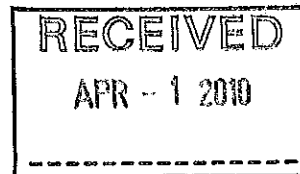


Lori
- Scan, email copy
to Henry
- original to file
- hard copy to Henry

March 31, 2010



Mr. Wayne Woods
President and Chief Executive Officer
Riverside Health Care Facilities Inc.
110 Victoria Avenue
Fort Frances, ON P9A 2B7

Wayne
Dear Mr. Woods:

For your records, please find enclosed a fully executed copy of the Amending Agreement to your Hospital Service Accountability Agreement (H-SAA), extending it to March 31, 2011.

I would like to take the opportunity to convey my sincere appreciation for the continued hard work and efforts of yourself and all members of your hospital during this H-SAA extension process.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Kokocinski".

Laura Kokocinski
Interim Chief Executive Officer

Encl.

**HOSPITAL SERVICE ACCOUNTABILITY
AMENDING AGREEMENT**

**RECEIVED
MAR 30 2010**

THE AMENDING AGREEMENT effective as of the 1st day of April, 2010

B E T W E E N:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

- and -

RIVERSIDE HEALTH CARE FACILITIES INC. (the "HSP")

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AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2010

B E T W E E N:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

RIVERSIDE HEALTH CARE FACILITIES INC. (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a two year service accountability agreement that took effect April 1, 2008 (the "H-SAA");

AND WHEREAS given economic uncertainties, funding allocations by the Ministry of Health and Long-Term Care which form the basis for the negotiation of the 2010-12 H-SAA have not yet been confirmed;

AND WHEREAS the OHA, LHINs and the Ministry of Health and Long-Term Care have agreed to adjust the H-SAA process for 2010/11, as set out in the letter dated February 1, 2010 and attached as Appendix A;

AND WHEREAS the parties acknowledge a mutual commitment to pursuing needed operational efficiencies over the course of the agreement;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a third year;

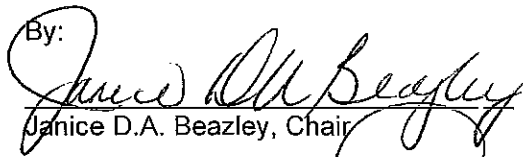
NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows:


- 1.0 Definitions.** Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the H-SAA.
- 2.0 Amendments.**
 - 2.1 Agreed Amendments.** The Parties agree that the H-SAA shall be amended as set out in this Article 2.
 - 2.2 Title and Headers.** The Parties agree that the title of the H-SAA and the headers within the H-SAA shall be amended by deleting "2008-2010" and replacing it with "2008-2011."

- 4.0 Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 Entire Agreement.** This Agreement together with Schedules A, B-1, C-1, D-1, E-1, F-1, G-1 and H-1, 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.

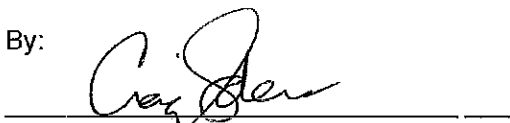
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

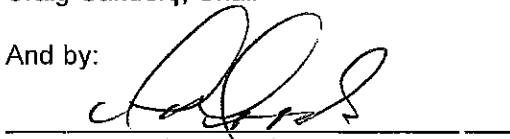
NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:  March 30, 2010
 Janice D.A. Beazley, Chair Date

And by:  March 30, 2010
 Laura Kokocinski, Interim CEO Date

RIVERSIDE HEALTH CARE FACILITIES INC.

By:  25/MAR/2010
 Craig Sanders, Chair Date

And by:  Mar 25, 2010
 Wayne Woods, President & CEO Date

APPENDIX A



February 1, 2010

Mr. Ken Deane
Assistant Deputy Minister
Accountability & Performance
Ministry of Health & Long Term Care
80 Grosvenor Street
5th Floor, Hepburn Block
Toronto, ON M7A 1R3

Dear Ken

We are writing to provide you with a further update from the Joint LHIN/OHA Hospital Service Accountability Agreement (H-SAA) Steering Committee. As a valued partner in the process, we want to ensure that the Ministry of Health and Long-Term Care is aware of and in alignment with our proposed course of action.

Current Accountability Obligations of LHINs and Hospitals

Subsection 29(1) of the *Local Health Systems Integration Act 2006* (The Act), stipulates that LHINs are required to enter into a service accountability agreement (SAA) with each of the health service providers that they fund. Subsection 19(2) of the Act requires that such funding provided to health service providers be in accordance with: (i) the funding that the LHIN receives from the MOHLTC; and (ii) the LHIN's accountability agreement with the MOHLTC.

Schedule 5 of the Ministry-LHIN Accountability Agreement (M-LAA 2007-10) stipulates that the Ministry will provide the LHINs with multi-year funding targets for each LHIN Operating and Transfer Payment Budget. Schedule 5 further describes the obligation of the LHINs to plan for and achieve an annual balanced budget for each of the operating budgets and transfer payment budgets and to include balance budget provisions in agreements with health service providers, including hospitals.

The Hospitals and the LHINs did enter into a service accountability agreement (H-SAA 2008-10). The terms and conditions of the H-SAA 2008-2010 are in accordance with: (i) the funding that the LHIN receives from the MOHLTC; and (ii) the M-LAA 2007-10.

Part II of Schedule A, of the H-SAA 2008-10, provides for a planning process for entering into the 2010-12 H-SAA. This process anticipated the announcement of multi-year funding allocations (reaffirm 2010-11 and announce 2011-12 planning targets) as a basis for the completion of the hospital negotiation of the 2010-12 H-SAA.

An Extraordinary Year

We recognize that this is an extraordinary year for the provincial government economically. We also acknowledge that the Ministry of Health and Long-Term Care is not able to provide LHINs and hospitals with the funding targets required by the above noted legislative and contractual obligations. We are appreciative of the efforts you and your staff have undertaken to try and provide us with planning targets for 2010/11. We do understand the reasons for the delay in providing this information. As you know, the H-SAA Steering Committee has been working hard to help hospitals and LHINs work closely together in responding to this unique environment. Accordingly, we have developed a process that will enable funding to continue to flow to hospitals in the absence of these allocations.

Joint LHIN/Hospital/Ministry Solutions Required for 2010/11:

The process that we have developed contemplates agreement on a *common legal vehicle* to extend the terms and conditions of the current 2008-10 H-SAA to cover 2010-11. In this regard we wanted to bring several of its elements to your attention:

- In the absence of a planning allocation, the extension will allow 09/10 base funding revenues and volumes to be carried over into 2010/11;
- The provision for balanced budget waivers and the criteria for LHINs to grant such a waiver (as per the 08/10 H-SAA), is included for the 10/11 extension period;
- Hospitals will be asked to submit a balanced budget plan once they have been advised by the LHINs of a final funding allocation for 2010/11; and,
- Once the allocation is known, revised H-SAA schedules for 2010/11 will be established.

Inherent in the process described above are two deviations from the current process, factors that require support from the Ministry:

- LHINs will continue to fund Hospitals at 09/10 levels without any provision for inflation/adjustment to revenue. Consequently, a large number of hospitals are likely to run a deficit for this period and as a result, LHINs may not be able to meet the MLAA balanced budget obligation for the extension period (10/11).
- During the extension period, hospitals may be in a negative total margin position, potentially increasing working capital deficits.

It should also be noted that a significant assumption included in the "extension agreement" is that priority programs, wait times and PCOP funding will remain at current levels.

This letter contains a sign-back to confirm your agreement with the process that we have set out including relief from the contractual obligations that cannot be met under these conditions.

We have planned a web cast for February 10, 2010 to provide hospitals and LHINs with clarification on the process to extend the 2008-10 H-SAA for 2010-11 and review the elements of the amending agreement and schedules. We are requesting receipt of your sign-back in advance so that we can proceed with moving forward with implementing this plan.



LHINs and hospitals continue to be focused on providing quality patient care to Ontarians with resources available. It goes without saying however, that a timely decision on funding allocations (e.g. base, wait times, PCOP, provincial programs) is a crucial step in allowing the hospitals and LHINs to move forward with implementing the measures necessary to operate within budgets.

During these unprecedented economic times, now more than ever before we know that the government, LHINs and hospitals share the same vital objectives and that we must continue to work very closely together. We look forward to receipt of your sign-back at the earliest opportunity.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Hanmer".

Sandra Hanmer
Co-Chair, H-SAA Steering Committee

A handwritten signature in black ink, appearing to read "Marian Walsh".

Marian Walsh
Co-Chair, H-SAA Steering Committee

Authorizing Sign-back

I acknowledge that:

- The ADM November 2007 letter provided to LHINs outlining terms and conditions for granting waivers to hospitals regarding the Balanced Budget obligations in the 2008-2010 HSA will also apply to the H-SAA extension for 2010/11 and;
- After a the MOHLTC provides funding allocations to the LHINs, LHINs will require hospitals to submit a plan to achieve balanced budgets and LHINs and Hospitals will establish revised Schedules for the 2010/11 H-SAA extension as necessary.

Signed,

A handwritten signature in black ink, appearing to read "J. Kenneth Deane".

J. Kenneth Deane
Assistant Deputy Minister
Health Accountability and Performance Division

Schedule A Planning and Funding Timetable

OBLIGATIONS

Part I - Funding Obligations	Party	Timing
Announcement of multi-year funding allocation (confirmation of 2008/09 Schedule C funding, reinforcement of 2009/10 Schedule C funding)	LHIN	The later of June 30, 2008 or 14 days after confirmation from the Ministry of Health and Long Term Care
Announcement of multi-year funding allocation (confirmation of 2009/10 Schedule C funding)	LHIN	The later of June 30, 2009 or 14 days after confirmation from the Ministry of Health and Long Term Care
Announcement of multi-year funding allocation (confirmation of 2010/11 Schedule C funding)	LHIN	The later of June 30, 2010 or 14 days after confirmation from the Ministry of Health and Long Term Care

Part II - Planning Obligations	Party	Timing
Announcement of 2010/11 planning target for hospital planning purposes	LHIN	The later of June 30, 2008 or 14 days after confirmation from the Ministry of Health and Long Term Care
Publication of the Hospital Annual Planning Submission Guidelines for 2010-12	LHIN	No later than June 30, 2009
Announcement of multi-year funding allocation (reaffirm 2010/11 and announce 2011/12 planning targets for 2010-12 HSAA negotiations)	LHIN	The later of June 30, 2009 or 14 days after confirmation from the Ministry of Health and Long Term Care
Indicator Refresh (including detailed hospital calculations)	LHIN (in conjunction with MOHLTC)	No later than November 30, 2009
Submission of [insert name of document]		[insert due date]
Refresh related Schedules for 2010-11	Hospital/LHIN	No later than February 26, 2010
Sign 1 year extension to the 2008/10 H-SAA	Hospital/LHIN	No later than March 31, 2010
Announcement of multi-year funding allocation for 2010/11 and announce, if possible, planning targets for 2011/14 HSAA negotiations)	LHIN	14 days after confirmation from the Ministry of Health and Long Term Care
Submission of Hospital Annual Planning Submission for 2010-11	Hospital	[insert when it needs to be submitted to the LHIN – i.e. 30 days after the announcement above
Publication of the Hospital Annual Planning Submission Guidelines for 2011/14	LHIN	No later than June 30, 2010
Announcement of multi-year planning targets for 2011/14 HSAA negotiations)	LHIN	14 days after confirmation from the Ministry of Health and Long Term Care
Submission of Hospital Annual Planning Submission for 2011-14	Hospital	No later than October 31, 2010
Indicator Refresh (including detailed hospital calculations)	LHIN (in conjunction with MOHLTC)	No later than November 30, 2010
Refresh the Hospital Annual Planning Submission for 2011-14 and related Schedules	Hospital/LHIN	No later than January 31, 2011
Sign 2011-14 Hospital Service Accountability Agreement	Hospital/LHIN	No later than February 28, 2011

Obligation Timeline Diagram

Definitions:

Planning Target = For negotiations

Confirm = Confirm signed agreement amounts after appropriation of monies by the Legislature of Ontario

Funding Year								
	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
		2007/08 HAA	2008-11 H-SAA					
June 06	Confirm Schedule C Funding	Planning Target	Planning Target					
June 07		Confirm Schedule C Funding	Planning Target (Oct)	Planning Target (Oct)				
Feb. 08			Negotiated Schedule C Funding	Negotiated Schedule C Funding				
June 08			Confirm Schedule C Funding	Reaffirm Schedule C Funding	Planning Target			
June 09				Confirm Schedule C Funding	Planning Target			
Feb. 10					Negotiated Schedule C Funding			
June 10					Confirm Schedule C Funding			

Funding Obligations are shaded

Planning Obligations are not shaded

Schedule B-1

Performance Obligations for 10/11

- 1.0 PERFORMANCE CORRIDORS FOR SERVICE VOLUMES AND PERFORMANCE INDICATORS**
1.1 The provisions of Article 1 of Schedule B apply in fiscal year 10/11 with all references to Schedule D being read as referring to Schedule D-1.
- 2.0 PERFORMANCE CORRIDORS FOR PERFORMANCE INDICATORS**
2.1 The provisions of Article 2 of Schedule B apply in fiscal year 10/11 subject to the following amendments:
(a) sub articles 2.2, 2.3 and 2.6 shall be deleted; and
(b) all references to Schedule D shall be read as referring to Schedule D-1.
- 3.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO NURSING ENHANCEMENT/CONVERSION**
3.1 The provisions of Article 3 of Schedule B apply in fiscal year 10/11 with all references to Schedule D being read as referring to Schedule D-1.
- 4.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO CRITICAL CARE**
4.1 The provisions of Article 4 of Schedule B apply in fiscal year 10/11 subject to the following amendments:
(a) references to "2008/09" and "2009/10" shall be read as referring to "2010/11".
(b) all references to Schedule E shall be read as referring to Schedule E-1.
- 5.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO POST CONSTRUCTION OPERATING PLAN FUNDING AND VOLUME**
5.1 The provisions of Article 5 of Schedule B apply in fiscal year 10/11, subject to the following amendments:
(a) references to Schedule F shall be read as referring to Schedule F-1;
(b) references to "2008/09 and 09/10" shall be read as referring to 2010/11.
- 6.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO PROTECTED SERVICES**
6.1 The Performance Obligations set out in Article 6 of Schedule B apply in fiscal year 10/11, subject to the following amendments:
(a) All references to Schedule D or Schedule G shall be read as referring to Schedules D-1 and G-1 respectively; and
(b) All references to "2008/09 and 09/10" shall be read as referring to "2010/11"
- 7.0 PERFORMANCE OBLIGATIONS WITH RESPECT TO WAIT TIME SERVICES**
7.1 The Performance Obligations set out in Article 7 of Schedule B apply to fiscal year 10/11

with all references to Schedules A, G, or H being read as referring to Schedules A-1, G-1 or H-1 respectively.

8.0 REPORTING OBLIGATIONS

8.1 The reporting obligations set out in Article 8 of Schedule B apply to fiscal year 10/11.

8.2 The following reporting obligations are added to Article 8 of Schedule B:

- (a) **French Language Services.** If the Hospital is required to provide services to the public in French under the provisions of the *French Language Services Act*, the Hospital will be required to submit a French language implementation report to the LHIN. If the Hospital is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the Hospital addresses the needs of its local Francophone community.”
- (b) **EDRS (ED Wait Times)** As the Emergency Department (ED) strategy continues to roll out, there may be a requirement for the Hospital to participate in report ED activity, which may include ED wait times by Canadian Triage Acuity Scale (CTAS) level. If the hospital is requested to participate, the hospital will be required to submit its ED information through the Emergency Department Reporting System (EDRS), Emergency Department Information System (EDIS), Emergency Room NACRS Initiative (ERNI), and/or through another acceptable reporting format.
- (c) **ALC.** The hospital is required to participate in monthly reporting of Alternate Level of Care (ALC) data to the Ministry through the ALC upload tool. If the hospital is requested report ALC data to the LHIN it will occur through a predefined format within a requested timeframe. All ALC data will be reported based on the standardized provincial definition of ALC.

9.0 LHIN SPECIFIC PERFORMANCE OBLIGATIONS

9.1 Except where specifically limited to a given year, the obligations set out in Article 9 of Schedule B apply to fiscal 10/11. Without limiting the foregoing, waivers or conditional waivers for 08/09 and 09/10 do not apply to 10/11.

9.2 The following provisions are added to Article 9 of Schedule B

- (a) The Hospital has advised the LHIN that it anticipates incurring a deficit of no more than \$559,862 by March 31, 2011. The Hospital agrees that it will not exceed a \$559,862 deficit and will fund this deficit out of its working capital.
- (b) Subject to (a) the LHIN will waive the requirements of 6.1.3 (a) from April 1, 2010 to March 31, 2011 inclusive provided that:
 - i) the Hospital develops an improvement plan (the “HIP) that will enable the Hospital to achieve a balanced operating position for the fiscal year following March 31, 2011;
 - ii) the board approved HIP is delivered to the LHIN within 45 days of the formal notice of the Hospital’s 2010/11 funding allocation from the LHIN;
 - iii) the HIP is acceptable to the LHIN;
 - iv) the Hospital implements the HIP as directed by the LHIN; and

- v) fulfils such other conditions as the LHIN may require.
- (c) The Hospital will participate in the resource matching and referral phase two scoping study.
- (d) The Hospital will participate in and contribute to the development of a single, harmonized North West LHIN eHealth Strategic Plan and subsequent iterations of the plan.
- (e) The hospital will ensure that any Information Technology/Information System implementations material to provincial (eHealth Ontario) and local (North West LHIN) eHealth Strategic and Tactical Plans will be aligned with and contribute to the advancement of these plans.
- (f) The Hospital will work collaboratively with the North West LHIN and other Health Service Providers (HSPs) within the North West LHIN to support the achievement of the Local Health System Performance targets as set out in Schedule 10 of the Ministry LHIN Accountability Agreement (MLAA).
- (g) The LHIN and Hospital can add additional specific performance obligations mutually agreed upon in this Schedule.

Hospital Multi-Year Funding Allocation

Schedule C1 2010/11

Hospital	FAC #	2010/11 Planning Allocation	
		Base	One-Time
FORT FRANCES Riverside Health Care Facilities Inc.	900		
Operating Base Funding		21,766,600	0
Multi-Year Funding Incremental Adjustment		0	0
Other Funding			
Funding adjustment 1 ()		0	0
Funding adjustment 2 ()		0	0
Funding adjustment 3 ()		0	0
Funding adjustment 4 ()		0	0
Funding Adjustment 5 (Incontinence Supplies)		0	0
Funding Adjustment 6 ()		0	0
Other Items		0	0
Prior Years' Payments		0	0
Critical Care Strategies Schedule E		0	0
PCOP: Schedule F			
PCOP		0	0
Stable Priority Services: Schedule G			
Chronic Kidney Disease		0	0
Cardiac catheterization		0	0
Cardiac surgery		0	0
Provincial Strategies: Schedule G			
Organ Transplantation		0	0
Endovascular aortic aneurysm repair		0	0
Electrophysiology studies/ EPS/ablation		0	0
Percutaneous coronary intervention (PCI)		0	0
Implantable cardiac defibrillators (ICD)		0	0
Daily nocturnal home hemodialysis		0	0
Provincial peritoneal dialysis Initiative		0	0
Newborn screening program		0	0
Specialized Hospital Services: Schedule G			
Cardiac Rehabilitation		0	0
Visudyne Therapy		0	0
Total Hip and Knee Joint Replacements (Non-WTS)		0	0
Magnetic Resonance Imaging		0	0
Regional Trauma		0	0
Regional & District Stroke Centres		0	0
Sexual Assault/Domestic Violence Treatment Centres		0	0
Provincial Regional Genetic Services		0	0
HIV Outpatient Clinics		0	0
Hemophilic Ambulatory Clinics		0	0
Permanent Cardiac Pacemaker Services		0	0
Provincial Resources			
Bone Marrow 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
Health Results (Wait Time Strategy): Schedule H			
Paediatric Dental/Oral Surgery		0	53,200
Total Hip and Knee Joint Replacements		0	0
General Surgery (Cholecystectomy/Groin Hernia Repair)		0	47,200
Magnetic Resonance Imaging (MRI)		0	0
Computed Tomography (CT)		0	0
Total Additional Base and One Time Funding		0	0
Total Allocation		21,766,600	100,400

Allocations not provided in this schedule for 2010/11 will be provided to hospitals in subsequent planning cycles. Hospitals should assume, for planning purposes, funding for similar volumes for Priority Services in out-years.

Global Volumes

Schedule D1 2010/11

Hospital **FORT FRANCES Riverside Health Care Facilities Inc.**

Fac # **900**

Global Volumes	Units of Service	2010/11 Performance Target	2010/11 Performance Standard**
Total Acute Activity including inpatient and Day Surgery*	Weighted Cases	2,067	1,860.30 - 2,273.70
<i>Other</i>			
Complex Continuing Care	RUG Weighted Patient Days	6,120	> 5,202
Mental Health	Inpatient Days	0	> 0.00
ELDCAP	Inpatient Days	11,975	1,735.50 - 12,045.0
Rehabilitation	Inpatient Days	0	> 0.00
Emergency Department Visits	Visits	18,500	> 15,725
Ambulatory Care***	Visits	4,655	> 3,491.25

* Global volumes based on CIHI Case mix Group (CMG) methodology and MOHLTC PAC-10 weights.

** Volume Performance Indicators under Global Volumes vary in application based on hospital type.

*** Ambulatory Care includes OHRS Primary account codes 7134* (excluding 7134055), 712*, 7135*, 715** OHRS secondary statistical account codes 447*, 450*, 5* (excluding 60*, 611*, 612*, 613*, 614*, 618*, 619*, 621*)

Performance Indicators

Hospital **FORT FRANCES Riverside Health Care Facilities Inc.**

Fac # **900**

Performance Indicators	2010/11 Performance Target	2010/11 Performance Standard**
HSAA Performance Indicators		
Performance Indicators For All Hospitals		
Current Ratio	1.00	0.8 - 2.0
Year End Total Margin	-1.39%	0%

** Volume Performance Indicators under Global Volumes vary in application based on hospital type.

Critical Care Funding

Schedule E1 2010/11

Hospital FORT FRANCES Riverside Health Care Facilities Inc.

This section has been intentionally left blank

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 Schedule B or B1. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Post-Construction Operating Plan Funding and Volume

Schedule F1 2010/11

Hospital FORT FRANCES Riverside Health Care Facilities Inc.

TBD. This section has been intentionally left blank

Once negotiated, an amendment (Sch F1.1) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B or B1. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Protected Services

Schedule G1 2010/11

Hospital FORT FRANCES Riverside Health Care Facilities Inc.

Fac # 900

	Units of Service	2010/11 Performance Target	2010/11 Performance Standard	2011/12 LHIN Plan
--	------------------	----------------------------	------------------------------	-------------------

Stable Priority Services

Chronic Kidney Disease	Weighted Units	N/A	N/A	N/A
Cardiac catheterization	Procedures	N/A	N/A	N/A
Cardiac surgery	Weighted Cases	N/A	N/A	N/A

Provincial Strategies

Organ Transplantation*	Cases	N/A	N/A	N/A
Endovascular aortic aneurysm repair				
Electrophysiology studies EPS/ablation				
Percutaneous coronary intervention (PCI)				
Implantable cardiac defibrillators (ICD)				
Daily nocturnal home hemodialysis				
Provincial peritoneal dialysis initiative				
Newborn screening program				

Specialized Hospital Services

Cardiac Rehabilitation	Number of patients treated	N/A	N/A	N/A
Visudyne Therapy	Number of insured Visudyne vials	N/A	N/A	N/A
Total Hip and Knee Joint Replacements (Non-WTS)	Number of Implant Devices	N/A	N/A	N/A
Magnetic Resonance Imaging	Hours of operation	N/A	N/A	N/A
Regional Trauma	Cases	N/A	N/A	N/A
Regional & District Stroke Centres				
Sexual Assault/Domestic Violence Treatment Centres				
Provincial Regional Genetic Services				
HIV Outpatient Clinics				
Hemophiliac Ambulatory Clinics				
Permanent Cardiac Pacemaker Services				

Provincial Resources

Bone Marrow Transplant
Adult Interventional Cardiology for Congenital Heart Defects
Cardiac Laser Lead Removals
Pulmonary Thromboendarterectomy Services
Thoracoabdominal Aortic Aneurysm Repairs (TAA)

* Organ Transplantation - Funding for living donation (kidney & liver) 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: Additional accountabilities assigned in Schedule B, B1

Funding and volumes for these services should be planned for based on 2009/10 approved allocations. Amendments, pursuant to section 5.2 of this Agreement, may be made during the quarterly submission process.

Wait Time Services

Hospital **FORT FRANCES Riverside Health Care Facilities Inc.**

Fac: <input type="text" value="900"/>	2009/10 Funded		2010/11 Funded	
	Base Volume	Incremental Volume	Base Volume	Incremental Volume
Selected Cardiac Services:	Refer to Schedule G for Cardiac Service Volumes and Targets			
Total Hip and Knee Joint Replacements (Total Implantations)	NA	NA	NA	NA
Cataract Surgeries (Total Procedures)	NA	NA	NA	NA
Magnetic Resonance Imaging (MRI) (Total Hours)	NA	NA	NA	NA
Computed Tomography (CT) (Total Hours)	NA	NA	NA	NA

* The 2009/10 Funded volumes are as a reference only

** 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 Schedule B,B1. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement.