\$0
Non-Cardiac Vascular- Aortic Aneurysm (AA)	TBD		\$0
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	TBD		\$0
Orthopaedics- Hip Fracture	TBD		\$0
Orthopaedics- Knee Arthroscopy	TBD		\$0
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	TBD		\$0
Paediatric- Tonsillectomy	TBD		\$0
Respiratory- Pneumonia	TBD		\$0
Stroke- Transient Ischemic Attack (TIA)	TBD		\$0
Stroke- Hemorrhage	TBD		\$0
Stroke- Ischemic or Unspecified	TBD		\$0
Vision Care- Retinal Disease	TBD		\$0

\* Funding allocations will be updated after confirmation from MOHLTC.



# Hospital Sector 2014-2017

Facility #: 952  
 Hospital Name: Lakeridge Health  
 Hospital Legal Name: Lakeridge Health

## 2014-2015 Schedule A: Funding Allocation

### Section 2: Wait Time Strategy Services ("WTS")

General Surgery
Pediatric Surgery
Hip & Knee Replacement - Revisions
Magnetic Resonance Imaging (MRI)
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)
Computed Tomography (CT)
Other WTS Funding

Base <sup>2</sup>	One-Time <sup>2</sup>
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

### Section 3: Provincial Program Services ("PPS")

Cardiac Surgery
Other Cardiac Services
Organ Transplantation
Neurosciences
Bariatric Services
Regional Trauma

Base <sup>2</sup>	One-Time <sup>2</sup>
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

### Section 4: Other Non-HSFR Funding

LHIN One-time payments
MOH One-time payments
LHIN/MOH Recoveries
Other Revenue from MOHLTC
Paymaster

Base <sup>2</sup>	One-Time <sup>2</sup>
	\$0
	\$0
\$0	
\$0	
\$0	

### Other Funding (Not included in the Summary above)

Grant in Lieu of Taxes
Cancer Care Ontario <sup>3</sup>
Ontario Renal Funding <sup>3</sup>

Base <sup>2</sup>	One-Time <sup>2</sup>
\$0	\$69,225
\$0	\$0
\$0	\$0

\* Targets for Years 2 and 3 of the agreement will be determined during the annual refresh process.

<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> Funding provided by Cancer Care Ontario, not the LHIN.

<sup>[4]</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. The Quality Based Procedures allocations above includes Mitigation funding for 2014-2015.

# Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health

## 2014-2015 Schedule B: Reporting Requirements

### 1. MIS Trial Balance

	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 – Apr 01 to Sept 30	31-Oct-2014	31-Oct-2015	31-Oct-2016
Q3 – Oct 01- to Dec 31	31-Jan-2015	31-Jan-2016	31-Jan-2017
Q4 – Jan 01 to March 31	31-May-2015	31-May-2016	31-May-2017

### 2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 – Apr 01 to Sept 30	07-Nov-2014	07-Nov-2015	07-Nov-2016
Q3 – Oct 01- to Dec 31	07-Feb-2015	07-Feb-2016	07-Feb-2017
Q4 – Jan 01 to March 31	30-Jun-2015	30-Jun-2016	30-Jun-2017
Year End 2014-2015	30-Jun-2015	30-Jun-2016	30-Jun-2017

### 3. Audited Financial Statements

Fiscal Year	Due Date
2014-15	30-Jun-2015
2015-16	30-Jun-2016
2016-17	30-Jun-2017

### 4. French Language Services Report

Fiscal Year	Due Date
2014-15	30-Apr-2015
2015-16	30-Apr-2016
2016-17	30-Apr-2017



# Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health
Site Name:	TOTAL ENTITY

## 2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	Site Specific	
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	Site Specific	
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	Site Specific	
Cancer Surgery: % Priority 4 cases completed within Target (84 Days)	Percent	90.0%	>= 90
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cataract Surgery: % Priority 4 cases completed within Target (182 Days)	Percent	90.0%	>= 90
Joint Replacement (Hip): % Priority 4 cases completed within Target (182 Days)	Percent	90.0%	>= 90
Joint Replacement (Knee): % Priority 4 cases completed within Target (182 Days)	Percent	90.0%	>= 90
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target (28 Days)	Percent	50.0%	>= 50
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target (28 Days)	Percent	90.0%	>= 90
Rate of Ventilator-Associated Pneumonia	Rate	Site Specific	
Central Line Infection Rate	Rate	Site Specific	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	Site Specific	
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	Site Specific	
Explanatory Indicators	Measurement Unit		
30-Day Readmission Of Patients With Stroke Or Transient Ischemic Attack (TIA) To Acute Care For All Diagnoses.	Percentage		
Percent Of Stroke Patients Discharged To Inpatient Rehabilitation Following An Acute Stroke Hospitalization.	Percentage		
Percent Of Stroke Patients Admitted To A Stroke Unit During Their Inpatient Stay.	Percentage		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage		

### Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Current Ratio (Consolidated – all sector codes and fund types)	Ratio	0.98	>=0.88
Total Margin (Consolidated – all sector codes and fund types)	Percentage	>=0	>=0
Explanatory Indicators	Measurement Unit		
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds	Amount		
Adjusted Working Funds / Total Revenue %	Percentage		

Note: Targets subject to renegotiation based on 2014/15 LHIN MLPA Targets.

# Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health
Site Name:	TOTAL ENTITY

## 2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

### Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage	13.0%	<=14.3
Provincial Explanatory Indicators	Measurement Unit		
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 2014-2015

- \* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process
- \*\*Refer to 2014-17 H-SAA Indicator Technical Specification for further details.



## Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health
Site Name:	Lakeridge Health Bowmanville

### 2014-2015 Schedule C1: Lakeridge Health Bowmanville Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	22.1	<= 24.3
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	4.80	4.8 to 5.3
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.6	3.6 to 4
Cancer Surgery: % Priority 4 cases completed within Target (84 Days)	Percent		
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent		
Cataract Surgery: % Priority 4 cases completed within Target (182 Days)	Percent		
Joint Replacement (Hip): % Priority 4 cases completed within Target (182 Days)	Percent		
Joint Replacement (Knee): % Priority 4 cases completed within Target (182 Days)	Percent		
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target (28 Days)	Percent		
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target (28 Days)	Percent		
Rate of Ventilator-Associated Pneumonia	Rate	0.00	<=1.00
Central Line Infection Rate	Rate	0.00	<=0.61
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.26	<=0.35
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	<=0.003
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	<=0.02
Explanatory Indicators	Measurement Unit		
30-Day Readmission Of Patients With Stroke Or Transient Ischemic Attack (TIA) To Acute Care For All Diagnoses.	Percentage		
Percent Of Stroke Patients Discharged To Inpatient Rehabilitation Following An Acute Stroke Hospitalization.	Percentage		
Percent Of Stroke Patients Admitted To A Stroke Unit During Their Inpatient Stay.	Percentage		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage		

#### Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage		
Provincial Explanatory Indicators	Measurement Unit		
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 2014-2015

\* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process  
 \*\*Refer to 2014-17 H-SAA Indicator Technical Specification for further details.



## Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health
Site Name:	Lakeridge Health Oshawa

### 2014-2015 Schedule C1: Lakeridge Health Oshawa Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	30.0	30 to 33
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	6.45	6.5 to 7.1
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	4.0	4 to 4.4
Cancer Surgery: % Priority 4 cases completed within Target (84 Days)	Percent		
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent		
Cataract Surgery: % Priority 4 cases completed within Target (182 Days)	Percent		
Joint Replacement (Hip): % Priority 4 cases completed within Target (182 Days)	Percent		
Joint Replacement (Knee): % Priority 4 cases completed within Target (182 Days)	Percent		
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target (28 Days)	Percent		
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target (28 Days)	Percent		
Rate of Ventilator-Associated Pneumonia	Rate	1.30	<=1.43
Central Line Infection Rate	Rate	0.00	<=0.61
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.38	<=0.42
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	<=0.003
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	<=0.02
Explanatory Indicators	Measurement Unit		
30-Day Readmission Of Patients With Stroke Or Transient Ischemic Attack (TIA) To Acute Care For All Diagnoses.	Percentage		
Percent Of Stroke Patients Discharged To Inpatient Rehabilitation Following An Acute Stroke Hospitalization.	Percentage		
Percent Of Stroke Patients Admitted To A Stroke Unit During Their Inpatient Stay.	Percentage		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage		

#### Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage		
Provincial Explanatory Indicators	Measurement Unit		
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 2014-2015

\* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process  
 \*\*Refer to 2014-17 H-SAA Indicator Technical Specification for further details.



# Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health
Site Name:	Lakeridge Health Port Perry

## 2014-2015 Schedule C1: Lakeridge Health Port Perry Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	22.5	22.5 to 24.8
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	5.43	5.4 to 6
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.7	3.7 to 4.1
Cancer Surgery: % Priority 4 cases completed within Target (84 Days)	Percent		
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent		
Cataract Surgery: % Priority 4 cases completed within Target (182 Days)	Percent		
Joint Replacement (Hip): % Priority 4 cases completed within Target (182 Days)	Percent		
Joint Replacement (Knee): % Priority 4 cases completed within Target (182 Days)	Percent		
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target (28 Days)	Percent		
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target (28 Days)	Percent		
Rate of Ventilator-Associated Pneumonia	Rate	N/A	N/A
Central Line Infection Rate	Rate	N/A	N/A
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.86	<=0.95
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	<=0.003
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	<=0.02
Explanatory Indicators	Measurement Unit		
30-Day Readmission Of Patients With Stroke Or Transient Ischemic Attack (TIA) To Acute Care For All Diagnoses.	Percentage		
Percent Of Stroke Patients Discharged To Inpatient Rehabilitation Following An Acute Stroke Hospitalization.	Percentage		
Percent Of Stroke Patients Admitted To A Stroke Unit During Their Inpatient Stay.	Percentage		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage		

### Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage		
Provincial Explanatory Indicators	Measurement Unit		
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 2014-2015

\* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process  
 \*\*Refer to 2014-17 H-SAA Indicator Technical Specification for further details.



# Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health

## 2014-2015 Schedule C2: Service Volumes

### Part I - Global Volumes

	Measurement Unit	2014-2015 Performance Target	2014-2015 Performance Standard
Ambulatory Care	Visits	270,000	>= 243,000.
Complex Continuing Care	Weighted Patient Days	38,000	>= 34200. and <= 41800.
Day Surgery	Weighted Visits	6,000	>= 5520. and <= 6480.
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	0	-
Emergency Department	Weighted Cases	6,500	>= 5980. and <= 7020.
Emergency Department and Urgent Care **	Visits	138,070	>= 117,359.5
Inpatient Mental Health	Weighted Patient Days	15,000	>= 12750. and <= 17250.
Inpatient Mental Health **	Days	12,736	<= 11,971.8
Inpatient Rehabilitation **	Days	25,776	>= 24,229.4
Rehabilitation Separations **	Cases	893	>= 759.05
Total Inpatient Acute	Weighted Cases	31,000	>= 29760. and <= 32240.

### Part II - Hospital Specialized Services

	Measurement Unit	2014-2015 Primary	2014-2015 Revision
Cochlear Implants	Cases	0	0

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	2,400	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	245	

\*\* Not negotiated.

# Hospital Sector 2014-2015

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health

## 2014-2015 Schedule C2: Service Volumes

### Part III - Wait Time Volumes

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
General Surgery	Cases	TBD	TBD
Paediatric Surgery	Cases	TBD	TBD
Hip & Knee Replacement - Revisions	Cases	TBD	TBD
Magnetic Resonance Imaging (MRI)	Total Hours	TBD	TBD
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	TBD	TBD
Computed Tomography (CT)	Total Hours	TBD	TBD

### Part IV - Provincial Programs \*

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cardiac Surgery	Cases	TBD	0
Cardiac Services - Catheterization	Cases	TBD	
Cardiac Services- Interventional Cardiology	Cases	TBD	
Cardiac Services- Permanent Pacemakers	Procedures	TBD	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	# of New Implants	TBD	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	TBD	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	TBD	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	TBD	
Organ Transplantation	Cases	TBD	
Neurosciences	Procedures	TBD	
Regional Trauma	Cases	TBD	
Number of Forensic Beds- General	Beds	TBD	
Number of Forensic Beds- Secure	Beds	TBD	
Number of Forensic Beds- Assessment	Beds	TBD	
Bariatric Surgery	Procedures	TBD	
Medical and Behavioural Treatment	Cases	TBD	

2014-2015  
Revision

0

\* Volumes will be updated after confirmation from MOHLTC



# Hospital Sector 2014-2017

Facility #:	952
Hospital Name:	Lakeridge Health
Hospital Legal Name:	Lakeridge Health

## 2014-2015 Schedule C2: Service Volumes

### Part V - Quality Based Procedures \*

	Measurement Unit	2014-2015 Volume
Cancer- Surgery	Volume	TBD
Cancer- Colposcopy	Volume	TBD
Cardiac- Aortic Valve Replacement	Volume	TBD
Cardiac- Coronary Artery Disease	Volume	TBD
Cataracts- Bilateral	Volume	TBD
Cataracts- Unilateral	Volume	TBD
Chemotherapy Systemic Treatment	Volume	TBD
Chronic Obstructive Pulmonary Disease	Volume	TBD
Congestive Heart Failure	Volume	TBD
Endoscopy	Volume	TBD
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	TBD
Hip Replacement- Unilateral Primary	Volume	TBD
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	TBD
Knee Replacement- Unilateral Primary	Volume	TBD
Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volume	TBD
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volume	TBD
Orthopaedics- Hip Fracture	Volume	TBD
Orthopaedics- Knee Arthroscopy	Volume	TBD
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	Volume	TBD
Paediatric- Tonsillectomy	Volume	TBD
Respiratory- Pneumonia	Volume	TBD
Stroke- Transient Ischemic Attack (TIA)	Volume	TBD
Stroke- Hemorrhage	Volume	TBD
Stroke- Ischemic or Unspecified	Volume	TBD
Vision Care- Retinal Disease	Volume	TBD

\* Volumes will be updated after confirmation from MOHLTC

# Hospital Sector 2014-2015

Facility #: 952  
 Hospital Name: Lakeridge Health  
 Hospital Legal Name: Lakeridge Health

## 2014-2015 Schedule C3: Local Indicators and Obligations

<b>LHN Priority Performance Indicator</b> Orthopaedic Quality Indicators - Hip Replacement Surgery Average Length of Stay (Days)		<b>Performance Target</b> 4.4	<b>Performance Standard</b> N/A												
Length of stay for patients who will be discharged directly home from acute care.															
<b>LHN Priority Performance Indicator</b> Orthopaedic Quality Indicators - Knee Replacement Surgery Average Length of Stay (Days)		<b>Performance Target</b> 4.4	<b>Performance Standard</b> N/A												
Length of stay for patients who will be discharged directly home from acute care.															
<b>LHN Priority Performance Indicator</b> Orthopaedic Quality Indicators - Hip Replacement Surgery Proportion of Patients Discharged Home (%)		<b>Performance Target</b> 90	<b>Performance Standard</b> ≥ 81												
Rate of patients discharged directly home from acute care.															
<b>LHN Priority Performance Indicator</b> Orthopaedic Quality Indicators - Knee Replacement Surgery Proportion of Patients Discharged Home (%)		<b>Performance Target</b> 90	<b>Performance Standard</b> ≥ 81												
Rate of patients discharged directly home from acute care.															
<b>LHN Priority Performance Indicator</b> ALC Throughput Ratio		<b>Performance Target</b> 1.00	<b>Performance Standard</b> N/A												
Rate of ALC patients discharged in a given time period in proportion to the number of ALC patients designated in a given time period.															
<b>LHN Priority Performance Indicator</b> Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)		<table border="1"> <thead> <tr> <th>Site</th> <th>Performance Target</th> <th>Performance Standard</th> </tr> </thead> <tbody> <tr> <td>Bowmanville</td> <td>13.0</td> <td>≤ 14.3</td> </tr> <tr> <td>Oshawa</td> <td>15.5</td> <td>≤ 17.1</td> </tr> <tr> <td>Port Perry</td> <td>13.0</td> <td>≤ 14.3</td> </tr> </tbody> </table>	Site	Performance Target	Performance Standard	Bowmanville	13.0	≤ 14.3	Oshawa	15.5	≤ 17.1	Port Perry	13.0	≤ 14.3	Percent of repeat emergency visits following a visit for a mental health condition. A visit is counted as a repeat visit if it is for a mental health condition and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.
Site	Performance Target	Performance Standard													
Bowmanville	13.0	≤ 14.3													
Oshawa	15.5	≤ 17.1													
Port Perry	13.0	≤ 14.3													
<b>LHN Priority Performance Indicator</b> Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)		<table border="1"> <thead> <tr> <th>Site</th> <th>Performance Target</th> <th>Performance Standard</th> </tr> </thead> <tbody> <tr> <td>Bowmanville</td> <td>17.5</td> <td>≤ 19.3</td> </tr> <tr> <td>Oshawa</td> <td>19.1</td> <td>≤ 21.0</td> </tr> <tr> <td>Port Perry</td> <td>17.5</td> <td>≤ 19.3</td> </tr> </tbody> </table>	Site	Performance Target	Performance Standard	Bowmanville	17.5	≤ 19.3	Oshawa	19.1	≤ 21.0	Port Perry	17.5	≤ 19.3	Percent of repeat emergency visits following a visit for a substance abuse. A visit is counted as a repeat visit if it is for a substance abuse condition, and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.
Site	Performance Target	Performance Standard													
Bowmanville	17.5	≤ 19.3													
Oshawa	19.1	≤ 21.0													
Port Perry	17.5	≤ 19.3													
<b>LHN Priority Performance Indicator</b> Readmissions Within 30 Days for Selected CMGs - CHF (%)		<b>Performance Target</b> 15.03	<b>Performance Standard</b> ≤ 16.53												
CMG 1: The number of patients readmitted to any facility for non-elective inpatient care. This is compared to the number of expected non-elective readmissions using data from all Ontario acute hospitals.															
<b>LHN Priority Performance Indicator</b> Readmissions Within 30 Days for Selected CMGs - COPD (%)		<b>Performance Target</b> 15.03	<b>Performance Standard</b> ≤ 16.53												
CMG 2: The number of patients readmitted to any facility for non-elective inpatient care. This is compared to the number of expected non-elective readmissions using data from all Ontario acute hospitals.															
<b>LHN Priority Performance Obligation</b> Resource Matching and Referral (RM&R) Initiative		All Central East LHN hospitals will work in conjunction with the Central East LHN, the Central East Community Care Access Centre (CECCAC) and other hospitals in implementing a common referral process, service and reporting standards and tools across the health care sector (starting with Rehabilitation, Complex Continuing Care, Long-Term Care and Home Care). These standards will be identified through the provincial and Central East LHN Resource Matching and Referral Business Transformation Initiative.  Within the Central East LHN, implementation of RM&R standardization includes enabling the enhanced role of the CECCAC, whereby the CECCAC will assume responsibility for monitoring and ensuring post-acute care referrals are (at the request of the hospital) initiated, completed and submitted in specified timeframe.  To be reviewed at Q1													
<b>LHN Priority Performance Obligation</b> 2014/15 DEP Funding		Diabetes Education Program: 2014/15 funding and related performance requirements will be communicated upon the finalization of negotiations and reflected in Schedule C3 during the Q1 H-SAA schedule refresh process.													