HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

BETWEEN:

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

AND

HALIBURTON HIGHLANDS HEALTH SERVICES (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 "HSAA");

AND WHEREAS pursuant to various amending agreements the term of the HSAA has been extended to March 31, 2017;

AND WHEREAS the LHIN and the Hospital have agreed to extend the HSAA for a further twelve month period to permit the LHIN and the Hospital to continue to work toward a new multi-year hospital service accountability agreement;

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 HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.
- 2.0 Amendments.
- 2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.
- 2.2 <u>Amended Definitions.</u>
 - (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

C.4. PCOP Targeted Funding and Volumes

2.3 Term. This Agreement and the HSAA will terminate on March 31, 2018.

- 3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the HSAA 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.
- **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

Louis O'Brien, Chair	Date
Deborah Hammons, CEO	MAL DOCUME
Deborah Hammons, CEO Haliburton Highlands He SIGNATURES ON ORIGINATURES Dave Bonh	
Dave Bonha	Date
David Gray, Treasurer	Date
	Date

938

Facility #: Hospital Name: Hospital Legal Name:

Haliburton Highlands Health Services Haliburton Highlands Health Services

2017-2018 Schedule A Funding Allocation*

		Established to the control of the first to the second of the second	17-2018
	[1] Estimated I	unding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING		[2] Base	
LHIN Global Allocation (Includes Sec. 3)		\$9,013,668	
Health System Funding Reform: HBAM Funding		\$0	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4)		\$0	[2] Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		\$0	\$0 \$325,000
Sub-Total LHIN Funding		\$9,013,668	The same of the sa
NON-LHIN FUNDING		\$6550 4050	\$325,000
[3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster)		\$0	
Recoveries and Misc. Revenue		\$1,090,824	
Amortization of Grants/Donations Equipment		\$496,567	
OHIP Revenue and Patient Revenue from Other Payors		\$3,510,281	
Differential & Copayment Revenue	建まし	\$50,000	
Sub-Total Non-LHIN Funding		\$5,147,672	
		90,147,072 - Novel - Sidenti (New York Sidentino)	
Total Estimated Funding Allocation (All Sources)		\$14,161,340	\$325,000
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement	t was	0	\$0
Rehabilitation Inpatient Primary Unlilateral Knee Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement	100		\$0
Acute Inpatient Hip Fracture	() ()	0	\$0
Knee Arthroscopy		0	\$0
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement	Stor	0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		0	\$0
	Parket I	0	\$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	سلخانها	0	\$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement	(1)		\$0
	16-13-14-14 17: 21-17-12	0	
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure	STATES SALES	0	and the second s
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage	A THE STATE OF THE	0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure	をおけるできる。 をおけるできる。 では、 では、 では、 では、 では、 では、 では、 では、	0 0 0	\$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA)	A STANDARD TO THE STANDARD SERVICE OF THE STANDARD SER	0 0 0 0	\$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Appropriate Section (Control of Control of C	0 0 0 0 0	\$0 \$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		0 0 0 0 0	\$0 \$0 \$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery		0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia)		0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy		0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease		0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy		0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0

^{*}Volumes and associated funding reflect 2016/17

^{*}Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

^{*}Subject to revised targets for 2017/18

Facility #:

938

Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule A Funding Allocation*

Section 3: Wait Time Strategy Services ("WTS")	1	2.64	[2] Base	
General Surgery	25.25	3	\$0	
Pediatric Surgery	y Willer		\$0	
Hip & Knee Replacement - Revisions	7	ř.	\$0	
Magnetic Resonance Imaging (MRI)	2	4111	\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	53.00	ġ.	\$0	
Computed Tomography (CT)	The Party	3	\$0	
Other WTS Funding	Medicine.	1420	\$0	
Other WTS Funding	A VOTE	Special L	\$0	
Other WTS Funding	E	<u> </u>	\$0	
Other WTS Funding	- P. C.		\$0	
Other WTS Funding		2.7	\$0	
Other WTS Funding			\$0	
Sub-Total Wait Time Strategy Services Funding	chine.		\$0	
Section 4: Provincial Priority Program Services ("PPS")	4. AND	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Cardiac Surgery	- E	E GE	[2] Base \$0	[2] Incremental/One-Time
Other Cardiac Services	-	PET TO	\$0 \$0	\$0
Organ Transplantation	-	6 5 5	N/A	\$0
Neurosciences	- 200	: 	N/A	N/A
Bariatric Services		1	\$0	N/A
Regional Trauma	-8	[N/A	\$0
Sub-Total Provincial Priority Program Services Funding		1	\$0	N/A
	55 Pa	i en		\$0
Section 5: Other Non-HSFR	\$414	1 500	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	T S		\$0	\$325,000
MOH One-time payments			\$0	\$0
LHIN/MOH Recoveries	- Ž		\$0	
Other Revenue from MOHLTC			\$0	
Paymaster	(15/2)	1,100	\$0	
Sub-Total Other Non-HSFR Funding	が		\$0	\$325,000
	亲相	H _(D)		自己的社会和政治的主义已经
Section 6: Other Funding (Info. Only. Funding is already included in Sections 1-4 above)	100		和工程的概念主义和	是1945年的主要地位1954年
	- K.			[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1) [3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 1)	14/2/1	 _	\$0	\$0
Sub-Total Other Funding		-	\$0	\$0
			\$0	\$0
*Township for Young and the common half the detailed the common for the common fo		GUTT .		
* Targets for Year 3 of the agreement will be determined during the annual refresh proce	SS.			
[1] Estimated funding allocations.				
[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. QE the BOND policy.	3P F	undi	ng is not base fundii	ng for the purposes of
	(2013)	S JESI	Participation of the same	
Part Account to the Control of the C	e and The	12.000		HELD TO SHE WAS A STATE OF THE

^{*}Volumes and associated funding reflect 2016/17

^{*}Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

^{*}Subject to revised targets for 2017/18

Facility #:

938

Hospital Name: Hospital Legal Name:

Haliburton Highlands Health Services
Haliburton Highlands Health Services

2017-2018 Schedule B: Reporting Requirements

1. MIS I	rial Balance	Due Date 2017-2018
C	Q2 – April 01 to September 30	31 October 2017
C	23 October 01 to December 31	31 January 2018
<u> </u>	Q4 – January 01 to March 31	31 May 2018
2. Hospi	tal Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2017-2018
C	22 – April 01 to September 30	07 November 2017
C	23 – October 01 to December 31	07 February 2018
Q	24 – January 01 to March 31	7 June 2018
Y	ear End	30 June 2018
3. Audite	ed Financial Statements	Due Date 2017-2018
Fisca	al Year	30 June 2018
4. Frenc	h Language Services Report	Due Date 2017-2018
Fisca	al Year	30 April 2018

Facility #: 938
Hospital Name: Haliburton Highlands Health Services
Hospital Legal Name: Site Name: TOTAL ENTITY

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	Site Specific	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	Site Specific	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	<u>, , , , , , , , , , , , , , , , , , , </u>
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	
Explanatory Indicators	Measurement Unit		in the second
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage		
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Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Site Name: TOTAL ENTITY

938

Haliburton Highlands Health Services

TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCE	D, EMPLOYEE EXPERI	ENCE, GOVERNAN	LCE
*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	1.50	>= 1,35
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	0.90%	>=0.9%
Explanatory Indicators	Measurement Unit		
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		
	计图外证据的证据是对于我是证明 是		

學學		EXCHANGE TO HARRY	Semilia dell'esa	PERIODE CENTRAL
3	Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth	A #14 00 [182] 中央 [184] [184]	1696年12日1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	
が大きなと	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
を記さ	Alternate Level of Care (ALC) Rate	Percentage	Site Specific	1100
STATES TO STATE OF STATES	Explanatory Indicators	Measurement Unit		
	Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		
1	Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage		
1	Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	Percentage		
	我是我说过去几年的时间,就不是让几个声音,就是这个人。这个人就是这个人的人,就是这种人的人,就是这种人的人,就是这种人的人。	社会是中部16年20年日在7	SANGER SERVICES	Walder State of the State of th

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3 Targets for future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Facility #: Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

Site Name: Haliburton Campus

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	2.4	<= 2.6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	· · · · · · · · · · · · · · · · · · ·
Explanatory Indicators	Measurement Unit		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage		

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Site Name: Haliburton Campus

2017-2018 Schedule C1 Performance Indicators

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ARTICL STATE	Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	1,50	>= 1.35
	Total Margin (Consolidated - All Sector Codes and fund types	Percentage	0.90%	>=0.9%
	Explanatory Indicators	Measurement - Unit		
10.40	Total Margin (Hospital Sector Only)	Percentage		
	Adjusted Working Funds/ Total Revenue %	Percentage		
THE WHE	来25.4.5.15.15.15.15.15.15.15.15.15.15.15.15.1	APPANTAGE S		

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth	·		
*Performance Indicators	Measurement: Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<= 12.7%
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 (Methodolog Updated)	y Percentage		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		Sec. 1. 1997

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

Targets for future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

Site Name: Minden Campus

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2017-2018	2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	1.7	<= 1.9
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A ::	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	
Explanatory Indicators	Measurement Unit		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent	radio provide supplication. State of the state of the sta	
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
D	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery			
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage	in a firm that we still the firm	

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

Site Name: Minden Campus

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - Ali Sector Codes and fund types	Ratio	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	0.90%	>=0.9%
Explanatory Indicators	Measurement Unit		
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	N/A	
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		

15.	对解决决定,是是这种企业的企业,并不是不是是一个企业的企业,并不是一个企业的企业,但是不是一个企业,但是不是一个企业,但是不是一个企业,但是一个企业,但是一个企
	□ Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3
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ž.	Targets for future years of the Agreement will be set during the Annual Refresh process.
Ž.	Targets for future years of the Agreement will be set during the Annual Refresh process. "Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.
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Facility #: Hospital Name: 938

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C2 Service Volumes

		Measürement Unit	Performance Target	Performance Standard
	Clinical Activity and Patient Services	 	 	
Γ	Ambulatory Care	Visits	0]:
Γ	Complex Continuing Care	Weighted Patient Days	0	-
Γ	Day Surgery	Weighted Cases	0	-
Γ	Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A	1.
Γ	Emergency Department	Weighted Cases	950	>= 808 and <= 1,093
Γ	Emergency Department and Urgent Care	Visits	28,500	>= 27,360 and <= 29,640
	Inpatient Mental Health	Weighted Patient Days	0	-
Γ	Acute Rehabilitation	Weighted Cases	0	1.
	Total Inpatient Acute	Weighted Cases	555	>= 472 and <= 638

Facility #:

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Hospital Name: Hospital Legal Name: Haliburton Highlands Health Services

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

		生物。在1000年10年10年10日 10日 10日 10日 10日 10日 10日 10日 10日 10日	CHARLEST COLUMN	A STATE OF THE PROPERTY OF THE
	Performance Indicator Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery		Performance Target	Performance Standard
	Average Length of Stay (Days)	Length of stay for patients who will be	discharged directly home from acute ca	are,
-	LHIN Priority	Politikasi irrottatara 14. eleks	· · · · · · · · · · · · · · · · · · ·	era de de la como
: ::	Performance Indicator		Performance Target	Performance Standard
	Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery		N/A	N/A
	Proportion of Patients Discharged Home (%)	Rate of patients discharged directly ho	ome from acute care.	
	alicate en estat en en el mandata de la color en en estat de la color en		eriese en legación (en legación)	HANGEN WELLS
	LHIN Priority Performance Indicator	Sife	Performance Target	Performance Standard
		Haliburton Campus	16.3	≤17.9
	Repeat Unscheduled Emergency Visits Within	Minden Campus	16.3	≤ 17.9
	30 Days for Mental Health Conditions (%)	repeat visit if it is for a mental health or	lowing a visit for a mental health condition ondition and occurs within 30 days of a ented as a proportion of all mental heal	n index visit for a mental
6	LHIN Priority		urio e la comparación de la comparación	
	Petformarice Indicator	Site	Performance Target	Performance Standard
	1:			
		Haliburton Campus	22.4	≤24.6
:	Repeat Unscheduled Emergency Visits Within	Minden Campus	19.1	≤21.0
	Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)	Minden Campus Percent of repeat emergency visits foll visit if it is for a substance abuse cond		≤21.0 visit is counted as a repe
recit	30 Days for Substance Abuse Conditions (%)	Minden Campus Percent of repeat emergency visits foll visit if it is for a substance abuse cond	19.1 lowing a visit for a substance abuse. A lifton, and occurs within 30 days of an in	≤21.0 visit is counted as a repe
	1 .	Minden Campus Percent of repeat emergency visits foll visit if it is for a substance abuse cond	19.1 lowing a visit for a substance abuse. A lifton, and occurs within 30 days of an in	≤21.0 visit is counted as a repe
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	30 Days for Substance Abuse Conditions (%) LHIN Priority Performance indicator	Minden Campus Percent of repeat emergency visits foll visit if it is for a substance abuse condition. This indicator is present the condition of the condition. The condition of the condition o	19.1 lowing a visit for a substance abuse. A lition, and occurs within 30 days of an irented as a proportion of all mental heal Performance Target. 12.50	≤ 21.0 visit is counted as a repe dex visit for a mental the emergency visits. Performance Standard ≤ 13.75 N/A tient care. This is
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	30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator *****Readmissions Within 30 Days	Minden Campus Percent of repeat emergency visits foll visit if it is for a substance abuse condition. This indicator is present the condition of the condition. The condition of the condition o	19.1 lowing a visit for a substance abuse. A ition, and occurs within 30 days of an irented as a proportion of all mental heal Performance Target. 12.50 N/A:	≤ 21.0 visit is counted as a repe dex visit for a mental the emergency visits. Performance Standard ≤ 13.75 N/A tient care. This is
	20 Days for Substance Abuse Conditions (%) LHIN Priority Performance indicator *****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Minden Campus Percent of repeat emergency visits foll visit if it is for a substance abuse condition. This indicator is present the condition of the condition. The condition of the condition o	19.1 lowing a visit for a substance abuse. A lition, and occurs within 30 days of an irented as a proportion of all mental heal Performance Target 12.50 N/A hitted to any facility for non-elective inparance-lective readmissions using data from the company of the company o	≤ 21.0 visit is counted as a rependex visit for a mental the emergency visits. Performance Standard ≤ 13.75 N/A tient care. This is om all Ontario acute
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Facility #:

938

Hospital Name: Hospital Legal Name: Haliburton Highlands Health Services

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&R) pathways including Acute to Community Care Access Centre (CGAC), Acute to Long-term Care. All Central East LHM, the Central East Community Care Access Centre (CGAC), Acute to Long-term Care. All Central East LHM hospitals have implemented an electronic solution in conjunction with the Central East LHM, the Central East Community Care Access Centre (CECCAC) and other hospitals in the receiver of the Community Care Access Centre (CECCAC) and other hospitals in the receiver of the Central East LHM hospitals have implemented an electronic solution in conjunction with the Central East LHM, the Central East Community Care Access Centre (CECCAC) and other hospitals in the receiver of the Central East LHM hospitals have implemented the confidence of the Central East LHM in the Proposition of the Central East LHM in the Proposition of the Central East LHM in the Proposition and Complex Confining Care. The Definitions Task Group of the Rehab Alliance has developed standardized definitions for bedded levels of rehabilitative care (i.e. hospital based impatient beds that are not coded as acute care as well as accommendative care (i.e. hospital based impatient beds that are not coded as acute care as well as accommendative care (i.e. hospital based impatient beds that are not coded as acute care as well as accommendative care in the wind that Ti-101. This will be as standards for rehabilitative care (i.e. hospital based impatient beds that are not coded as acute care as well as accommendative care in the confidence of the Central East LHM. Repeated the Central East LHM in the Proposition of Rehability of the Central East LHM in the Proposition of Rehability of the Central East LHM in the Proposition of Rehability of the Central East LHM in the Proposition of Rehability of the Central East LHM in the Proposition of Rehability of the Central East LHM is requested on programs and inflative that Central East LHM	<u>維那</u> [:::	LHIN Priority Performance Obligation	100 m	
Performance Indicator Haliburton Campus 60.0 Minden Campus N/A Proportion of patients identified as palliative in hospital who are discharged home from hospital with support. LHIN Priority Performance Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.				Referral (RM&R) pathways 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 have implemented an electronic solution 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. 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. 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. CCAC coordinated access will be enabled by the following standardized policies and processes: - 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.
Performance Indicator Haliburton Campus 60.0 Minden Campus N/A Proportion of patients identified as palliative in hospital who are discharged home from hospital with support. LHIN Priority Performance Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.			ا _{نے} ا محمد	
Palliative Care Patients Discharged Home-% Proportion of patients identified as palliative in hospital who are discharged home from hospital with support. LHIN Priority Performance Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.	7.81-1		######################################	Performance Target Performance Standard
Proportion of patients identified as palliative in hospital who are discharged home from hospital with support. LHIN Priority Performance Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.				
Proportion of patients identified as palliative in hospital who are discharged home from hospital with support. LHIN Priority Performance Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.				Minden Campus N/A N/A
Cultural Sensitivity Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.		-Palliative Care Patients Discharged Home-%-		
Cultural Sensitivity Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.			5557 5557	
To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.		The state of the s		
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				Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and
		Cultural Sensitivity Obligation		Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and

Facility #:

938

Hospital Name: Hospital Legal Name: Haliburton Highlands Health Services

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority Performance Obligation Each East I

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

- HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links programs).
- HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that
 - a. Is developed with the patient and caregiver,
 - b. Involves two or more health care professionals at least one of which is from outside the organization and:
 - Contains an action plan for one or more of patient and/or caregiver identified health concerns.

LHIN Priority Performance Obligation

Diabetes Education Program Funding (DEP)

LHIN Sub-Region (Health Link Communities)

Obligation

2017/18 DEP will remain at the 2016/17 levels and will be evaluated at a minimum of twice annually both at the provider and system level by the Diabetes Network established in the three clusters. Targets may be refreshed in 2017/18 Q1.

LHIN Priority Performance Obligation

Total Margin (Consolidated - All sectors and fund types, per GAAP)

Balanced operating position will include amortization.

Facility #:

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Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule A Funding Allocation*

Section 1: FUNDING SUMMARY LHIN FUNDING Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Health System Funding Reform: HBAM Funding Post Construction Operating Plan (PCOP) Provincial Program Bervices ("PPS") (Sec. 4) 50 Sub-Total LHIN Funding Sub-Total LHIN Funding Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Petient Revenue from Other Payors Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatent Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Primary Unilateral Knee Replacement Description of Source So		201	7-2018	
LHIN FUNDING		[1] Estimated Funding Allocation		
Health System Funding Reform: HBAM Funding \$0	Section 1: FUNDING SUMMARY			
Health System Funding Reform: HBAM Funding \$0	LHIN FUNDING	(2) Base		
Health System Funding Reform: OBP Funding (Sec. 2) Post Construction Operating Plan (PCOP) Provincial Program Services ("PPS") (Sec. 4) Other Non-HSFR Funding (Sec. 5) Sub-Total LHIN Funding Sil Canneer Care Ontario and the Ontario Renal Network (including Paymaster) Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment Subject of Grants/Donations/	LHIN Global Allocation (Includes Sec. 3)			
Health System Funding Reform: OBP Funding (Sec. 2) Post Construction Operating Plan (PCOP) Provincial Program Services ("PPS") (Sec. 4) Other Non-HSFR Funding (Sec. 5) Sub-Total LHIN Funding Sil Canneer Care Ontario and the Ontario Renal Network (including Paymaster) Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment Subject of Grants/Donations/	Health System Funding Reform: HBAM Funding	\$0		
Provincial Program Services ("PPS") (Sec. 4) Other Non-HISFR Funding (Sec. 5) Sub-Total LHIN Funding NON-LHIN FUNDING [3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster) Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Hip Fracture Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Doubtient Primary Bilateral Hip Knee Replacement Doubtient Primary Bilateral Hip		\$0		
Provincial Program Services ("PPS") (Sec. 4) Other Non-HSFR Funding (Sec. 5) Sub-Total LHIN Funding NON-LHIN FUNDING [3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster) [3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster) Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Hip Fracture Acute Inpatient Hip Fracture Acute Inpatient Primary Bilateral Hip Replacement Discovery Elective Knees - Outpatient Rehab for Primary Hip Replacement Discovery Elective Knees - Outpatient Rehab for Primary Knee Replacement Discovery Rehab Inpatient Primary Bilateral Hip/Knee Replacement Discovery D	Post Construction Operating Plan (PCOP)	\$0	[2] Incremental/One-Tin	
Sub-Total LHIN Funding NON-LHIN FUNDING [3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster) Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unillateral Hip Replacement Acute Inpatient Primary Unillateral Hip Replacement Acute Inpatient Primary Unillateral Knee Replacement Acute Inpatient Primary Unillateral Knee Replacement Acute Inpatient Primary Unillateral Knee Replacement Discription of Source Sourc	Provincial Program Services ("PPS") (Sec. 4)	\$0		
NON-LHIN FUNDING	Other Non-HSFR Funding (Sec. 5)	\$0	\$325,000	
[3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster) Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Belective Knees - Outpatient Rehab for Primary Hip Replacement Cacute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Chonic Obstructive Pulmonary Disease Acute Inpatient Tronsillectorny Acute Inpatient Tronsillectorny Acute Inpatient Tronsillectorny Acute Inpatient Tronsillectorny Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery Non-Routine and Bilateral Cataract Day Surgery	Sub-Total LHIN Funding	\$9,013,668	\$325,000	
Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Hip Fracture Knee Arthroscopy Selective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Lower Externity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Non-Cardiac Vascular Lower Externity Occlusive Disease Unilateral Cataract Tops Surgery Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Tronic Obstructive Pulmonary Disease Non-Routine and Bilateral Cataract Day Surgery O \$0 S0	NON-LHIN FUNDING		美型队员的 发生最后	
Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Hip Fracture Acute Inpatient Hip Fracture Behabilitation Inpatient Rehab for Primary Hip Replacement Caute Inpatient Primary Bilateral Hip/Knee Replacement Differential Primary Bilateral Hip/Knee Replacement Differential Replacement Different	[3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster)	\$0		
OHIP Revenue and Patient Revenue Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Belective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Hemorrhage Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Acute Inpatient Tonsillectomy Acute Inpatient Consultation Cohstructive Pulmonary Disease Acute Inpatient Premumonia	Recoveries and Misc. Revenue	\$1,090,824		
Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Uniliateral Hip Replacement Acute Inpatient Primary Uniliateral Knee Replacement Acute Inpatient Hip Fracture Acute Inpatient Hip Fracture Acute Inpatient Rehab for Primary Knee Replacement Belactive Knees - Outpatient Rehab for Primary Knee Replacement Caute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Hemorrhage Acute Inpatient Non-Cardiac Vascular Acute Canaly Surgery Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Acute Inpatient Tonsillectomy Acute Inpatient Promumonia	Amortization of Grants/Donations Equipment	\$496,567		
Sub-Total Non-LHIN Funding Total Estimated Funding Allocation (All Sources) Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Primary Injury Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Nonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Consillectomy Acute Inpatient Consillectomy Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0 Acute Inpatient Primary Bilateral Cataract Day Surgery O S0	OHIP Revenue and Patient Revenue from Other Payors	\$3,510,281		
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Section 2: HSFR - Quality-Based Procedures Rehabilitation Inpatient Primary Unillateral Hip Replacement Acute Inpatient Primary Unillateral Knee Replacement Acute Inpatient Hip Fracture Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Promunoia Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Sub-Total Non-LHIN Funding	\$5,147,672		
Rehabilitation Inpatient Primary Uniliateral Hip Replacement Rehabilitation Inpatient Primary Uniliateral Knee Replacement Rehabilitation Inpatient Primary Uniliateral Knee Replacement Acute Inpatient Primary Uniliateral Knee Replacement Acute Inpatient Primary Uniliateral Knee Replacement Compatible Solution So	Total Estimated Funding Allocation (All Sources)	\$14,161,340	\$325,000	
Rehabilitation Inpatient Primary Unlilateral Hip Replacement Acute Inpatient Primary Unilateral Hip Replacement Rehabilitation Inpatient Primary Unilateral Knee Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Primary Unilateral Knee Replacement Acute Inpatient Hip Fracture Cheek Replacement Acute Inpatient Hip Fracture Cheek Replacement Cheek Replacem	Section 2: HSER - Quality-Based Procedures	Volume	[4] Allocation	
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Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		0		
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Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure O Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery O \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		š		
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Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$				
Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		2		
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		*		
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		你 		
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Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease Acute Inpatient Pneumonia Non-Routine and Bilateral Cataract Day Surgery 0 \$0 \$0 \$0 \$0	ar a			
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Acute Inpatient Pneumonia O \$0 Non-Routine and Bilateral Cataract Day Surgery 0 \$0		X		
Non-Routine and Bilateral Cataract Day Surgery 0 \$0	· · · · · · · · · · · · · · · · · · ·	*		
				
Sub-Total Quality Based Procedure Funding 0 \$0	Sub-Total Quality Based Procedure Funding		T 20	

^{*}Volumes and associated funding reflect 2016/17

^{*}Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

^{*}Subject to revised targets for 2017/18

Facility #:

938

Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule A Funding Allocation*

	7		Strategy and the strategy and the strategy and the	
Section 3: Wait Time Strategy Services ("WTS")	246.00	110	[2] Base	ing Talamit to Lee Digo
General Surgery	300	4	\$0	
Pediatric Surgery		1.1	\$0	
Hip & Knee Replacement - Revisions			\$0	
Magnetic Resonance Imaging (MRI)			\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	1242	П	\$0	
Computed Tomography (CT)	100		\$0	
Other WTS Funding	150		\$0	
Other WTS Funding	Chieff		\$0	
Other WTS Funding	200		\$0	
Other WTS Funding	14.75	Sugar	\$0	
Other WTS Funding	See Ex	4.7	\$0	
Other WTS Funding	1 A	C1952	\$0	
Sub-Total Wait Time Strategy Services Funding	*****		\$0	
	- Chicago	0.4		
Section 4: Provincial Priority Program Services ("PPS")	_		[2] Base	[2] Incremental/One-Time
Cardiac Surgery Other Cardiac Services	1		\$0	\$0
The state of the s	-6		\$0	\$0
Organ Transplantation		1	N/A	N/A
Neurosciences Bariatric Services	_	1	N/A	N/A
	-1		\$0	\$0
Regional Trauma Sub-Total Provincial Priority Program Services Funding	-8	Ц	N/A	N/A
Sub-rotal Provincial Priority Program Services Funding	-	7) ()	\$0	\$0
Section 5: Other Non-HSFR		1. 15	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	-		\$0	\$325,000
MOH One-time payments	- 400		\$0	\$0
LHIN/MOH Recoveries	-4	Salahara Salaharan	\$0	
Other Revenue from MOHLTC	-	() ()	\$0	
Paymaster	-	7.1	\$0	
Sub-Total Other Non-HSFR Funding		() () ()	\$0	\$325,000
		200		Ψ 020,000 Σετικών γερικό τη μερικό.
Section 6: Other Funding	が			
(Info. Only. Funding is already included in Sections 1-4 above)	新		[2] Base	[2] incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	150		\$0	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 1)	100	ŀ	\$0	\$0
Sub-Total Other Funding	Ĩ	100	\$0	\$0
		į		
* Targets for Year 3 of the agreement will be determined during the annual refresh process.	SS.			
[1] Estimated funding allocations.			v	
[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. Ql	3P F	ur	nding is not base fundir	ng for the purposes of
the BOND policy.				

^{*}Volumes and associated funding reflect 2016/17

^{*}Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

^{*}Subject to revised targets for 2017/18

Facility #:

938

Hospital Name: Hospital Legal Name:

Haliburton Highlands Health Services

Haliburton Highlands Health Services

2017-2018 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2017-2018
Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 January 01 to March 31	31 May 2018
2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2017-2018
Q2 - April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 January 01 to March 31	7 June 2018
Year End	30 June 2018
3. Audited Financial Statements	Due Date
Fiscal Year	. 30 June 2018
4. French Language Services Report	Due Date 2017-2018
Fiscal Year	30 April 2018

Facility #: Hospital Name: Hospital Legal Name: 938 Haliburton Highlands Health Services

gal Name: Haliburton Highlands Health Services
Site Name: TOTAL ENTITY

:	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
9	0th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	Site Specific	
9	0th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	Site Specific	
Р	ercent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
P	ercent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Р	ercent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Р	ercent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
R	eadmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
R	ate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	
:	Explanatory Indicators	Measurement Unit		
Pe	ercent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Н	ospital Standardized Mortality Ratio (HSMR)	Ratio		
Ra	ate of Ventilator-Associated Pneumonia	Rate		٠
Ce	entral Line Infection Rate	Rate		·
Ra	ate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Pe	ercent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Pe	ercent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage		
Pe	ercent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage		, : .

Facility #:

938

Hospital Name: Hospital Legal Name:

Haliburton Highlands Health Services Haliburton Highlands Health Services

Site Name:

TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

	*Performance Indicators		Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Con:	solidated - All Sector Codes and fund types		Ratio	1.50	>= 1.35
Total Margin (Cons	olidated - All Sector Codes and fund types		Percentage	0.90%	>=0.9%
	Explanatory Indicators	.,	Measurement Unit	·	
Total Margin (Hosp	tal Sector Only)		Percentage		
Adjusted Working F	unds/ Total Revenue %		Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	Site Specific	<u> </u>
Explanatory Indicators	Measurement Unit		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage	· .	
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodo Updated)	ology Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Metl Updated)	hodology Percentage		

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

Targets for future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

Site Name: Haliburton Campus

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	2.4	<= 2,6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	
Explanatory Indicators	Measurement Unit		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage		

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Site Name: Site Name: Haliburton Campus

	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated	- All Sector Codes and fund types	Ratio	1.50	>= 1.35
Total Margin (Consolidated	- All Sector Codes and fund types	Percentage	0.90%	>=0.9%
	Explanatory Indicators	Measurement Unit		
Total Margin (Hospital Sect	or Only)	Percentage		
Adjusted Working Funds/ T	otal Revenue %	Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<= 12.7%
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		

100	我会就让我们表现的话题的,我们就是这个人的是一个人的,我们就是这个人的,我们就是这个人的,我们就是这个人的,我们就是这个人的,我们就是这个人的,我们就是这个人的
20	我的主要的数据是一个主义,这一个人,我们就是一个一个人的。""这个人的,我们是一个人的,我们就是一个人的,我们就是一个人的,我们就是这个人的,我们就会会会一个人的
	Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3
裁問	
	Targets for future years of the Agreement will be set during the Annual Refresh process.
	*Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.
5.70	

Facility #:

938

Hospital Name: Hospital Legal Name:

Haliburton Highlands Health Services Haliburton Highlands Health Services

Site Name: Minden Campus

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	1.7	<= 1.9
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A ·	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	
Explanatory Indicators	Measurement Unit		Oct. The State of Sta
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage	,	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage		

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Site Name: Minden Campus

2017-2018 Schedule C1 Performance Indicators

	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated	- All Sector Codes and fund types	Ratio	1.50	>= 1.35
Total Margin (Consolidated	- All Sector Codes and fund types	Percentage	0.90%	>=0.9%
	Explanatory Indicators	Measurement Unit		
Total Margin (Hospital Sect	or Only)	Percentage		
Adjusted Working Funds/ T	otal Revenue %	Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate .	Percentage	12.70%	<= 12.7%
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	1.	

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3 Targets for future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Facility #:

938

Hospital Name: Hospital Legal Name: Haliburton Highlands Health Services Haliburton Highlands Health Services

2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services			
Ambulatory Care	Visits	0	-
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A	
Emergency Department	Weighted Cases	950	>= 808 and <= 1,093
Emergency Department and Urgent Care	Visits	28,500	>= 27,360 and <= 29,640
Inpatient Mental Health	Weighted Patient Days	0	-
Acute Rehabilitation	Weighted Cases	0	-
Total Inpatient Acute	Weighted Cases	555	>= 472 and <= 638

Facility #:

938

Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

			ET 2000 - 1000 C C 1000 - 127 12 (-11 - 1 - 1)
LHIN Priority Performance Indicator		Performance Target	Performance Standard
Orthopaedic Quality Indicators -		N/A	N/A
Hip and Knee Replacement Surgery		5	
Average Length of Stay (Days)	Length of stay for patients who will be disc	narged directly nome from acute car	·e,
	23日本開始中央第2年中国1884年中的1884年18		
LHIN Priority Performance Indicator		Performance Target	Performance Standard
Orthopaedic Quality Indicators -		N/A	N/A
Hip and Knee Replacement Surgery			
Proportion of Patients Discharged Home (%)	Rate of patients discharged directly home	from acute care.	
		and the movement of the second	
LHIN Priority			
Performance Indicator	Site Haliburtan Campus	Performance Target	Performance Standard
	Haliburton Campus	10.3	≤ 17.9
Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)	Minden Campus	16.3	≤17.9
	repeat visit if it is for a mental health condi-	tion and occurs within 30 days of an	index visit for a mental
	health condition. This indicator is presente		
	J . L		
LHIN Priority Performance Indicator	J : L		
		医建筑组织从外面组织的 。2017年12月15日	
LHIN Priority	Sita	Porformance Target	Performance Standard
LHIN Priority Performance Indicator	Stee Haliburton Campus	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via, and occurs within 30 days of an inci-	Performance Standard ≤ 24.6 ≤ 21.0 isit is counted as a repealex visit for a mental
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within	Site Haliburton Campus Minden Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health	Performance Standard ≤ 24.6 ≤ 21.0 Isit is counted as a repealex visit for a mental a emergency visits.
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority	Site Haliburton Campus Minden Campus Percent of repeat emergency visits following visits if it is for a substance abuse condition health condition. This indicator is presented.	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incided as a proportion of all mental health	Performance Standard ≤ 24.6 ≤ 21.0 sit is counted as a repealex visit for a mental a mergency visits.
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)	Site Haliburton Campus Minden Campus Percent of repeat emergency visits following visits if it is for a substance abuse condition health condition. This indicator is presented.	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health	Performance Standard ≤ 24.6 ≤ 21.0 Isit is counted as a repealex visit for a mental a emergency visits.
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator	Site Haliburton Campus Minden Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presente Haliburton Campus	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health Performance Target 12.50	Performance Standard ≤ 24.6 ≤ 21.0 isit is counted as a repealex visit for a mental at emergency visits. Performance Standard ≤ 13.75
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority	Site Haliburton Campus Minden Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presented. Haliburton Campus Minden Campus	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via, and occurs within 30 days of an incid as a proportion of all mental health Performance Target 12.50 N/A	Performance Standard ≤ 24.6 ≤ 21.0 sist is counted as a repeatex visit for a mental at emergency visits. Performance Standard ≤ 13.75 N/A
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator ****Readmissions Within 30 Days	Site Haliburton Campus Minden Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presente Haliburton Campus	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health Performance Target 12.50 N/A It to any facility for non-elective inpati	Performance Standard ≤ 24.6 ≤ 21.0 isit is counted as a repealex visit for a mental emergency visits. Performance Standard ≤ 13.75 N/A ent care. This is
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator ****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Haliburton Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presente the haliburton Campus Haliburton Campus Minden Campus CMG 1: The number of patients readmitted compared to the number of expected non-thospitals.	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health Performance Target 12.50 N/A It to any facility for non-elective inpati	Performance Standard ≤ 24.6 ≤ 21.0 sit is counted as a repeatex visit for a mental and emergency visits. Performance Standard ≤ 13.75 N/A ent care. This is mall Ontario acute
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator ****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Haliburton Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presente the haliburton Campus Haliburton Campus Minden Campus CMG 1: The number of patients readmitted compared to the number of expected non-thospitals.	Performance Target 22.4 19.1 ng a visit for a substance abuse. A vist, and occurs within 30 days of an incide as a proportion of all mental health Performance Target 12.50 N/A It to any facility for non-elective inpatielective readmissions using data fro	Performance Standard ≤ 24.6 ≤ 21.0 isit is counted as a repealex visit for a mental amergency visits. Performance Standard ≤ 13.75 N/A ent care. This is mall Ontario acute
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator ****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Haliburton Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presente the haliburton Campus Haliburton Campus Minden Campus CMG 1: The number of patients readmitted compared to the number of expected non-thospitals.	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health Performance Target 12.50 N/A It to any facility for non-elective inpatielective readmissions using data fro	Performance Standard ≤ 24.6 ≤ 21.0 sit is counted as a repeatex visit for a mental and emergency visits. Performance Standard ≤ 13.75 N/A ent care. This is mall Ontario acute
LHIN Priority Performance Indicator Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%) LHIN Priority Performance Indicator ****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Haliburton Campus Minden Campus Percent of repeat emergency visits following visit if it is for a substance abuse condition health condition. This indicator is presente Haliburton Campus Minden Campus CMG 1: The number of patients readmitted compared to the number of expected non-thospitals.	Performance Target 22.4 19.1 ng a visit for a substance abuse. A via and occurs within 30 days of an incide as a proportion of all mental health Performance Target 12.50 N/A It to any facility for non-elective inpatielective readmissions using data fro	Performance Standard ≤ 24.6 ≤ 21.0 sist is counted as a repealex visit for a mental emergency visits. Performance Standard ≤ 13.75 N/A ent care. This is m all Ontario acute

Facility #:

938

Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Performance Obligation The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&R) pathways including Acute to Community Care Access Centre (CCAC), Acute to Longterm Care, Acute to Rehabilitation and Acute to Complex Continuing Care. All Central East LHIN hospitals have implemented an electronic solution 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. 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 Resource Matching and Referral (RM&R) as convalescent/restorative care beds within LTCH). This will be used as standards for rehabilitative Initiative levels of care across the continuum. 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. CCAC coordinated access will be enabled by the following standardized policies and processes: 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 Indicate Performance Target Performance Standard Haliburton Campus 60:0 Minden Campus N/A N/A Palliative Care Patients Discharged Home % Proportion of patients identified as palliative in hospital who are discharged home from hospital with support. LHIN Priority Performance Obligation To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivening the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language **Cultural Sensitivity Obligation** capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.

Facility #:

Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority

Performance Obligation

LHIN Sub-Region (Health Link Communities)

Obligation

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

- HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links programs),
- 2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that:
 - a. Is developed with the patient and caregiver;
 - b. Involves two or more health care professionals at least one of which is from outside the organization and:
 - c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.

Performance Obligation

Diabetes Education Program Funding (DEP)

2017/18 DEP will remain at the 2016/17 levels and will be evaluated at a minimum of twice annually both at the provider and system level by the Diabetes Network established in the three clusters. Targets may be refreshed in 2017/18 Q1.

LHIN Priority

Performance Obligation

Total Margin (Consolidated - All sectors and fund types, per GAAP)

Balanced operating position will include amortization,

Facility #:

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Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule A Funding Allocation*

	201	7-2018
	[1] Estimated Fu	unding Allocation
Section 1: FUNDING SUMMARY		
LHIN FUNDING	(2) Doos	
LHIN Global Allocation (Includes Sec. 3)	[2] Base \$9,013,668	1
Health System Funding Reform: HBAM Funding	\$0	-
Health System Funding Reform: QBP Funding (Sec. 2)	\$0	-
Post Construction Operating Plan (PCOP)	\$0	Hair Daniel
Provincial Program Services ("PPS") (Sec. 4)	\$0	[2] Incremental/One-Ti
Other Non-HSFR Funding (Sec. 5)	\$0	\$0 \$325,000
Sub-Total LHIN Funding	\$9,013,668	
	39,013,000	\$325,000
NON-LHIN FUNDING [3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster)	\$0	7
Recoveries and Misc. Revenue	\$1,090,824	-
Amortization of Grants/Donations Equipment	\$496,567	-
OHIP Revenue and Patient Revenue from Other Payors		-
Differential & Copayment Revenue	\$3,510,281	100 miles 200 miles 2
Sub-Total Non-LHIN Funding	\$50,000	
Sub-lotal Non-Link Funding	\$5,147,672	
Total Estimated Funding Allocation (All Sources)	\$14,161,340	\$325,000
		Dia Control
Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	0	\$0
Acute Inpatient Primary Unilateral Hip Replacement	0	\$0
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	0	\$0
Acute Inpatient Primary Unilateral Knee Replacement	0 0	\$0
Acute Inpatient Hip Fracture	# 	\$0
Knee Arthroscopy	0	\$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement	0 0	\$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement	0 0	\$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0 0 0 0	\$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0 0 0 0	\$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure	0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage	0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified	0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA)	0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery	0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia)	0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy	0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy Acute Inpatient Chronic Obstructive Pulmonary Disease	0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Knee Arthroscopy Elective Hips - Outpatient Rehab for Primary Hip Replacement Elective Knees - Outpatient Rehab for Primary Knee Replacement Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) Rehab Inpatient Primary Bilateral Hip/Knee Replacement Rehab Outpatient Primary Bilateral Hip/Knee Replacement Acute Inpatient Congestive Heart Failure Acute Inpatient Stroke Hemorrhage Acute Inpatient Stroke Ischemic or Unspecified Acute Inpatient Stroke Transient Ischemic Attack (TIA) Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease Unilateral Cataract Day Surgery Inpatient Neonatal Jaundice (Hyperbilirubinemia) Acute Inpatient Tonsillectomy	0 0 0 0 0 0 0 0 0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$

^{*}Volumes and associated funding reflect 2016/17

^{*}Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

^{*}Subject to revised targets for 2017/18

Facility #:

938

Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule A Funding Allocation*

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	a din a parte propinsi da a Tago.
General Surgery	\$0	
Pediatric Surgery	\$0	
Hip & Knee Replacement - Revisions	\$0	
Magnetic Resonance Imaging (MRI)	\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$0	
Computed Tomography (CT)	\$0	
Other WTS Funding	\$0	\dashv
Sub-Total Wait Time Strategy Services Funding	\$0	
Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Time
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	N/A	N/A
Neurosciences	N/A	N/A
Bariatric Services	\$0	\$0
Regional Trauma	N/A	N/A
Sub-Total Provincial Priority Program Services Funding	\$0	\$0
Section 5: Other Non-HSFR	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	\$0	\$325,000
MOH One-time payments	\$0	\$0
LHIN/MOH Recoveries	\$0	
Other Revenue from MOHLTC	\$0	
Paymaster	\$0	
Sub-Total Other Non-HSFR Funding	\$0	\$325,000
	Marine and the second	
Section 6: Other Funding		
(Info. Only. Funding is already included in Sections 1-4 above)	[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	\$0	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 1)	\$0	\$0
Sub-Total Other Funding	\$0	\$0
* Targets for Year 3 of the agreement will be determined during the annual refresh process	S	
[1] Estimated funding allocations.		
[2] Funding allocations are subject to change year over year.		
[2] Funding anocations are caspect to change your over your.		

[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

[3] Funding provided by Cancer Care Ontario, not the LHIN.

the BOND policy.

^{*}Volumes and associated funding reflect 2016/17

^{*}Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

^{*}Subject to revised targets for 2017/18

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Facility #: Hospital Name:

Haliburton Highlands Health Services Haliburton Highlands Health Services

Hospital Legal Name:

2017-2018 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2017-2018
Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 – January 01 to March 31	31 May 2018
2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2017-2018
Q2 – April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 – January 01 to March 31	7 June 2018
Year End	30 June 2018
3. Audited Financial Statements	Due Date 2017-2018
Fiscal Year	30 June 2018
l. French Language Services Report	Due Date 2017-2018
Fiscal Year	30 April 2018

Facility #: 938
Hospital Name: Haliburton Highlands Health Services
Hospital Legal Name: Site Name: TOTAL ENTITY

Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered			
*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	Site Specific	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	Site Specific	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	-
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	
Explanatory Indicators	Measurement Unit		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate	. De visito e e e e e e e e e e e e e e e e e e e	
Central Line Infection Rate	Rate		•
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage		

Facility #:
Hospital Name:
Hospital Legal Name:
Site Name:

TOTAL ENTITY

938

Haliburton Highlands Health Services

Haliburton Highlands Health Services

TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	0.90%	>=0.9%
Explanatory Indicators	Measurement Unit	· · · · · · · · · · · · · · · · · · ·	
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (AL	C) Rate	Percentage	Site Specific	
	Explanatory Indicators	Measurement Unit		
Percentage of Acute Altern	ate Level of Care (ALC) Days (Closed Cases)	Percentage		
Repeat Unscheduled Emer Updated)	gency Visits Within 30 Days For Mental Health Conditions (Methodology	Percentage		
	gency Visits Within 30 Days For Substance Abuse Conditions (Methodology	Percentage		

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3 Targets for future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

Site Name: Haliburton Campus

요 그리는 그 이 그렇게 되면 불빛이다면 하는 말이 살을	Measurement		Performanc
*Performance Indicators	Unit	Performance Target 2017-2018	Standard 2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	2.4	<= 2.6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	
Explanatory Indicators	Measurement Unit		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Descent of Driville 2.2. and 4 access arrelated within 4 arrelated to 0	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery			

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Site Name: Haliburton Campus

2017-2018 Schedule C1 Performance Indicators

	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolid	ated - All Sector Codes and fund types	Ratio	1.50	>= 1.35
Total Margin (Consolida	ted - All Sector Codes and fund types	Percentage	0.90%	>=0.9%
	Explanatory Indicators	Measurement Unit		
Total Margin (Hospital S	ector Only)	Percentage		
Adjusted Working Fund	s/ Total Revenue %	Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<= 12.7%
Explanatory Indicators	Measurement Unit		
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Me Updated)	ethodology Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions Updated)	(Methodology 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 future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements 2017-2018 Facility #: 938

Facility #: Hospital Name: Hospital Legal Name:

Haliburton Highlands Health Services Haliburton Highlands Health Services

Site Name: Minden Campus

*Performance Indicators 90th Percentile Emergency Department (ED) length of stay for Complex Patients	Measurement Unit	Performance Target	Performance
90th Percentile Emergency Denartment (ED) length of stay for Complex Patients		2017-2018	Standard 2017-2018
stands among population (LD) longer of stay for complex r aucilis	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	1.7	<= 1.9
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	
Explanatory Indicators	Measurement Unit		
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio (HSMR)	Ratio		
Rate of Ventilator-Associated Pneumonia	Rate		* * * * * * * * * * * * * * * * * * * *
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage		
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage		

Facility #: 938
Hospital Name: Haliburton Highlands Health Services
Hospital Legal Name: Site Name: Minden Campus

2017-2018 Schedule C1 Performance Indicators

	*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolid	dated - All Sector Codes and fund types	Ratio	1.50	>= 1.35
Total Margin (Consolid	ated - All Sector Codes and fund types	Percentage	0.90%	>=0.9%
	Explanatory Indicators	Measurement Unit		
Total Margin (Hospital	Sector Only)	Percentage		
Adjusted Working Fund	ds/ Total Revenue %	Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<= 12.7%
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 future years of the Agreement will be set during the Annual Refresh process. *Refer to 2017-2018 H-SAA Indicator Technical Specification for further details.

Facility #:

938

Hospital Name: Hospital Legal Name: Haliburton Highlands Health Services
Haliburton Highlands Health Services

2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard
Clinical Activity and Patient Services			2017-2010
Ambulatory Care	Visits	0	
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A	
Emergency Department	Weighted Cases	950	>= 808 and <= 1,093
Emergency Department and Urgent Care	Visits	28,500	>= 27,360 and <= 29,640
Inpatient Mental Health	Weighted Patient Days	0	-
Acute Rehabilitation	Weighted Cases	0	-
Total Inpatient Acute	Weighted Cases	555	>= 472 and <= 638

Facility #:

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Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority		그는 경영을 맞아하면 함께 함께 다른다.	
Performance Indicator		Performance Target	Performance Standar
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery		N/A .	N/A
Average Length of Stay (Days)	Length of stay for patients who will be discha-	arged directly home from acute car	e.
LHIN Priority Performance Indicator		Performance Target	Performance Standard
Orthopaedic Quality Indicators -		N/A	N/A
Hip and Knee Replacement Surgery Proportion of Patients Discharged Home (%)	Rate of patients discharged directly home from	om acute care.	
LHIN Priority			
Performance Indicator	Site	Performance Target	Performance Standard
	Haliburton Campus	16.3	≤ 17.9
epeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)	Minden Campus	16.3	≤ 17.9
30 Days for Mental Health Conditions (%)	Percent of repeat emergency visits following repeat visit if it is for a mental health condition health condition. This indicator is presented	on and occurs within 30 days of an i	ndex visit for a mental
LHIN Priority Performance Indicator	Site	Performance Target	Performance Standard
	Haliburton Campus	22.4	≤ 24.6
Repeat Unscheduled Emergency Visits Within	Minden Campus	19.1	≤21.0
30 Days for Substance Abuse Conditions (%)	Percent of repeat emergency visits following visit if it is for a substance abuse condition, a health condition. This indicator is presented	and occurs within 30 days of an ind-	ex visit for a mental
			rings resident and resident
LHIN Priority Performance Indicator			
Performance fluidator	Haliburton Campus	Performance Target	Performance Standard ≤ 13.75
****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Minden Campus	N/A	N/A
	CMG 1: The number of patients readmitted to compared to the number of expected non-ele hospitals.	o any facility for non-elective inpatie ective readmissions using data fror	ent care. This is n all Ontario acute
LHIN Priority Performance Indicator		Performance Target	Bada
	Haliburton Campus	8.60	Performance Standard ≤ 9.46
****Readmissions Within 30 Days	Minden Campus	N/A	N/A
for Selected CMGs - COPD (%)	CMG 2: The number of patients readmitted to compared to the number of expected non-elehospitals.	o any facility for non-elective inpatic ective readmissions using data fron	ent care. This is

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Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Performance Obligation			
Resource Matching and Referral (RM&R) Initiative	The province has required all hospital Referral (RM&R) pathways including term Care, Acute to Rehabilitation and All Central East LHIN hospitals have it East LHIN, the Central East Communimplementing the provincial standard; the receiver make an acceptance detatandardized referral process will be care sector for Rehabilitation and Co. The Definitions Task Group of the Relevels of rehabilitative care (i.e. hospitals convalescent/restorative care bedilevels of care across the continuum. Within the Central East LHIN, implement to assume responsibility for monitorinand submitted in a specified timefram. CCAC coordinated access will be entered access convalescent/restorative care leditorial submitted in a specified timefram.	Acute to Community Care Acced Acute to Complex Continuing implemented an electronic solutity Care Access Centre (CEC) for referral for the 4 care pathicision for accepting a patient in collowed utilizing existing systematic pathicision for accepting a patient in collowed utilizing existing systematic continuing Care. The property of the following Care within LTCH). This will be use that an accepting a patient beds that are within LTCH). This will be used and ensuring post-acute care existed by the following standard collowing continuing care and incork for processing referrals (e. to of the waiting list for rehabilities).	ess Centre (CCAC), Acute to Long- y Care. Ition in conjunction with the Central CAC) and other hospitals in ways from sender to receiver to hely their program/service. A ms where possible across the healt andardized definitions for bedded the not coded as acute care as well and as standards for rehabilitative tion includes enabling the CECCAC to referrals are initiated, completed dized policies and processes: ditates application with the
		approach	
		approach.	
LHIN Priority Performance Indicator			
LHIN Priority	Haliburton Campus	Performance T	
LHIN Priority Performance Indicator		Performance T.	
LHIN Priority	Haliburton Campus	Performance T. 60.0	arget Performance Standard
LHIN Priority Performance Indicator Palliative Care Patients Discharged Home %	Haliburton Campus Minden Campus Proportion of patients identified as pa	Performance T. 60.0	arget Performance Standard
LHIN Priority Performance Indicator	Haliburton Campus Minden Campus Proportion of patients identified as pasupport.	Performance T. 60.0 N/A liative in hospital who are disc	arget Performance Standard N/A harged home from hospital with
LHIN Priority Performance Indicator Palliative Care Patients Discharged Home %	Haliburton Campus Minden Campus Proportion of patients identified as pa support.	Performance T. 60.0 N/A liative in hospital who are disc of Franco-Ontarians, Indigeno ancement of a health care syste any patient, regardless of race of back to the Central East L.	harged home from hospital with us people and new Ontarians, the em that is capable of delivering the actinicity culture or language.
LHIN Priority Performance Indicator Palliative Care Patients Discharged Home % LHIN Priority Performance Obligation	Haliburton Campus Minden Campus Proportion of patients identified as pa support. To better serve the increasing number Central East LHIN will support the adv. highest-quality care at the local level to capacity. HSPs will be required to rep	Performance T. 60.0 N/A liative in hospital who are disc of Franco-Ontarians, Indigeno ancement of a health care syste any patient, regardless of race of back to the Central East L.	harged home from hospital with us people and new Ontarians, the em that is capable of delivering the actinicity culture or language.

Facility #:

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Hospital Name:

Haliburton Highlands Health Services

Hospital Legal Name:

Haliburton Highlands Health Services

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority Performance Obligation

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

LHIN Sub-Region (Health Link Communities) Obligation

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

- 1. HSP has a process developed for identification of complex vulnerable patients (as defined by
- provincial and Central East LHIN Health Links programs).

 2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that:
 - a. Is developed with the patient and caregiver;
 - b. Involves two or more health care professionals at least one of which is from outside the organization and;
 - c. Contains an action plan for one or more of patient and/or caregiver identified health

LHIN Priority Performance Obligation

Diabetes Education Program Funding (DEP)

2017/18 DEP will remain at the 2016/17 levels and will be evaluated at a minimum of twice annually both at the provider and system level by the Diabetes Network established in the three clusters. Targets may be refreshed in 2017/18 Q1.

LHIN Priority Performance Obligation

Total Margin (Consolidated - All sectors and fund types, per GAAP)

Balanced operating position will include amortization.