Toronto Central **LHIN**

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March 6, 2015

Dr. William Reichman
President and Chief Executive Officer
Baycrest Centre for Geriatric Care
3560 Bathurst Street
Toronto, ON M6A 2E1

Dear Dr. Reichman,

Re: 2014-17 Multi-Sector Service Accountability Agreement

When Toronto Central Local Health Integration Network (the "LHIN") and the Baycrest Centre for Geriatric Care (the "HSP") entered into a service accountability agreement for a three-year term effective April 1, 2014 (the "MSAA"), the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were indicated as "To Be Determined (TBD)". The LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2015/16 fiscal year to the applicable Schedules listed in Appendix 1.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2015, by adding the amended Schedules that are included in Appendix 1 to this letter.

To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

Please indicate the HSP's acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to Kelly Cronin-Cowan, Administrative Assistant Performance Management **by March 31, 2015**. If you have any questions or concerns please contact Gillian Bone, Senior Consultant Performance Management at 416-969-3322, or gillian.bone@lhins.on.ca.

Toronto Central LHIN appreciates your team's collaboration and hard work during this 2015/16 MSAA refresh process. We look forward to our continued work together.

Sincerely,

Camille Orridge
Chief Executive Officer

c: Jeffrey Blidner, Chair, Baycrest Centre for Geriatric Care
Angela Ferrante, Board Chair, Toronto Central LHIN
Bill Manson, Senior Director, Performance Management, Toronto Central LHIN
Gillian Bone, Senior Consultant, Performance Management, Toronto Central LHIN

encl.: Appendix 1

Ontario
Local Health Integration Network

AGREED TO AND ACCEPTED BY:

Baycrest Centre for Geriatric Care

By:

William Reichman, President and Chief Executive Officer
I have the authority to bind Baycrest Centre for Geriatric Care

09/02/15
Date

And By:

DAVID KASSIE
~~Jeffrey Blidner~~, Chair
I have the authority to bind Baycrest Centre for Geriatric Care

09/30/15
Date

APPENDIX 1

Schedule B1	Total LHIN Funding
Schedule B2	Clinical Activity - Summary
Schedule C	Reports
Schedule D	Directives, Guidelines and Policies
Schedule E1	Core Indicators
Schedule E2a	Clinical Activity - Detail
Schedule E3a	LHIN Local Indicators and Obligations

Schedule B1: Total LHIN Funding

2014-2017

Health Service Provider: Baycrest Centre for Geriatric Care

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS Version 9.0	2014/2015 Plan Target	2015/2016 Plan Target	2016/2017 Plan Target
REVENUE					
LHIN Global Base Allocation	1	F 11006	$5,168,141	$6,174,035	
HBAM Funding (CCAC only)	2	F 11005	$0	$0	
Quality-Based Procedures (CCAC only)	3	F 11004	$0	$0	
MOHLTC Base Allocation	4	F 11010	$0	$0	
MOHLTC Other funding envelopes	5	F 11014	$0	$0	
LHIN One Time	6	F 11008	$0	$0	
MOHLTC One Time	7	F 11012	$0	$0	
Paymaster Flow Through	8	F 11019	$0	$0	
Service Recipient Revenue	9	F 11050 to 11090	$0	$0	
Subtotal Revenue LHIN/MOHLTC	**10**	**Sum of Rows 1 to 9**	**$5,168,141**	**$6,174,035**	
Recoveries from External/Internal Sources	11	F 120*	$12,249	$23,714	
Donations	12	F 140*	$0	$0	
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	$1,835,910	$1,464,620	
Subtotal Other Revenues	**14**	**Sum of Rows 11 to 13**	**$1,848,159**	**$1,488,334**	
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$7,016,300**	**$7,662,369**	
EXPENSES					
Compensation					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$4,612,877	$5,001,585	
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$1,122,538	$1,185,346	
Employee Future Benefit Compensation	19	F 305*	$0	$0	
Physician Compensation	20	F 390*	$0	$0	
Physician Assistant Compensation	21	F 390*	$0	$0	
Nurse Practitioner Compensation	22	F 380*	$0	$0	
Physiotherapist Compensation	23	F 350*		$0	
Chiropractor Compensation	24	F 390*		$0	
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	$0	$0	
Sessional Fees	26	F 39092	$444,966	$442,848	
Service Costs					
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	$4,039	$3,169	
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$702,376	$915,867	
Community One Time Expense	29	F 69596	$0	$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$55,056	$56,786	
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	$89,975	$113,296	
Contracted Out Expense	32	F 8*	$3,920	$0	
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	$16,216	$15,357	
Building Amortization	34	F 9*	$34,224	$34,410	
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$7,086,187**	**$7,768,664**	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**36**	**Row 15 minus Row 35**	**($69,887)**	**($106,295)**	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	$69,887	$106,295	
SURPLUS/DEFICIT Incl. Amortization of	**38**	**Sum of Rows 36 to 37**	**$0**	**$0**	
FUND TYPE 3 - OTHER					
Total Revenue (Type 3)	39	F 1*	$0	$0	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$0	$0	
NET SURPLUS/(DEFICIT) FUND TYPE 3	**41**	**Row 39 minus Row 40**	**$0**	**$0**	
FUND TYPE 1 - HOSPITAL					
Total Revenue (Type 1)	42	F 1*	$0	$0	
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$0	$0	
NET SURPLUS/(DEFICIT) FUND TYPE 1	**44**	**Row 42 minus Row 43**	**$0**	**$0**	
ALL FUND TYPES					
Total Revenue (All Funds)	**45**	**Line 15 + line 39 + line 42**	**$7,086,187**	**$7,768,664**	
Total Expenses (All Funds)	**46**	**Line 16 + line 40 + line 43**	**$7,086,187**	**$7,768,664**	
NET SURPLUS/(DEFICIT) ALL FUND TYPES	**47**	**Row 45 minus Row 46**	**$0**	**$0**	
Total Admin Expenses Allocated to the TPBEs					
Undistributed Accounting Centres	48	82*	$0	$0	
Admin & Support Services	49	72 1*	$239,741	$265,136	
Management Clinical Services	50	72 5 05	$0	$0	
Medical Resources	51	72 5 07	$0	$0	
Total Admin & Undistributed Expenses	**52**	**Sum of Rows 48-51 (included in Fund Type 2 expenses above)**	**$239,741**	**$265,136**	

Schedule B2: Clinical Activity-Summary

2014-2017

Health Service Provider: Baycrest Centre for Geriatric Care

Service Category 2014-2015 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits	Not Uniquely Identified Service Recipient Interactions	Hours of Care	Inpatient / Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions	Meal Delivered-Combined	Group Participant Attendances	Service Provider Interactions	Mental Health Sessions	Service Provider Group Interactions
Primary Care- Clinics/Programs	72 5 10*	11.98	8,541				600							
Provincial & Regional Health System Development	72 5 75													
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	54.38				61,695	708	19,000						

Service Category 2015-2016 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits	Not Uniquely Identified Service Recipient Interactions	Hours of Care	Inpatient / Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions	Meal Delivered-Combined	Group Participant Attendances	Service Provider Interactions	Mental Health Sessions	Service Provider Group Interactions
Primary Care- Clinics/Programs	72 5 10*	11.85	9,579				747							
Provincial & Regional Health System Development	72 5 75	4.40												
CSS In-Home and Community Services (CSS IH COM)	72 5 82*	55.60				62,000	1,200	43,815						

Service Category 2016-2017 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits	Not Uniquely Identified Service Recipient Interactions	Hours of Care	Inpatient / Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions	Meal Delivered-Combined	Group Participant Attendances	Service Provider Interactions	Mental Health Sessions	Service Provider Group Interactions
Primary Care- Clinics/Programs	72 5 10*													
Provincial & Regional Health System Development	72 5 75													
CSS In-Home and Community Services (CSS IH COM)	72 5 82*													

SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "*".

OHRS/MIS Trial Balance Submission (through OHFS)	
2014-2015	**Due Dates (Must pass 3c Edits)**
2014-15 Q1	*Not required 2014-15*
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	**Due Dates (Must pass 3c Edits)**
2015-16 Q1	*Not required 2015-16*
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	**Due Dates (Must pass 3c Edits)**
2016-17 Q1	*Not required 2016-17*
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	**Due five (5) business days following Trial Balance Submission Due Date**
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	**Due five (5) business days following Trial Balance Submission Due Date**
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-2017	**Due five (5) business days following Trial Balance Submission Due Date**
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due

SCHEDULE C – REPORTS
COMMUNITY SUPPORT SERVICES

Annual Reconciliation Report (ARR) through SRI and paper copy submission* **(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)**	
Fiscal Year	**Due Date**
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017

Board Approved Audited Financial Statements *	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Declaration of Compliance	
Fiscal Year	**Due Date**
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Community Support Services – Other Reporting Requirements	
Requirement	**Due Date**
French language service report through SRI	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 April 30, 2017

SCHEDULE C – REPORTS
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk "*".

OHRS/MIS Trial Balance Submission (through OHFS)	
2014-15	**Due Dates (Must pass 3c Edits)**
2014-15 Q1	*Not required 2014-15*
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	**Due Dates (Must pass 3c Edits)**
2015-16 Q1	*Not required 2015-16*
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	**Due Dates (Must pass 3c Edits)**
2016-17 Q1	*Not required 2016-17*
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	**Due five (5) business days following Trial Balance Submission Due Date**
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	**Due five (5) business days following Trial Balance Submission Due Date**
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-17	**Due five (5) business days following Trial Balance Submission Due Date**
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due

SCHEDULE C – REPORTS
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

Annual Reconciliation Report (ARR) through SRI and paper copy submission* **(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)**	
Fiscal Year	**Due Date**
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017

Board Approved Audited Financial Statements *	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Declaration of Compliance	
Fiscal Year	**Due Date**
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Community Mental Health and Addictions – Other Reporting Requirements	
Requirement	**Due Date**
Common Data Set for Community Mental Health Services	Last day of one month following the close of trial balance reporting for Q2 and Q4 (Year-End)
	• 2014-15 Q2 November 28, 2014
	• 2014-15 Q4 June 30, 2015
	• 2015-16 Q2 November 30, 2015
	• 2015-16 Q4 June 30, 2016
	• 2016-17 Q2 November 30, 2016
	• 2016-17 Q4 June 30, 2017
DATIS (Drug & Alcohol Treatment Information System)	Fifteen (15) business days after end of Q1, Q2 and Q3 - Twenty (20) business days after Year-End (Q4)
	• 2014-15 Q1 July 22, 2014
	• 2014-15 Q2 October 22, 2014
	• 2014-15 Q3 January 22, 2015
	• 2014-15 Q4 April 30, 2015
	• 2015-16 Q1 July 22, 2015
	• 2015-16 Q2 October 22, 2015
	• 2015-16 Q3 January 22, 2016
	• 2015-16 Q4 April 28, 2016
	• 2016-17 Q1 July 22, 2016
	• 2016-17 Q2 October 24, 2016
	• 2016-17 Q3 January 23, 2017
	• 2016-17 Q4 May 2, 2017

SCHEDULE C – REPORTS
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

Connex*Ontario* Health Services Information • Drug and Alcohol Helpline • Ontario Problem Gambling Helpline (OPGH) • Mental Health Helpline	All HSPs that received funding to provide mental health and/or addictions services must sign an Organization Reporting Agreement with **Connex*Ontario*** Health Services Information, which sets out the reporting requirements.

French language service report through SRI	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 - April 30, 2017

SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY SUPPORT SERVICES

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

▪ Personal Support Services Wage Enhancement Directive, 2014
▪ Community Financial Policy, 2015
▪ Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
▪ Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
▪ Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
▪ Community Support Services Complaints Policy (2004)
▪ Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
▪ Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
▪ Screening of Personal Support Workers (2003)
▪ Ontario Healthcare Reporting Standards – OHRS/MIS – most current version available to applicable year
▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

<table>
<tr><td colspan="2">▪ Community Financial Policy, 2015</td></tr>
<tr><td rowspan="3">▪ Operating Manual for Community Mental Health and Addiction Services (2003)</td><td>Chapter 1. Organizational Components

1.2 Organizational Structure, Roles and Relationships
1.3 Developing and Maintaining the HSP Organization / Structure
1.5 Dispute Resolution</td></tr>
<tr><td>Chapter 2. Program & Administrative Components

2.3 Budget Allocations/ Problem Gambling Budget Allocations
2.4 Service Provision Requirements
2.5 Client Records, Confidentiality and Disclosure
2.6 Service Reporting Requirements
2.8 Issues Management
2.9 Service Evaluation/Quality Assurance
2.10 Administrative Expectations</td></tr>
<tr><td>Chapter 3. Financial Record Keeping and Reporting Requirements

3.2 Personal Needs Allowance for Clients in Some Residential Addictions Programs
3.6 Internal Financial Controls (except "Inventory of Assets")
3.7 Human Resource Control</td></tr>
<tr><td colspan="2">▪ Early Psychosis Intervention Standards (Nov 2010)</td></tr>
<tr><td colspan="2">▪ Ontario Program Standards for ACT Teams (2005)</td></tr>
<tr><td colspan="2">▪ Intensive Case Management Service Standards for Mental Health Services and Supports (2005)</td></tr>
<tr><td colspan="2">▪ Crisis Response Service Standards for Mental Health Services and Supports (2005)</td></tr>
<tr><td colspan="2">Psychiatric Sessional Funding Guidelines (2004)</td></tr>
<tr><td colspan="2">▪ Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with Dual Diagnosis (2008)</td></tr>
<tr><td colspan="2">▪ Addictions & Mental Health Ontario – Ontario Provincial Withdrawal Management Standards (2014)</td></tr>
<tr><td colspan="2">▪ Ontario Admission Discharge Criteria for Addiction Agencies (2000)</td></tr>
<tr><td colspan="2">▪ Admission, Discharge and Assessment Tools for Ontario Addiction Agencies (2000)</td></tr>
<tr><td colspan="2">▪ South Oaks Gambling Screen (SOGS)</td></tr>
</table>

SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY MENTAL HEALTH AND ADDICTIONS SERVICES

▪ **Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year**
▪ **Guideline for Community Health Service Providers Audits and Reviews, August 2012**

Schedule E1: Core Indicators

2014-2017

Health Service Provider: Baycrest Centre for Geriatric Care

Performance Indicators	2014/2015 Target	Performance Standard	2015/2016 Target	Performance Standard	2016/2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0	$0	>=0		
Proportion of Budget Spent on Administration	3.4%	3.4% - 4.1%	3.4%	3.4% - 4.1%		
**Percentage Total Margin	0.00%	>=0%	0.00%	>=0%		
Variance Forecast to Actual Expenditures	$0	<5%	$0	<5%		
Variance Forecast to Actual Units of Service	0	<5%	0	<5%		
Service Activity by Functional Centre	Refer to Schedule E2a	-	Refer to Schedule E2a	-		
Number of Individuals Served	Refer to Schedule E2a	-	Refer to Schedule E2a	-		
Explanatory Indicators						
Cost per Unit Service (by Functional Centre)						
Cost per Individual Served (by Program/Service/Functional Centre) Percentage of Acute Alternate Level of Care (ALC) days (Closed Cases)						
Client Experience						
Budget Spent on Administration - AS General Administration 72 1 10						
Budget Spent on Administration - AS Information System Support 72 1 25						
Budget Spent on Administration - AS Volunteer Services 72 1 40						
Budget Spent on Administration - AS Plant Operation 72 1 55						
* Balance Budget Fund Type 2: HSP's are required to submit a balanced budget **No negative variance is accepted for Total Margin						

Schedule E2a: Clinical Activity-Detail

2014-2017

Health Service Provider: Baycrest Centre for Geriatric Care

OHRS Description & Functional Centre [1]These values are provided for information purposes only. They are not Accountability Indicators.		2014-2015		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
Primary Care- Clinics/Programs 72 5 10*							
MH Psycho-geriatric 72 5 10 76 96							
[1]Full-time equivalents (FTE)	72 5 10 76 96	**11.98**	n/a	**11.85**	n/a		
Visits	72 5 10 76 96	**8,541**	8,114 - 8,968	**9,579**	9,100 - 10,058		
Individuals Served by Functional Centre	72 5 10 76 96	**600**	510 - 690	**747**	635 - 859		
[1]Total Cost for Functional Centre	72 5 10 76 96	**$1,828,538**	n/a	**$1,864,035**	n/a		
Provincial & Regional Health System Development 72 5 75							
Provincial & Regional Health System Development 72 5 75							
[1]Full-time equivalents (FTE)	72 5 75			**4.40**	n/a		
[1]Total Cost for Functional Centre	72 5 75			**$551,754**	n/a		
CSS In-Home and Community Services (CSS IH COM) 72 5 82*							
CSS IH - Social and Congregate Dining 72 5 82 12							
[1]Full-time equivalents (FTE)	72 5 82 12			**1.65**	n/a		
Individuals Served by Functional Centre	72 5 82 12			**471**	377 - 565		
Attendance Days Face-to-Face	72 5 82 12			**16,465**	15,642 - 17,288		
[1]Total Cost for Functional Centre	72 5 82 12			**$143,520**	n/a		
CSS IH - Day Services 72 5 82 20							
[1]Full-time equivalents (FTE)	72 5 82 20	**31.69**	n/a	**32.53**	n/a		
Individuals Served by Functional Centre	72 5 82 20	**516**	439 - 593	**500**	425 - 575		
Attendance Days Face-to-Face	72 5 82 20	**19,000**	18,050 - 19,950	**27,350**	26,256 - 28,444		
[1]Total Cost for Functional Centre	72 5 82 20	**$3,109,318**	n/a	**$3,203,720**	n/a		
CSS IH - Assisted Living Services 72 5 82 45							
[1]Full-time equivalents (FTE)	72 5 82 45	**22.69**	n/a	**21.42**	n/a		
Inpatient/Resident Days	72 5 82 45	**61,695**	59,844 - 63,546	**62,000**	60,140 - 63,860		
Individuals Served by Functional Centre	72 5 82 45	**192**	154 - 230	**229**	183 - 275		

OHRS Description & Functional Centre [1]These values are provided for information purposes only. They are not Accountability Indicators.		2014-2015		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
[1]Total Cost for Functional Centre	72 5 82 45	**$1,908,590**	n/a	**$1,740,499**	n/a		
Total Administration Expenses							
Administration and Support Services 72 1*							
[1]Full-time equivalents (FTE)	72 1*	**0.50**	n/a	**0.50**	n/a		
[1]Total Cost for Functional Centre	72 1*	**$239,741**	n/a	**$265,136**	n/a		
Total Full-Time Equivalents for All F/C		**66.86**		**72.35**			
Total Cost for All F/C		**$7,086,187**		**$7,768,664**			

Schedule E3a LHIN Local Indicators and Obligations
2015-2016

Health Service Provider: Baycrest Centre for Geriatric Care

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
- Adopt eHealth and Information Management initiatives that encompass both provincial and local level priorities as identified by TC LHIN.
    - TC LHIN Priorities include: Continued implementation of the Standardized Discharge Summary, submission of data to Integrated Decision Support tool (IDS), and participation in Community Business Intelligence, and all Resource Matching and Referral initiatives.
    - Provincial Priority Projects: Implementation of Provincial Referral Standards, Emergency Management Communications Tool.
- Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts. In support of the TC LHIN quality indicator of measuring patient experience, all HSPs shall:
    - Measure patient, client, resident, and family experience at a minimum annually.
    - Measure patient experience in a comparable manner to peers, as applicable.
    - Where possible and applicable, measure patient experience along the nine domains articulated in the TC LHIN Patient Experience Measurement Report.
    - Report on patient experience results to clients and/or to the public.
- Participate in TC LHIN initiatives related to the development and implementation of both local and regional Health Link initiatives.
- Continue to actively support the TC LHIN Health Equity Priorities by:
    - Supporting the implementation of the Health Equity Impact Assessment tool.
    - Participating in cultural competency initiatives such as Aboriginal Cultural Competency Initiative and the cultural competency eLearning modules developed through Children and Youth Advisory Table.
- Collect Health Card information on clients receiving LHIN funded services. Record the number of clients receiving LHIN funded services that do not have a Health Card.
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall, including those guided by the TC LHIN Emergency Management Implementation Committee.