2008-2012 H-SAA AMENDING AGREEMENT #2

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2011

BETWEEN:

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

AND

BAYCREST CENTRE FOR GERIATRIC CARE (the "Hospital")

WHEREAS the LHIN and the Hospital entered into a hospital service accountability agreement that took effect April 1, 2008 and has been amended by agreements made as of April 1, 2010 and April 1, 2011 (the "H-SAA");

AND WHEREAS the Parties acknowledged, in the amending agreement made as of April 1, 2011, that further amendments would be required to the Schedules following the announcement of funding allocations by the Ministry of Health and Long Term Care.

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.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the H-SAA shall be amended as set out in this Article 2.

2.2 Schedules.

(a) Schedules C-2 shall be deleted and replaced with Schedule C-2 2011-12 attached to this Agreement.

(b) Schedules D-2 shall be deleted and replaced with Schedule D-2 2011-12 attached to this Agreement.

3.0 Effective Date. The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2011. All other terms of the H-SAA, those provisions in the Schedules not amended by s. 2.2, above, 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 Schedules C-2 2011-12, D-2 2011-12 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.

**TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

By: 

[Signature]

Angela Ferrante, Chair

Date: 4/1/12

And by:

[Signature]

Camille Orridge, CEO

Date: 3/1/12

**BAYCREST CENTRE FOR GERIATRIC CARE**

By: 

[Signature]

Dr. Anthony Melman, Chair

Date: 1/17/14

And by:

[Signature]

Dr. William Reichman, CEO

Date: 12/6/11
### Hospital Multi-Year Funding Allocation

#### Schedule C2 2011-12

<table>
<thead>
<tr>
<th>Hospital</th>
<th>TORONTO Baycrest Centre for Geriatric Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fac #</td>
<td>627</td>
</tr>
<tr>
<td>2011/12 Funding Allocation</td>
<td></td>
</tr>
<tr>
<td>Operating Base Funding</td>
<td>58,936,900</td>
</tr>
<tr>
<td>Multi-Year Funding Incremental Adjustment</td>
<td></td>
</tr>
<tr>
<td>Other Funding</td>
<td></td>
</tr>
<tr>
<td>Funding Formula</td>
<td></td>
</tr>
<tr>
<td>Funding adjustment 1 (Chronic Care)</td>
<td></td>
</tr>
<tr>
<td>Funding adjustment 2 (High Growth)</td>
<td></td>
</tr>
<tr>
<td>Funding adjustment 3 (30 Bed slow stream Rehabilitation program)</td>
<td>61,400</td>
</tr>
<tr>
<td>Funding adjustment 4 (In year recovery RICN Reg infection Control Network)</td>
<td>4,700,000</td>
</tr>
<tr>
<td>Funding adjustment 5 (Infection Control Practitioner)</td>
<td>-125,000</td>
</tr>
<tr>
<td>Funding adjustment 6 (Regional Infection Control Network transition)</td>
<td></td>
</tr>
<tr>
<td>Critical Care Strategies Schedule E</td>
<td></td>
</tr>
<tr>
<td>PCOP: Schedule F</td>
<td></td>
</tr>
<tr>
<td>PCOP</td>
<td></td>
</tr>
<tr>
<td>Stable Priority Services: Schedule G</td>
<td></td>
</tr>
<tr>
<td>Chronic Care Services</td>
<td>42,200</td>
</tr>
<tr>
<td>Total Additional Base and One Time Funding</td>
<td>833,787</td>
</tr>
<tr>
<td>Total Allocation</td>
<td>64,387,887</td>
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</tbody>
</table>

Schedule C is prepared based on MLPA Sept 30 and admin letters received at TC LHIN as of Oct 5
## Performance Indicators

**Hospital:** TORONTO Baycrest

<table>
<thead>
<tr>
<th>Fac #</th>
<th>B27</th>
</tr>
</thead>
</table>

### Accountability Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measurement Unit</th>
<th>2011/12 Performance Target</th>
<th>2011/12 Performance Standard*</th>
</tr>
</thead>
<tbody>
<tr>
<td>90th Percentile ER LOS for Admitted Patients</td>
<td>Hours</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>90th Percentile ER LOS for Non-admitted Complex Patients</td>
<td>Hours</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients</td>
<td>Hours</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Explanatory Indicators

- **Emergency Department Activity:** Weighted Cases
- **Emergency Department Visits:** Visits
- **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 rehabilitation:** Percentage
- **Percent of stroke patients managed on a designated stroke unit:** Percentage
- **Wall Time Volumes (Per Schedule H2):** Cases
- **Rehabilitation Separations:** Separations

### Organizational Health: Efficient, Appropriately Resourced, Employee Experience, Governance

#### Accountability Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ratio</th>
<th>2011/12 Performance Standard*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio (Consolidated)</td>
<td>0.28%</td>
<td>0.25 - 0.31%</td>
</tr>
<tr>
<td>Total Margin (Consolidated)</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

#### Explanatory Indicators

- **Total Margin (Hospital Sector Only):** Percentage
- **Percentage Full Time Nurses:** Percentage
- **Percentage Paid Sick Time:** Percentage
- **Percentage Paid Overtime:** Percentage

### System Integration: Integration, Community Engagement, eHealth

#### Explanatory Indicators

- **Percentage ALC Days:** Days
- **Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions:** Visits
- **Repeat Unplanned Emergency Visits within 30 days for Substance Abuse Conditions:** Visits
<table>
<thead>
<tr>
<th>Fac #</th>
<th>827</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLOBAL VOLUMES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Accountability Indicators</strong></td>
<td></td>
</tr>
<tr>
<td>Total Acute Activity, Incl. Inpatient and Day Surgery***</td>
<td>Weighted Cases</td>
</tr>
<tr>
<td>Complex Continuing Care</td>
<td>RMS Weighted Patient Days</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Inpatient Days</td>
</tr>
<tr>
<td>ELDCAF</td>
<td>Inpatient Days</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Inpatient Days</td>
</tr>
<tr>
<td>Ambulatory Care****</td>
<td>Visits</td>
</tr>
</tbody>
</table>

* Volume Performance indicators under Global Volumes vary in application based on hospital type.
*** Global volumes based on CHI Case mix Group (CMG)+ methodology and RW weights.