2008-13 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (this "Agreement") is made as of the 30th day of June, 2012.

BETWEEN:

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

AND

ROSS MEMORIAL HOSPITAL (the "Hospital")

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

AND WHEREAS the Parties have extended the H-SAA by agreement effective April 1, 2012;

AND WHEREAS the Parties wish to further amend the H-SAA;

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree that the H-SAA shall be amended as follows:

1.0 Definitions. Except as otherwise defined in this Agreement below, all terms shall have the meaning ascribed to them in the H-SAA.

2.0 Amendments.

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

2.2 Amended Definitions. Effective April 1, 2012, the following terms shall have the following meanings:

"**Base Funding**" means the Base funding set out in Schedule C (as defined below).

"**Costs**" for the purposes of Section 4.0 below, means all costs for the Executive Office (as defined below) including office space, supplies, salaries and wages of the officers and staff of the Executive Office, conferences held for or by the Executive Office and travel expenses of the officers and staff of the Executive Office.

"**Executive Office**" means the office of the chief executive officer or equivalent, and the office of every member of senior management of the Hospital that reports directly to the chief executive officer or equivalent.

"**Explanatory Indicator**" means an indicator of Hospital performance that is complementary to one or more Accountability Indicators and used to support planning, negotiation or problem solving, but for which no Performance Target has been set.

"**HAPS**" means the Board-approved hospital annual planning submission provided by the Hospital to the

LHIN for the Fiscal Years 2012-2013;

"**Indicator Technical Specifications**" and "**2012 -13 H-SAA Indicator Technical Specifications**" means the document entitled "Hospital Service Accountability Agreement 2012-13: Indicator Technical Specifications March 2012" as it may be amended or replaced by the LHIN from time to time.

The definition of "**Performance Standard**" is amended by adding the words "and the Indicator Technical Specifications" after the last word "Schedules". As a result, "**Performance Standard**" means the acceptable range of performance for a Performance Indicator or Service Volume that results when a Performance Corridor is applied to a Performance Target (as described in the Schedules and the Indicator Technical Specifications).

"**Post-Construction Operating Plan (PCOP) Funding**" and "**PCOP Funding**" means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule C (2012 – 2013) (Hospital One-Year Funding Allocation) and further detailed in Schedule F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume).

"**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 (2012 – 2013): Planning and Reporting;
Schedule C (2012 – 2013): Hospital One-Year Funding Allocation;
Schedule D (2012 – 2013): Service Volumes;
Schedule E (2012 – 2013): Indicators;
Schedule E1 (2012 – 2013): LHIN Specific Indicators and Targets; and
Schedule F (2012 – 2013): Post-Construction Operating Plan Funding and Volume.

2.3 Interpretation. This Agreement and the H-SAA shall be interpreted with reference to the Indicator Technical Specifications.

2.4 Term. This Agreement and the H-SAA will terminate on March 31, 2013.

2.5 Recovery of Funding. Section 5.6.1 (Recovery of Funding) (a) (Generally) of the H-SAA is amended by deleting (v) and adding the following as Section 5.6.1(Recovery of Funding) (a.1) (Specific Programs):

(i) if the Performance Obligations set out in Schedule E (2012 – 2013) (Indicators) in respect of Critical Care Funding are not met, the LHIN will adjust the Critical Care Funding following the submission of in-year and year-end data;

(ii) if the Hospital does not meet a performance Obligation or Service Volume under its post-construction operating plan, as detailed in Schedule F or Schedule F (2012 – 2013), the LHIN may: adjust the applicable Post-Construction Operating Plan Funding to reflect reported actual results and projected year-end activity; and perform final settlements following the submission of year-end data of Post Construction Operating Plan Funding;

(iii) if the Hospital does not meet a Performance Obligation or Service Volume set out in Schedule D for a service within Part III - Services and Strategies, the LHIN may: adjust the Funding for that service to reflect reported actuals and projected year-end activity; and, perform in-year reallocations and final settlements following the submission of year-end data of service; and,

(iv) if the Hospital does not meet a Performance Obligation or Service Volume as detailed in Schedule D for a Wait Time Service, the LHIN may: adjust the respective Wait Time Funding to reflect reported actuals and projected year-end activity; and perform in-year reallocations and final settlements following the submission of year-end data.

2.6 Funding. Section 6.1.1 (Funding) of the H-SAA is amended by deleting (ii) and replacing it with:

"(ii) used in accordance with the Schedules".

2.7 Balanced Budget. Section 6.1.3 (Balanced Budget) of the H-SAA is amended by deleting "Schedule B" at the end of the Section and replacing it with "Schedule E1 (2012 – 2013) LHIN Specific Indicators and Targets".

2.8 Hospital Services. Section 6.2 (Hospital Services) of the H-SAA is amended by adding the words "and the Indicator Technical Specifications" after the word "Schedule" in (i) and (ii).

2.9 Planning Cycle. Section 7.1 (Planning Cycle) of the H-SAA is amended by replacing the words "the planning cycle in Part II of *Schedule A* ("Planning Cycle") for Fiscal Years 2010/11 and 2011/12" with the words "the timing requirements of Schedule A (2012 – 2013) Planning and Reporting".

2.10 Timely Response. Section 7.6.1 (Timely Response) of the H-SAA is amended by deleting both occurrences of "Schedule B" and replacing these with "Schedule A (2012 – 2013) Planning and Reporting".

2.11 Specific Reporting Obligations. Section 8.2 (Specific Reporting Obligations) of the H-SAA is amended by deleting "Schedule B" and replacing it with "Schedule A (2012 – 2013) Planning and Reporting".

2.12 Planning Cycle. Section 12.1 (Planning Cycle) of the H-SAA is amended by replacing "Schedule A" in (i) with "Schedule A (2012 – 2013) Planning and Reporting".

3.0 Effective Date. The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2012. All other terms of the H-SAA, those provisions in the Schedules not amended by Article 2 shall remain in full force and effect.

4.0 Executive Office Reduction. The Hospital shall reduce the Costs of its Executive Office by ten percent (10%) over fiscal years 2011/12 and 2012/13.

5.0 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.

6.0 Counterparts. This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

7.0 Entire Agreement. This Agreement together with Schedules A (2012 – 2013) (Planning and Reporting), C (2012 – 2013) (Hospital One-Year Funding Allocation), D (2012 – 2013) (Service Volumes), E (2012 – 2013) (Indicators), Schedule E1 (LHIN Specific Indicators and Targets) and F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume) constitute the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

By:

June 29, 2012.

Wayne Gladstone, Chair — Date

And by:

June 29, 2012

Deborah Hammons, CEO — Date

ROSS MEMORIAL HOSPITAL

By:

June 26/12

Laurie Davis, Chair — Date

I have authority to bind the Hospital.

And by:

June 26, 2012

Brian Payne, President and CEO — Date

I have authority to bind the Hospital.

Schedule A–Reporting Obligations

Part I – Planning
Since the MOHLTC was unable to release the amount of Hospital funding for the 2012 – 2013 fiscal year before March 31, 2012, it was not possible for the LHIN and the Hospital to enter into an H-SAA for the 2012 – 2013 fiscal year by March 31, 2012. In the circumstances, the following steps were taken at the following times: ▪ The 2008-12 H-SAA was extended to June 30, 2012. ▪ The HAPS Submission process was launched on April 17th, 2012, with the HAPS due May 29th. ▪ On execution of an amending agreement, the 2008-12 H-SAA will be amended and extended for a one year term, effective April 1, 2012 through March 31, 2013.

Part II – Reporting	Party	Timing
Hospitals submit MIS trial balance and supplemental reporting as necessary	Hospital	30 days after the end of each quarter beginning with the 2nd quarter
Year end MIS trial balance and supplemental report	Hospital	60 days following the end of the fiscal year
Audited Financial Statements	Hospital	60 days following the end of the fiscal year
French Language Services Report as applicable	Hospital	60 days following the end of the fiscal year
Attestation of compliance with tasks required by CritiCall as per the Agreement between the assigned CritiCall Transfer Payment Agency and the MOHLTC	Hospital	60 days following the end of the fiscal year
Hospital to provide compliance attestations as required by Applicable Law	Hospital	In accordance with obligations
Such other reporting as may be required by the LHIN from time to time (Note 1)	Hospital	As directed by the LHIN

Note 1: Request for reporting as per LHIN authority as set out in the Local Health System Integration Act

Hospital One-Year Funding Allocation

Hospital: Ross Memorial Hospital
Facility #: 707

Schedule C: (2012-2013)

	Vol	Rate	ALLOCATIONS Base	ALLOCATIONS One-Time
Operating Base Funding			$0	$0
Base Funding (Note 1)			$58,613,235	$0
PCOP (Reference Schedule F)			$0	$0
Incremental Funding Adjustment			$0	$0
Other Funding				
Funding adjustment 1 (Indirect WTS Costs)			$0	$52,473
Funding adjustment 2 (Additional One-time Mitigation)			$0	$396,149
Funding adjustment 3 ( )			$0	$0
Funding adjustment 4 ( )			$0	$0
Funding Adjustment 5 ( )			$0	$0
Funding Adjustment 6 ( )			$0	$0
Other Items			$0	$0
Prior Years' Payments			$0	$0
Services: Schedule D				
Cardiac catherization			$0	$0
Cardiac surgery			$0	$0
Organ Transplantation			$0	$0
Strategies: Schedule D				
Endovascular aortic aneurysm repair			$0	$0
Electrophysiology studies EPS/ablation			$0	$0
Percutaneous coronary intervention (PCI)			$0	$0
Implantable cardiac defibrillators (ICD)			$0	$0
Newborn screening program			$0	$0
Specialized Hospital Services: Schedule D	Vol	Rate		
Magnetic Resonance Imaging			$0	$0
Provincial Regional Genetic Services 2			$0	$0
Permanent Cardiac Pacemaker Services			$0	$0
Provincial Resources				
Stem Cell Transplant			$0	$0
Adult Interventional Cardiology for Congenital Heart Defects			$0	$0
Cardiac Laser Lead Removals			$0	$0
Pulmonary Thromboendarterectomy Services			$0	$0
Thoracoabdominal Aortic Aneurysm Repairs (TAA)			$0	$0
Other Results (Wait Time Strategy):				
Selected Cardiac Services			$0	$0
Hip Replacements - Revisions			$0	$0
Knee Replacements - Revisions			$0	$0
Magnetic Resonance Imaging (MRI)			$0	$0
Computed Tomography (CT)			$0	$0
Quality-Based Procedures: Schedule D Planning Allocation	Vol	Rate		
Primary Hips	39	$7,071	$0	$275,769
Primary knee	65	$6,254	$0	$406,510
Cataract	630	$497	$0	$313,110
Inpatient rehab for primary hip			$0	$54,979
Inpatient rehab for primary knee			$0	$33,788
Chronic Kidney Disease - per Ont.Renal Net. Funding Allocation			$0	$0
Subtotal			**$58,613,235**	**$1,532,778**
Total Base and One-time Hospital Funding			**$60,146,013**	

Note 1: Includes lines previously in Schedules G and H (Cardiac Rehabilitation, Visudyne Therapy, Regional Trauma, Regional and district Stroke Centres, Sexual Assault/Domestic Violence Treatment Centres, HIV Outpatient clinics). See HAPS Guidelines for additional information.

Reference to Schedules D and F means (2012 - 2013) unless otherwise stated

Service Volumes

Schedule D (2012 - 2013)

Hospital Ross Memorial Hospital

Facility # 707

	Measurement Unit	2012/13 Performance Target	2012/13 Performance Standard
Part I - GLOBAL VOLUMES Refer to 2012-13 H-SAA Indicator Technical Specification Document for further details			
Emergency Department	Weighted Cases	2,000	1,800
Complex Continuing Care	Weighted Patient Days	11,000	9,350
Total Inpatient Acute	Weighted Cases	6,000	5,520
Day Surgery	Weighted Visits	600	510
Inpatient Mental Health	Weighted Patient Days	5,000	4,250
Inpatient Rehabilitation	Weighted Cases	250	188
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	N/A	N/A
Ambulatory Care	Visits	38,000	30,400
Part II - WAIT TIME VOLUMES (Formerly Schedule H) (Note 1)		**2012/13 Base**	**2012/13 Incremental**
Cardiac Surgery -CABG	Cases	N/A	N/A
Cardiac Surgery -Other Open Heart	Cases	N/A	N/A
Cardiac Surgery -Valve	Cases	N/A	N/A
Cardiac Surgery -Valve/CABG	Cases	N/A	N/A
Paediatric Surgery	Cases	N/A	N/A
General Surgery	Cases	237	TBD
Hip Replacement - Revisions	Cases	0	TBD
Knee Replacement - Revisions	Cases	0	TBD
Magnetic Resonance Imaging (MRI)	Total Hours	2,080	85 + TBD
Computed Tomography (CT)	Total Hours	2,125	13 + TBD
Part III - Services & Strategies(Formerly Schedule G)		**2012/13 Base**	**2012/13 Incremental**
Catheterization	Cases	N/A	N/A
Angioplasty	Cases	N/A	N/A
Other Cardiac (Note 2)	Cases	N/A	N/A
Organ Transplantation (Note 3)	Cases	N/A	N/A
Neurosurgery (Note 4)	Cases	N/A	N/A
Bariatric Surgery	TBD	N/A	N/A

Part IV - Quality Based Procedures (Formerly in Wait Times program Schedule H) (Note 5)		**2012/13 Volume** (Note 6)
Primary hip	Volumes	39 + TBD
Primary knee	Volumes	65 + TBD
Cataract	Volumes	630 + TBD
Inpatient rehab for primary hip	Volumes	9 + TBD
Inpatient rehab for primary knee	Volumes	7 + TBD

Note 1 - Reflect wait time procedure volumes, both base and incremental at 2011/2012 levels unless otherwise directed by your LHIN.

Note 2 - Cardiac Services are LHIN managed (Protected Services) including: Implantable Cardic Defibrilators (ICD), electrophysiology studies (EPS), Ablations, Ablations with advance mapping, Pacemakers, Drug Eluting Stents (DES), Cardiac surgery (CABG, valve, other open heart, valve+CABG), Angioplasty, and Cardiac Catheterization.

Note 3 - Organ Transplantation - Funding for living donation (kidney & liver) is included as part of organ transplantation funding. Hospitals are funded retrospectively for deceased donor management activity, reported and validated by the Trillium Gift of Life Network.

Note 4 - includes neuromodulation, coil embolization, and emergency neurosurgery cases.

Note 5 - Under Health system Funding Reform (HSFR), for each quality-based procedure, the volumes are determined as a single figure for the year. Previously, under Wait Time program they were identified as base and incremental.

Note 6 - In the last half of fiscal 2012/13,the balance of the QbP volumes will be allocated based on the completion of the planning process to determine the delivery model.

Indicators*

Schedule E (2012 - 2013)

Hospital Ross Memorial Hospital

Facility # 707

Accountability Indicators	Measurement Unit	2012/13 Performance Target	2012/13 Performance Standard
Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered			
90th Percentile ER LOS for Admitted Patients	Hours	39.00	42.90
90th Percentile ER LOS for Non-Admitted Complex (CTAS I-III) Patients	Hours	6.53	7.18
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	4.00	4.40
90th Percentile Wait Times for Cancer Surgery	Days	34	37
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	N/A	N/A
90th Percentile Wait Times for Cataract Surgery	Days	60	66
90th Percentile Wait Times for Joint Replacement (Hip)	Days	225	248
90th Percentile Wait Times for Joint Replacement (Knee)	Days	225	248
90th Percentile Wait Times for Diagnostic MRI Scan	Days	42	46
90th Percentile Wait Times for Diagnostic CT Scan	Days	32	35
Rate of Ventilator-associated Pneumonia	Cases/Days	0.00	N/A
Central Line Infection Rate	Cases/Days	0.00	N/A
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Cases/Days	0.19	0.21
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacterium	Cases/Days	0.00	0.003
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacterium	Cases/Days	0.00	0.02
Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance			
Current Ratio (Consolidated)	Ratio	0.30	0.29
Total Margin (Consolidated)	Percentage	0	≥0
Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
Percentage ALC Days (closed cases)	Days	9.46	14.80
Part IV - LHIN Specific Indicators and Performance Targets, see Schedule E1 for specifications (2012-2013)			
Repeat Unplanned Emergency Visits within 30 days for Mental Health		13.5%	N/A
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse		17.1%	N/A
Readmissions within 30 days for Selected CMGs - CHF		16.38%	N/A
Readmissions within 30 days for Selected CMGs - Diabetes		26.73%	N/A
ALC Throughput Ratio		1.1	N/A
Orthopaedic Quality Indicator Hip & Knee Replacement Average Length of Stay (days)		4.4	N/A
Orthopaedic Quality Indicator Hip & Knee Replacement Propotion of Patients Discharged Home (%)		90	81

Explanatory Indicators	Measurement Unit
30-day Readmission of Patients with Stroke or Transient Ischemic Attack (TIA) to Acute Care for All Diagnoses	Percentage
Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization	Percentage
Hospital Standardized Mortality Ratio	Percentage
Total Margin (Hospital Sector Only)	Percentage
Percentage Full-Time Nurses	Percentage
Percentage Paid Sick Time (Full-Time)	Percentage
Percentage Paid Overtime	Percentage

*Refer to 2012-13 H-SAA Indicator Technical Specification for further details.

LHIN-Specific Indicators

Schedule E1 (2012 - 2013)

Hospital Ross Memorial Hospital

The following is a list of all LHIN-specific performance obligations for the hospital, if applicable.

Executive Office Reduction (4.0) An Executive Office Is the office of The Chief Executive Officer (CEO) and/or Chief Operating officer (COO) including every member of senior management that reports directly to the CEO/COO. All executive offices will be required to reduce office costs by 10 per cent over two years. This does not mean that directors that report to the head of the organization are captured; this restraint will only impact senior management. Any member of the senior management, that reports to the head of the organization is captured, the offices of other levels of management that report directly to the CEO/COO would not be included in this restraint initiative.

Each organization knows best Its structure and the positions/titles that are part of the executive offices. In general terms, an executive office Is responsible for delivering major programs or setting the strategic direction of the organization. Each organization needs to determine the positions and offices that are considered their executive offices. For example, a CEO may have both vice presidents and directors that report to her office. The senior positions would be executive offices, the directors may not be. Alternatively, in a smaller organization an executive director may only have directors reporting to her, and those directors would not necessarily be executive offices. All costs of executive offices in the organizations identified are included" Items including office space/supplies, number of staff, salaries and wages, conferences and travel expenses can contribute to the 10 per cent restraint over the next two years.

Balanced Run Rate: For Fiscal 2012/13 the CE LHIN expects the hospital to achieve a balanced run rate by March 31, 2013 (i.e. the annual operating budget would have been balanced had the hospital plan been fully implemented on April 1, 2012, thereby allowing realization of the financial benefits of the plan for a full year). The hospital will provide documentation to the CE LHIN to substantiate timing impacts and all related one-time costs incurred in fiscal 2012/13 that result in a fiscal year-end deficit. The hospital will maintain a balanced operating position in fiscal 2013/14

Resource Matching and Referral Initiative:

All Central East LHIN hospitals will work in conjunction with the Central East LHIN, the Central East CCAC and other hospitals in implementing common referral process, service and reporting standards and tools across the health care sector (starting with Rehabilitation, Complex Continuing Care, Long-Term Care and Home Care). These standards will be identified through provincial and Central East LHIN Resource Matching and Referral Business Transformation Initiative. Within the Central East LHIN, implementation of the Resource Matching and Referral standardization includes enabling the enhanced role of the Central East Community Care Access Centre, whereby the CE CCAC will assume responsibility for monitoring and ensuring post-acute care referrals are (at the request of the hospital) initiated, completed and submitted in specified timeframe.

Readmission Within 30 Days For Selected CMGs - CHF/COPD/Pneumonia/Diabetes:

CE LHIN Target: CE LHIN Negotiated Target for Readmissions within 30 days for Selected CMGs 2011/12 = 14.50%. Hospital targets are the same as 2011/12 and are set at 10% relative improvement on 2009/10 hospital performance on selected CMGs. There are no performance corridors.

Repeat Unplanned Emergency Visits Within 30 Days for Mental Health Conditions:

CE LHIN Target: CE LHIN MLPA Negotiated Target 2011/12 (Mental Health) = 16.60%. Hospital targets are the same as 2011/12. If performance is at the CE LHIN target then requirement is to maintain or improve. If performance is below CE LHIN target, then a reduction of 10% from baseline (TBD). There are no performance corridors.

Repeat Unplanned Emergency Visits Within 30 Days for Substance Abuse:

CE LHIN Target: CE LHIN MLPA Negotiated Target 2011/12 for Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions = 19.00%. Hospital targets are the same as 2011/12. If hospital performance is at the CE LHIN MLPA target then requirement is to maintain or improve performance. If hospital performance is below CE LHIN MLPA target, then a reduction of 10% from baseline is the performance target.There are no

ALC Throughput Ratio:

ALC Throughput: Number of ALC patients discharged in a given time period/Number of ALC patients designated in a given time period

- Values above 1.0 indicate that more ALC cases are being completed or closed than are being added to the waitlist in the time period selected.
- Numerator: Number of ALC cases discharged in a given month/Denominator: Number of new ALC designations or re-designations in a given month

o Exclusions: All discontinuation reasons. The LHIN has established proposed hospital targets based on the proportion of funded and open beds occupied by ALC patients so far during the 2011-12 fiscal year. Hospitals with more inpatient beds occupied by ALC have a higher target, as follows:

- Hospitals with a YTD ALC occupation of inpatient beds of 10% or less will have a Throughput Ratio target of 1.0
- Hospitals with a YTD ALC occupation of inpatient beds between 10% and 20% will have a Throughput Ratio target of 1.1
- Hospitals with a YTD ALC occupation of inpatient beds of 20% or more will have a Throughput Ratio target of 1.2

Orthopaedic Quality Indicator Hip & Knee Replacement Average Length of Stay (days): Length of stay for patients who will be discharged directly home from acute care (Recommended LHIN level target is 4.4 days with a 90th percentile of 7 days)

Orthopaedic Quality Indicator Hip & Knee Replacement Propotion of Patients Discharged Home (%): Rate of patients discharged directly home from acute care (Recommended LHIN level target of 90% with a 10% corridor or +/- 9 percentage points from absolute target).

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Post-Construction Operating Plan Funding and Volume

Schedule F (2012/13)

Hospital Ross Memorial Hospital

	Total Approved Volume	2012/13 Received from LHIN % Funding Received			2012/13 Hospital Plan		
		Funding Rate	2012/13 Additional Volumes	Funding (Note 1)	Additional Volumes	New Beds	Funding
Inpatient Acute - Medicine/Surgery							
Inpatient Acute -Obstetrics							
Inpatient Acute - ICU							
Inpatient Rehabilitation General							
Inpatient Complex Continuing Care							
Inpatient Acute - Mental Health							
Day Surgery							
Endoscopy (cases)							
Emergency							
Amb Care - Acute Mental Health							
Amb Care - Diabetes							
Amb Care - Palliative							
Clinic - Med/Surg							
Clinic - Metabolic							
Other - ( )							
Other - ( )							
Other - ( )							

Facility Costs
Amortization - -
Total Funding - (Note2)

Funding provided in this Schedule is an additional in-year allocation contemplated by section 5.3 of the Agreement

Note 1 - *Terms and conditions of PCOP funding are determined by the Ministry of Health and Long Term care (MOHLTC). Incremental volumes required to be achieved by the Hospital as set out above are in addition to PCOP volumes provided in previous years. The MOHLTC may adjust funded volumes upon reconcilation.*

Note 2 - *This amount must be the same as PCOP (Operating Base Funding) on Schedule C (2012 - 2013).*

Once negotiated, an amendment (Schedule F1 (2012 - 2013) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in any other Schedule.