

SENT ELECTRONICALLY

March 31, 2015

Mr. Kevin Empey
President & CEO
Lakeridge Health
1 Hospital Court
Oshawa, ON L1G 2B9

Dear Mr. Empey:

Re: 2008-16 Hospital Service Accountability Agreement, Executed

A copy of your organization's executed 2008-16 Hospital Sector Service Accountability Amending Agreement and schedules is enclosed for your files.

If you have any questions or concerns related to your H-SAA, please contact Emily Van de Klippe, Lead – System Finance & Performance Management at emily.vandeklippe@lhins.on.ca or at (905) 427-5497, ext. 213.

Sincerely,



Sheila Stirling
Analyst – System Finance & Performance Management
Central East Local Health Integration Network

Encl.

2008-16 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2015

BETWEEN:

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 March 31, 2015;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further twelve month period to permit the LHIN and the Hospital to continue to work toward a new 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.

(c) The following terms have the following meanings.

"Post-Construction Operating Plan (PCOP) Funding" and "PCOP Funding" means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

"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 March 31, 2016.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2015. 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

MAR 30 2015
Date

And by: 
Deborah Hammons, CEO

MAR 30 2015
Date

LAKERIDGE HEALTH

By: 
Donna Kingelin, Board Chair

March 26/15
Date

And by: 
Kevin Empey, President & CEO

March 26, 2015
Date

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule A Funding Allocation*

		2015-2016	
Section 1: FUNDING SUMMARY		[1] Estimated Funding Allocation	
LHIN FUNDING		[2] Base	
LHIN Global Allocation		\$106,340,442	
Health System Funding Reform: HBAM Funding		\$106,837,158	
Health System Funding Reform: QBP Funding (Sec. 2)		\$28,892,057	
Post Construction Operating Plan (PCOP)		\$82,673,800	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time \$476,580
Provincial Program Services ("PPS") (Sec. 4)		\$1,230,650	\$0
Other Non-HSFR Funding (Sec. 5)		\$4,842,062	\$0
Sub-Total LHIN Funding		\$330,816,169	\$476,580
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$53,483,634	
Recoveries and Misc. Revenue		\$23,189,049	
Amortization of Grants/Donations Equipment		\$4,713,533	
OHIP Revenue and Patient Revenue from Other Payors		\$22,023,170	
Differential & Copayment Revenue		\$5,642,991	
Sub-Total Non-LHIN Funding		\$109,052,377	
Total 15/16 Estimated Funding Allocation (All Sources)		\$439,868,546	\$476,580

		2015-2016	
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		40	\$227,899
Acute Inpatient Primary Unilateral Hip Replacement		186	\$1,576,514
Rehabilitation Inpatient Primary Unilateral Knee Replacement		45	\$280,248
Acute Inpatient Primary Unilateral Knee Replacement		472	\$3,600,390
Acute Inpatient Hip Fracture		317	\$4,443,681
Knee Arthroscopy		0	N/A
Elective Hips - Outpatient Rehabilitation for Primary Hip		0	N/A
Elective Knees - Outpatient Rehabilitation for Primary Knee		0	N/A
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		0	N/A
Acute Inpatient Congestive Heart Failure		474	\$3,932,860
Aortic Valve Replacement		0	\$0
Coronary Artery Disease		0	N/A
Acute Inpatient Stroke Hemorrhage		46	\$737,027
Acute Inpatient Stroke Ischemic or Unspecified		348	\$3,075,435
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		100	\$393,235
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		0	N/A
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		0	N/A
Unilateral Cataract Day Surgery		4,947	\$2,469,817

*Funding is (or volumes are) based on 2014/15 approvals and will be adjusted once 2015/16 confirmation is received from MOHLTC.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule A Funding Allocation*

		2015-2016	
Section 2: HSFR - Quality-Based Procedures		Volume	(4) Allocation
Bilateral Cataract Day Surgery		0	\$0
Retinal Disease		0	N/A
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		176	\$338,265
Acute Inpatient Tonsillectomy		347	\$566,400
Acute Inpatient Chronic Obstructive Pulmonary Disease		686	\$4,887,825
Acute Inpatient Pneumonia		345	\$2,362,461
Endoscopy		17,562	\$0
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		0	\$0
Sub-Total Quality Based Procedure Funding		26,091	\$28,892,057
		2015-2016	
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	\$476,580
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$0
Computed Tomography (CT)		\$0	\$0
Other WTS Funding		\$0	\$0
Sub-Total Wait Time Strategy Services Funding		\$0	\$476,580
Section 4: Provincial Priority Program Services ("PPS")		(2) Base	(2) Incremental/One-Time
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$0	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Other Provincial Programs (Type Details here)		\$1,230,650	\$0
Sub-Total Provincial Priority Program Services Funding		\$1,230,650	\$0
Section 5: Other Non-HSFR		(2) Base	(2) Incremental/One-Time
LHIN One-time payments		\$1,800,000	\$0
MOH One-time payments		\$1,690,503	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$4,852,167	
Paymaster		(\$3,500,608)	
Sub-Total Other Non-HSFR Funding		\$4,842,062	\$0

*Funding is (or volumes are) based on 2014/15 approvals and will be adjusted once 2015/16 confirmation is received from MOHLTC.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule A Funding Allocation*

		2015-2016	
		(2) Base	(3) Incremental/One-Time
Section 6: Other Funding			
<i>(Info. Only. Funding is already included in Sections 1-4 above)</i>			
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		\$0	\$70,725
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$0	\$70,725
* Targets for Year 3 of the agreement will be determined during the annual refresh process.			
[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHIN.			
[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.			

*Funding is (or volumes are) based on 2014/15 approvals and will be adjusted once 2015/16 confirmation is received from MOHLTC.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule B: Reporting Requirements

	Due Date 2015-2016
1. MIS Trial Balance	
Q2 – April 01 to September 30	31 October 2015
Q3 – October 01 to December 31	31 January 2016
Q4 – January 01 to March 31	30 May 2016
2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary	
Q2 – April 01 to September 30	07 November 2015
Q3 – October 01 to December 31	07 February 2016
Q4 – January 01 to March 31	30 June 2016
Year End	30 June 2016
3. Audited Financial Statements	
Fiscal Year	30 June 2016
4. French Language Services Report	
Fiscal Year	30 April 2016

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
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	Percent	90.0%	>= 90%
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	0.0%	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	90.0%	>= 90%
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	90.0%	>= 90%
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	90.0%	>= 90%
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	60.0%	>= 50%
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	90.0%	>= 90%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Cental Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.74	>= 1.66
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.44%	>=0%

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	Site Specific	
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.
 *Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.

**Performance on Schedule C3 - Local indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
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	<= 5.3
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.60	<= 4
Cancer Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	Total Entity	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	Total Entity	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	Total Entity	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	Total Entity	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.15	<= 0.2

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	Total Entity	
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	Total Entity	

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	13.60%	<= 10%
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		
Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3			
Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.			
*Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.			

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	30.0	<= 33
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	6.45	<= 7.1
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	4.00	<= 4.4
Cancer Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	Total Entity	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	Total Entity	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	Total Entity	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	Total Entity	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.28	<= 0.3

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	Total Entity	
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	Total Entity	

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	13.60%	<= 10%
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		
Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3			
Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.			
*Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.			

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	22.5	<= 24.8
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	5.43	<= 6
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.70	<= 4.1
Cancer Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	Total Entity	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	Total Entity	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	Total Entity	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	Total Entity	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	Total Entity	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.32	<= 0.4

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	Total Entity	
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	Total Entity	

Explanatory Indicators

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C1 Performance Indicators

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2016-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	13.60%	<= 10%
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3
Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process. *Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.

**Performance on Schedule C3 - Local Indicators and Obligations.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes

	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
Ambulatory Care	Visits	245,000	>= 220,500.
Complex Continuing Care	Weighted Patient Days	35,000	>= 31500. and <= 38500.
Day Surgery	Weighted Cases	6,000	>= 5920. and <= 6480.
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A	N/A
Emergency Department	Weighted Cases	6,500	>= 5980. and <= 7020.
Emergency Department and Urgent Care	Visits	144,430	>= 122,765.5
Inpatient Mental Health	Weighted Patient Days	16,800	>= 14260. and <= 19320.
Inpatient Mental Health	Patient Days	14,032	<= 13,190.1
Acute Rehabilitation Patient Days	Patient Days	25,776	<= 24,229.4
Rehab Inpatient	Weighted Cases	1,300	>= 1,105.
Total Inpatient Acute	Weighted Cases	31,000	>= 29760. and <= 32240.

Part II - Hospital Specialized Services

	Measurement Unit	Primary	Revision
		2015-2016	2015-2016
Cochlear Implants	Cases	0	0
		Base	One-time
		2015-2016	2015-2016
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	2,400	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	245	

Part III - Wait Time Volumes

	Measurement Unit	Base	One-time
		2015-2016	2015-2016
General Surgery	Cases	1,532	0
Paediatric Surgery	Cases	0	0
Hip & Knee Replacement - Revisions	Cases	15	0
Magnetic Resonance Imaging (MRI)	Total Hours	5,119	1,833
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	81	0
Computed Tomography (CT)	Total Hours	5,665	0

***not negotiated; explanatory only.

Hospital Sector Accountability Agreement 2015-2016

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

2015-2016 Schedule C2 Service Volumes

Part IV - Provincial Programs			
	Measurement Unit	Base 2015-2016	One-time 2016-2016
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services - Interventional Cardiology	Cases	0	
Cardiac Services - Permanent Pacemakers	Cases	191	
Automatic Implantable Cardiac Defib's (AICDs) - New Implants	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs) - Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs) - Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs) - Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds - General	Beds	0	
Number of Forensic Beds - Secure	Beds	0	
Number of Forensic Beds - Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment Cases	Cases	0	

***not negotiated; explanatory only.

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2015-2016 Schedule C2 Service Volumes

Part V - Quality Based Procedures

	Measurement Unit	Volume 2015-2016
Rehabilitation Inpatient Primary Unilateral Hip Replacement	Volume	40
Acute Inpatient Primary Unilateral Hip Replacement	Volume	186
Rehabilitation Inpatient Primary Unilateral Knee Replacement	Volume	45
Acute Inpatient Primary Unilateral Knee Replacement	Volume	472
Acute Inpatient Hip Fracture	Volume	317
Knee Arthroscopy	Volume	0
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	0
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	0
Acute Inpatient Congestive Heart Failure	Volume	474
Aortic Valve Replacement	Volume	0
Coronary Artery Disease	Volume	0
Acute Inpatient Stroke Hemorrhage	Volume	46
Acute Inpatient Stroke Ischemic or Unspecified	Volume	348
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	100
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	0
Unilateral Cataract Day Surgery	Volume	4,947
Bilateral Cataract Day Surgery	Volume	0
Retinal Disease	Volume	0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	176
Acute Inpatient Tonsillectomy	Volume	347
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	686
Acute Inpatient Pneumonia	Volume	345
Endoscopy	Volume	17,562

***not negotiated; explanatory only.

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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Hip Replacement Surgery Average Length of Stay (Days)</p>		<p>Performance Target</p> <p>4.4</p>	<p>Performance Standard</p> <p>N/A</p>
<p>Length of stay for patients who will be discharged directly home from acute care.</p>			
<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Knee Replacement Surgery Average Length of Stay (Days)</p>		<p>Performance Target</p> <p>4.4</p>	<p>Performance Standard</p> <p>N/A</p>
<p>Length of stay for patients who will be discharged directly home from acute care.</p>			
<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Hip Replacement Surgery Proportion of Patients Discharged Home (%)</p>		<p>Performance Target</p> <p>90</p>	<p>Performance Standard</p> <p>≥ 81</p>
<p>Rate of patients discharged directly home from acute care.</p>			
<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Knee Replacement Surgery Proportion of Patients Discharged Home (%)</p>		<p>Performance Target</p> <p>90</p>	<p>Performance Standard</p> <p>≥ 81</p>
<p>Rate of patients discharged directly home from acute care.</p>			
<p>LHIN Priority Performance Indicator</p> <p>Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)</p>	<p>Site</p>	<p>Performance Target</p>	<p>Performance Standard</p>
	<p>Bowmanville</p>	<p>13.0</p>	<p>≤ 14.3</p>
	<p>Oshawa</p>	<p>15.5</p>	<p>≤ 17.1</p>
	<p>Port Perry</p>	<p>13.0</p>	<p>≤ 14.3</p>
<p>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.</p>			
<p>LHIN Priority Performance Indicator</p> <p>Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)</p>	<p>Site</p>	<p>Performance Target</p>	<p>Performance Standard</p>
	<p>Bowmanville</p>	<p>17.5</p>	<p>≤ 19.3</p>
	<p>Oshawa</p>	<p>19.1</p>	<p>≤ 21.0</p>
	<p>Port Perry</p>	<p>15.2</p>	<p>≤ 16.7</p>
<p>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.</p>			
<p>LHIN Priority Performance Indicator</p> <p>Readmissions Within 30 Days for Selected CMGs - CHF (%)</p>		<p>Performance Target</p> <p>14.28</p>	<p>Performance Standard</p> <p>≤ 15.71</p>
<p>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.</p>			

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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority Performance Indicator		Performance Target	Performance Standard	
Readmissions Within 30 Days for Selected CMGs - COPD (%)		14.28	≤ 15.71	
<p>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.</p>				
LHIN Priority Performance Obligation				
Resource Matching and Referral (RM&R) Initiative		<p>The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&R) pathways by April 2015 including Acute to Community Care Access Centre (CCAC), Acute to Long-term Care, Acute to Rehabilitation and Acute to Complex Continuing Care. All Central East LHIN hospitals will work in conjunction with the Central East LHIN, the Central East Community Care Access Centre (CECCAC) and other hospitals in implementing the provincial standards for referral for the 4 care pathways from sender to receiver to help the receiver make an acceptance decision for accepting a patient in their program/service. A standardized referral process will be followed utilizing existing systems where possible across the health care sector for Rehabilitation and Complex Continuing Care in the fiscal 14/15. The Definitions Task Group of the Rehab Alliance has developed standardized definitions for bedded levels of rehabilitative care (i.e. hospital based inpatient beds that are not coded as acute care as well as convalescent/restorative care beds within LTCH). This will be used as standards for rehabilitative levels of care across the continuum.</p> <p>Within the Central East LHIN, implementation of RM&R standardization includes enabling the CECCAC to assume responsibility for monitoring and ensuring post-acute care referrals are initiated, completed and submitted in a specified timeframe.</p> <p>CCAC coordinated access will be enabled by the following standardized policies and processes:</p> <ul style="list-style-type: none"> • CCAC confirms patient eligibility inclusion/exclusion criteria and initiates application with the Interprofessional Team (IPT). • An established prioritization framework for processing referrals (e.g. waitlisted date). • A standard method for management of the waiting list for rehabilitation and complex care beds. • A standardized discharge planning approach. 		
LHIN Priority Performance Indicator		Site	Performance Target	Performance Standard
Palliative Care Patients Discharged Home (%)		Bowmanville	90.0	≤ 99.0
		Oshawa	70.7	≤ 77.8
		Port Perry	83.3	≤ 91.6
<p>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.</p>				