3

HOSPITAL MEMORANDUM OF UNDERSTANDING CAPITAL FUNDING UPDATE REPORT – 2012 AND ALTERNATIVE CALCULATION FOR MEASURING EMS OFF-LOAD DELAY

The Community and Health Services Committee recommends the adoption of the recommendations contained in the following report dated September 4, 2012, from the Chief Administrative Officer, with an amendment to recommendation 3 as follows:

3. Subject to the completion of work outlined in Recommendation No. 4 and demonstrated follow-up by all parties, Council *consider* an off-load delay calculation that represents time that is in the full control of hospitals and a new off-load target of 30 minutes, 90 percent of the time instead of the current target of 30 minutes average, to take effect in 2013.

1. RECOMMENDATIONS

It is recommended that:

1. Council approve the 2012 capital contribution allocation to hospital construction as $13.07 million (budgeted) less $861,208 for EMS Off-load Delays for a total allocated contribution of $12.21 million.

2. The 2012 contribution be allocated to the participating hospitals, in accordance with the 2009 funding agreement, in the following proportionate shares:

Summary of 2012 Hospital Funding
(000's)

$ 000	2012 Potential Funding	EMS Costs due to Off-load Delays	2012 Actual Funding Available
Markham Stouffville	3,543.2	(124.5)	3,418.7
Southlake	1,869.7	(162.5)	1,707.2
York Central	1,778.1	(574.2)	1,203.9
Vaughan	5,883.5	n/a	5,883.5
Total	**$13,074.5**	**($861.2)**	**$12,213.3**

3. Subject to the completion of work outlined in Recommendation #4 and demonstrated follow up by all parties, Council approve an off-load delay calculation that represents time that is in the full control of hospitals and a new off-load target of 30 minutes, 90

percent of the time instead of the current target of 30 minutes average, to take effect in 2013.

4. Council approve using the difference in funding between the method of calculating off-load delay used in 2011 and the proposed method in 2012 of $319,696 to undertake a number of activities including an audit of ambulance costs, a pilot project on the integration of York Region EMS and hospital data, a joint advocacy plan for expanding the role for York Region EMS paramedics and exploring increasing ambulatory fees all in partnership with the hospitals to support the collective goal of improving off-load delays.

2. PURPOSE

At the May 3, 2012 Finance and Administration Committee, Committee recommended that a report recommending hospital capital funding for 2012 be deferred until September 2012 to align with the staff report on mandated response time targets for ambulances in York Region. This report appears on the Community & Health Services Committee agenda to align with the annual Community & Health Services Committee report titled 'York Region EMS Response Time Performance Plan' in which York Region EMS will be proposing and monitoring response time targets as required by the Province.

This report provides an annual update to Council on the Memorandum of Understanding (MOU) and recommends Council approve the 2012 capital contribution allocation to hospital construction as $13.07 million (budgeted) less $861,208 for EMS Off-load Delays for a total allocated contribution of $12.21 million.

The report also recommends Council consider replacing the method used to determine hospital off-load delay with one that is specific to hospital-controlled time and change the off-load delay targets to 30 minutes, 90 percent of the time instead of 30 minutes average which is consistent with the Provinces 2005 Expert Panel recommendations.

These changes are more favourable to hospitals and results in a funding difference of $319,696 for 2012. Staff propose using this funding to work collaboratively with the hospitals to tackle other areas impacting off-load delay and report back to Council on progress in 2013.

3. BACKGROUND

York Region has a long history of contributing to the capital costs for expanding hospitals

Municipal contributions to capital costs for hospital expansions pre-date the Region of York's formation in 1970 with contributions from York County. Cumulatively to the

year 2000, York Region contributed about $51 million to York Region hospitals for expansions. From 2001 to 2009, Council provided additional cost-sharing across the three York Region hospitals of $62.4 million over nine years funded through the tax levy.

Thirty-five per cent of hospital construction and expansion comes from "community sources"

The Province funds up to 90% of the "bricks and mortar" for hospital construction. Once equipment and furnishings are accounted for, the Provincial share actually accounts for approximately 65% of the cost. Thirty-five percent remains to be funded from "community sources".

The current York Region Hospital MOU was signed November 2009

On October 8, 2009, Council authorized the Regional Chairman and the Chief Administrative Officer to execute the Hospital Capital Funding MOU, and on November 19, 2009 the MOU was signed by all parties. For more information on the provisions of the MOU, please see *Attachment #1*.

On May 5, 2011, Council approved $12.706 million (budgeted) less $0.691 million for EMS Off-load Delays for a total 2011 allocated contribution of $12.015 million.

On January 26, 2012 Council authorized an amendment to the 2009 agreement to reflect changes in cash flow from the Province; effectively advancing Regional funds to cover expansion planning and design.

On June 21, 2012 York Central announced Mackenzie Health as a major regional healthcare provider consisting of two full service hospitals – the former York Central Hospital renamed Mackenzie Richmond Hill Hospital and the future Mackenzie Vaughan Hospital to be operational in 2018/19. For the purpose of this report, York Central Hospital and the Vaughan Health Campus of Care will be used when referring to the parties to the MOU prior to June 21, 2012.

4. ANALYSIS AND OPTIONS

2012 CAPITAL CONTRIBUTION ALLOCATION

Funding under the MOU increased in 2011 due to assessment adjustment

As per the MOU, the Schedule of Deposits has been indexed post-assessment (see Table 1). Assessment growth is determined by MPAC on an annual basis. This indexing has resulted in an increase in 2010 funding from $12 million to $12.324 million, an increase in 2011 funding to $12.706 million and an increase in 2012 to $13.075 million.

Table 1
Schedule of Deposits with Actual Assessment Growth

Regional Contribution	**2009 $8 million**	**2010 $12.324 million**	**2011 $12.706 million**	**2012 $13.075 million**			**2031** ***Total - in constant dollars***
Markham-Stouffville (27.1%)	$2.168 million	$3.340 million	$3.443 million	$3.543 million	*2013 through 2030 contributions to be maintained at agreed-upon shares subject to indexing*	…	$73.71 million
Southlake (14.3%)	$1.144 million	$1.762 million	$1.817 million	$1.870 million		…	$38.90 million
York Central (13.6%)	$1.088 million	$1.676 million	$1.728 million	$1.778 million		…	$36.99 million
Vaughan (45.0%)	$3.600 million	$5.546 million	$5.718 million	$5.884 million		…	$122.40 million
		Increase of $324,000	Increase of $382,044	Increase of $368,475		**TOTAL**	**$272 million**

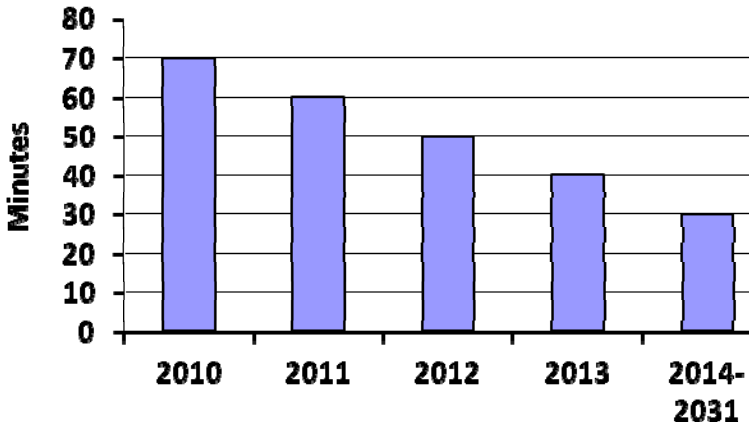
Assessment growth for 2009 was 2.7%, for 2010 it was 3.1% and for 2011 it was 2.9%. This translates into a $324,000 increase when accounting for 2009 assessment growth, a $382,044 increase when accounting for 2010 assessment growth, and a $368,475 increase when accounting for 2011 assessment growth.

Multi-year Performance Targets were agreed upon for EMS Off-load Delays

For the purpose of the MOU, off-load delay is calculated from the time when an ambulance arrives at the hospital with a patient, to the time that the ambulance leaves the hospital.

All of the MOU signing partners agreed to off-load delay targets for each year based on a decrease in 10 minute increments from 70 minutes in 2010 to 30 minutes in 2014 and in the following years up to 2031, as displayed in Figure 1.

Figure 1: EMS Hospital Offload Delay Targets



Thirty minutes was chosen as the desirable target for the time required to off-load patients at hospitals because it was considered the industry best practice and standard for Ontario based on recommendations of the 2005 Expert Panel on Ambulance Effectiveness.

All parties committed to developing strategies to reduce EMS off-load delays

Part of the MOU committed all parties to meet in a joint Tri-Hospital Group committee to develop strategies to reduce EMS off-load delays. These meetings took place on January 10, April 13, May 13, July 20, October 5 and November 30 in 2011. In 2012, the Tri-Hospital Group met on March 23. The implementation and progress of the MOU has been included as a standing agenda item at these meetings in order to fulfill this commitment. Discussions are ongoing and all parties are participating and collaborating on solutions.

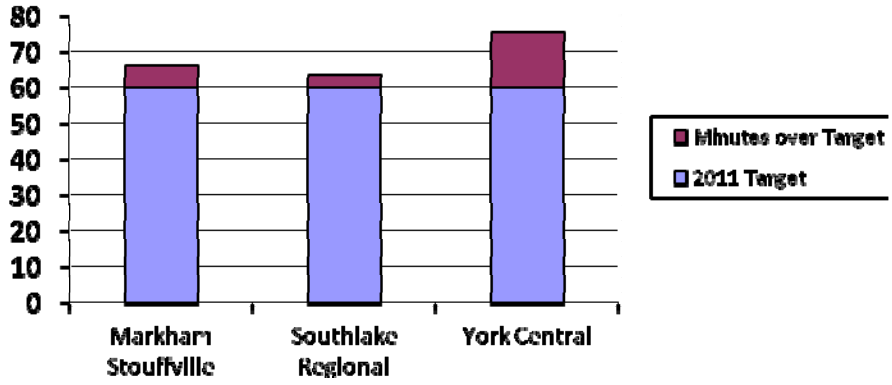
The intent of this requirement in the MOU is for all parties to work collaboratively to minimize the impacts of hospital off-load delays – thereby improving patient care while ensuring adequate EMS response times.

Hospitals did not meet the target of 60 minutes in 2011, leading to EMS operating impacts

The funding agreement provides that in the event the EMS off-load delay targets are not achieved, York Region may, at the sole discretion of Council, reduce hospital funding by the amount approximating the additional operating costs incurred by EMS for time above the targets.

As shown in Figure 2 below, each hospital was over the 2011 60 minute target. This included: 6.5 minutes over for Markham Stouffville Hospital; 4.1 minutes over for Southlake Regional Health Centre; and 15.8 minutes over for York Central Hospital.

Figure 2: 2011 Hospital Off-load Delay Results



Extended off-load delays contribute to lower response times as the number of readily available ambulances diminishes

ORH Limited (a consultant) has determined that for every 5 minutes that average in-hospital time is reduced, EMS's 90th percentile region-wide emergency response time decreases by 15 seconds. To account for the EMS operation cost impacts due to these delays above the target, the time is multiplied by the number of transports to each hospital and the EMS cost per unit hour of $171.56 (as reported to OMBI in 2010). This provides an approximate estimate of the cost to paramedic services while on off-load delay (see Table 2).

Table 2
EMS Operating Costs Due to Off-load Delays over 2011 Target
For Council Consideration

	Number of Transports	Average Time at Hospital per Transport	Time Over 60 min Target	Net Funding Reduction* (subject to Council consideration)
Markham Stouffville	6,652	66.5 min	6.5 min	$124,515
Southlake	13,872	64.1 min	4.1 min	$162,465
York Central	12,678	75.8 min	15.8 min	$574,228
Total	**33,202**	**68.8 min** (weighted average)	**8.8 min** (weighted average)	**$861,208**

**cost per unit hour of $171.56*

As a result of not meeting the agreed to targets, the budgeted funding of $13.07 million could be reduced by $861,208 for 2011

It is recommended that $12.21 million be recognized as the available funding for 2012. This reflects a reduction of $861,208 to account for EMS off-load delays exceeding the 60 minute target in 2011. The additional cost of one ambulance and paramedic crew 24/7 is approximately $850,000 per year.

ALTERNATIVE CALCULATION FOR MEASURING EMS OFF-LOAD DELAY

To date performance targets have been tracked through the Provincial Ambulance Dispatch Data Access System

Hospital off-load delay data is collected and published by the Province's Ambulance Dispatch Data Access System (ADDAS). York Region does not receive this data on a real time basis and requires approximately two months before it is available to York Region EMS.

In May 2011, York Region hospitals started using a new method to measure emergency room wait times

In October 2011, the York Region hospitals requested that York Region look into a new data collection method called Emergency Room National Ambulatory Care Reporting System (NACRS) Initiative (ERNI). Unlike the historical and trend data collected and published by the Province's Ambulance Dispatch Data Access System (ADDAS) that has been in place since EMS was downloaded to York Region in 2000, ERNI data is new. It was fully launched in May 2011 as part of Ontario's Wait Time Strategy, with an initial focus on surgical and diagnostic wait times. This data is collected by hospitals and processed through Cancer Care Ontario as a performance accountability tool.

The Province's Emergency Room NACRS Initiative for monitoring emergency room wait times includes an EMS component

In December 2011, the Chief Administrative Officer and the Chief of York Region EMS visited Cancer Care Ontario to learn more about the Emergency Room NACRS Initiative (ERNI) program. Although this program comprises a very comprehensive look at hospital operations, the EMS Off-load Delay portion is a very small part of the overall data collection process. The Emergency Room NACRS Initiative (ERNI) collects data for all of the ambulances that come to the hospital and does not separate York Region EMS ambulances from ambulances coming from other jurisdictions. It does, however, isolate the time within the Emergency Room and excludes EMS time used by paramedics to restock ambulances to be 'ambulance-ready', making the data more reflective of actual hospital delays – i.e., the time hospitals fully control and for which they are accountable.

In 2010, the Provincial Auditor General reported on Hospital Emergency Departments (Chapter 3, Section 3.05). The review was done during the time when this new method of data collection was in place in some areas, and the Auditor General's findings indicated that ambulance off-load times could be understated at some hospitals. In the report, Recommendation 7 states:

> *"To ensure the efficient use of ambulance Emergency Medical Services (EMS) and to enhance co-ordination between EMS providers and emergency departments, the Ministry of Health and Long-Term Care should:*
> - *determine whether the recommendation in the 2005 expert panel's report on ambulance effectiveness of a benchmark ambulance offload time of 30 minutes 90% of the time should be accepted as a province-wide target;*
> - *work with hospitals, EMS providers, and Cancer Care Ontario to improve the validity and reliability of ambulance off-load data and to ensure such data are standardized, consistent, and comparable; and*
> - *work with hospitals and EMS providers to evaluate on a province-wide basis the effectiveness of the Off-load Nurse Program in reducing offload delays and improving patient flow within emergency departments."*

York Region staff, with the support of the hospitals, propose a compromise method of hospital off-load delay data collection that is both consistent with the Provincial Auditor General's recommendation and represents off-load delay time that is in the full control of hospitals

In 2009 Council made the decision to incent change to keep hospital off-load delays from continuing to increase. This resulted in linking capital funding to hospital off-load delay performance based on set targets.

All parties to the Hospital MOU agreed to the method of collecting hospital off-load delay data using the Province's Ambulance Dispatch Data Access System (ADDAS), which calculates off-load delay as the time from when an ambulance arrives with a patient at the hospital, to the time that the ambulance leaves the hospital. At the time of the signing of the MOU, the Emergency Room NACRS Initiative (ERNI) data was not yet available.

Since then, York Region EMS has acquired the technical ability to isolate the time it takes to transfer the patent to hospital care from the time needed to prepare ambulances for duty. Under the new data collection method, the off-load time is measured from the arrival of an EMS ambulance at a hospital as tracked by the provincial dispatch system to the time a Paramedic documents in the EMS electronic patient care reporting system that the hospital has assumed care of the patient. Based on this new technology, York Region staff are recommending a data collection method that combines the benefits of both the Ambulance Dispatch Data Access System (ADDAS) (providing data that is specific to York Region EMS ambulances only and is published by the Province) and the

Emergency Room NACRS Initiative (ERNI) (representing off-load delay time that hospitals are in full control of) using EMS's Electronic Patient Care Reporting (ePCR) system.

Using the new method of data collection outlined above, a new hospital off-load delay target of 30 minutes, 90% of the time is proposed for implementation as of January 2013 subject to demonstrated follow up of specific activities in partnership with York Region hospitals

With the approval of the new data collection method, staff would also recommend the Hospital MOU off-load delay target be set at 30 minutes, 90 percent of the time to be consistent with the Province's 2005 Expert Panel recommendation. This target is also consistent with references made by the Provincial Auditor General's 2007 and 2010 reports. The current model would change from an 'average' calculation to a 90th percentile calculation.

When compared to the current data collection method, the impact of these changes on the 2011 funding model would result in an adjustment that is favourable to the hospitals (*see Table 3*).

Table 3
Loss of EMS Operating Costs Due to EMS Off-load Delays over 2011 Target
Using the New Data Collection Method

	Number of Transports	Average Time at Hospital per Transport	Net Funding* for EMS Off-load Delays Current Method: 30 minute average	90th Percentile Transfer of Care Time	Net Funding* for EMS Off-load Delays New Method: 30 minute 90th percentile	Difference
Markham Stouffville	6,652	66.5 min	$124,515	75 mins	$107,125	
Southlake	13,872	64.1 min	162,465	70 mins	113,939	
York Central	12,678	75.8 min	574,228	97.2 mins	320,448	
Total	**33,202**	**68.8 min** (weighted average)	**$861,208**	**80.7 mins** (90th percentile)	**$541,512**	**$319,696**

**cost per unit hour of $171.56*

The new method of data collection is more favourable to York Region hospitals

The new method of data collection proposed using EMS's Electronic Patient Care Reporting (ePCR) system addresses some of the concerns raised by the York Region hospitals and is a more favourable calculation for hospitals. However, this leaves less

funding for recovering the additional operating costs incurred by EMS for hospital off-load delays.

This new method was discussed at a meeting on August 20, 2012 with each of the hospital Chief Executive Officers and York Region's Chief Administrative Officer, Commissioner of Community & Health Service and General Manager/Chief of York Region EMS. The hospitals are supportive of these changes.

Use the difference in the funding models to explore options to further minimize off-load delay in partnership with York Region hospitals

Staff propose using the difference in funding between the method used in 2011 and the proposed method in 2012 of $319,696 to undertake a number of activities in partnership with the hospitals to support the collective goal of improving off-load delays. These activities may include:

- an audit of ambulance costs
- a pilot project on the integration of York Region EMS and hospital data
- a joint advocacy plan for expanding the role for York Region EMS paramedics
- exploring an increase in ambulatory fees

Staff recommend the changes be effective as of January 2013 subject to demonstrated follow up by all parties on the activities listed above.

Link to Key Council-approved Plans

Investing in York Region hospitals meets the priority area to *Improve Social and Health Support* outlined in the 2011-2015 Strategic Plan. The Hospital Capital Funding MOU also meets the priority area to *Manage the Region's Finances Prudently* by providing the option for Council to reduce hospital funding related to potential operating costs incurred by EMS to maintain response times while contending with off-load delays above set targets.

5. FINANCIAL IMPLICATIONS

The Hospital Capital Funding MOU provides potential funding of approximately $12M per year (indexed annually for assessment growth) from now until 2031. This funding is committed only upon confirmation of corresponding Provincial approval of a capital construction project or projects that provide additional hospital capacity in York Region. The hospitals proposed how the percentage share of funding should be distributed amongst themselves, however, they have the ability to adjust their proportionate shares based on Provincial approvals as long as they all agree, and provide written notice to the Region.

All parties also agreed to a desired reduction of EMS off-load delays. Failure to meet the targets exposes the hospitals to reductions that can be applied to increase EMS resources – a measure that may be necessary to offset hospital delays and maintain reasonable response times.

The proposed data collection method would allow more funding to hospitals for capital construction

With the approval of the proposed changes to how hospital off-load delay times are calculated and the 30 minute, 90 percent of the time off-load target, the hospitals have improved their opportunity to receive full funding since this calculation doesn't account for 10 percent of their highest off-load delay times and isolates the time that is within the full control and responsibility of the hospital.

6. LOCAL MUNICIPAL IMPACT

All of our local municipalities see hospital care as part of a complete community. Residents in our local municipalities rely primarily on hospitals situated within York Region for their healthcare needs.

Our growing municipalities require that hospitals keep pace with our growing community needs

As a requirement of the Provincial *Places to Grow* legislation, York Region is projected to grow by 450,000 people and reach a population of 1.5 million by 2031. Combine this high pace of growth with an aging demographic, and the need to support and increase York Region's capacity to provide appropriate levels of health care becomes critically important.

7. CONCLUSION

On November 19, 2009, York Region signed an MOU with the York Region hospitals and the Vaughan Health Campus of Care. This MOU sets aside $12M per year for distribution among the York Region hospitals to fund capital construction through 2031. The amount is subject to adjustments reflecting i) assessment growth and ii) ambulance off-load delay at each hospital.

This report recommends approval of the 2012 capital contribution allocation to hospital construction as $13.07 million (budgeted) less $861,208 for EMS Off-load Delays for a total allocated contribution of $12.21 million.

This reports also recommends an alternative data collection method to determine off-load delay. The proposed method is more favourable to York Region hospitals. The new

method is consistent with the Province's 2005 Expert Panel recommendations, is specific to hospital-controlled time and would change the hospital off-load delay target to 30 minutes, 90 percent of the time.

The difference in 2012 funding between the two methods for determining off-load delay is $319,696. It is proposed that this funding be directed to a number of activities aimed at permanently reducing off-load delay. Subject to all parties making reasonable progress, the alternative calculation (more favourable to the hospitals) is proposed for 2013.

Staff propose these changes be effective as of January 1, 2013 subject to the completion and follow up by all parties of specific activities to support the collective goal of improving off-load delays.

For more information on this report, please contact Bruce Macgregor, Chief Administrative Officer, at Ext. 1200.

(The attachment referred to in this clause was included in the agenda for the September 12, 2012 Committee meeting.)

Many important requirements and expectations related to the provision of funding are embedded within the November 2009 MOU

Based on Council direction and discussions with the three York Region hospitals and the Vaughan Health Campus of Care, the final MOU includes the following requirements and expectations:

- $12M will be set aside annually by York Region for distribution among the York Region hospitals to fund eligible capital construction through 2031. *Appendix A*reflects the total obligation and apportioning to hospitals as mutually agreed upon in constant (2009) dollars (also summarized in Table 1 below). The agreement provides for an annual adjustment reflecting assessment growth. *Appendix B*reflects those same contributions assuming 2% annual indexing to match assessment growth as set out in *Places to Grow*, the Provincial Growth Plan (also summarized in Table 2 below).

Table 1*
Capital Contributions to Hospitals
(in 2009 dollars)

YorkRegionHospital	% Share	2009 – 2031 Total ($ million)
MarkhamStouffville	27.1	73.71
Southlake	14.3	38.90
York Central	13.6	36.99
Vaughan	45.0	122.40
	100%	**$272.00**

* Detailed in Appendix A

Table 2**
Capital Contributions to Hospitals
(estimated 2.0% assessment increase)

York Region Hospital	% Share	2009 – 2031 Total ($ million)
MarkhamStouffville	27.1	92.72
Southlake	14.3	48.93
York Central	13.6	46.53
Vaughan	45.0	153.96
	100%	**$342.14**

** Detailed in Appendix B

- Provision of funding is subject to each hospital showing bona fide efforts towards improvements in EMS off-load delays; reducing the average delay, which range from 60 – 90 minutes, to 30 minutes over 5 years (i.e. by 2014).

- The Region reserves the right to review the MOU from time to time to determine whether to continue to set aside hospital funds taking into account the funding available to the hospitals

from other sources and the Region's annual budget commitments. The Region may terminate the MOU with one-year's written notice, maintaining only the obligations made to approved construction projects.

- The hospitals, and their respective foundations, are committed to support the Region's requests that hospital capital funding be restored as an eligible cost for recovery through development charges.

- Should the *Development Charges Act* be amended to allow hospitals to be eligible for funding, the MOU will be reviewed by Regional Council to determine whether the amount of hospital funds should be adjusted, taking into account the amount of funding anticipated to be provided through development charges.

To date, the Region has provided $26.3M funding to the Markham Stouffville Hospital ($8.9M) and the Southlake Regional Health Centre ($17.4M) under this agreement.

Proposed Capital Contributions to Hospitals (in 2009 dollars)
($millions)

	% Share	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Markham-Stouffville	27.1%	$2.168	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252
Southlake	14.3%	$1.144	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716
York Central	13.6%	$1.088	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632
Vaughan	45.0%	$3.600	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400
	100%	$8.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000

	% Share	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	TOTAL
Markham-Stouffville	27.1%	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	$3.252	**$73.71**
Southlake	14.3%	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	$1.716	**$38.90**
York Central	13.6%	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	$1.632	**$36.99**
Vaughan	45.0%	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	$5.400	**$122.40**
	100%	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	$12.000	**$272.00**

Appendix A

Proposed Capital Contributions to Hospitals
(with assessment increase of approximately 2.0% as projected in Provincial Growth Plan)
($millions)

	% Share	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Markham - Stouffville	27.1%	$2.168	$3.317	$3.383	$3.451	$3.520	$3.590	$3.662	$3.736	$3.810	$3.886	$3.964	$4.043
Southlake	14.3%	$1.144	$1.750	$1.785	$1.821	$1.857	$1.895	$1.932	$1.971	$2.011	$2.051	$2.092	$2.134
York Central	13.6%	$1.088	$1.665	$1.698	$1.732	$1.767	$1.802	$1.838	$1.875	$1.912	$1.950	$1.989	$2.029
Vaughan	45.0%	$3.600	$5.508	$5.618	$5.731	$5.845	$5.962	$6.081	$6.203	$6.327	$6.453	$6.583	$6.714
	100%	$8.000	$12.240	$12.485	$12.734	$12.989	$13.249	$13.514	$13.784	$14.060	$14.341	$14.628	$14.920

	% Share	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	TOTAL
Markham - Stouffville	27.1%	$4.124	$4.207	$4.291	$4.377	$4.464	$4.554	$4.645	$4.738	$4.832	$4.929	$5.028	**$92.72**
Southlake	14.3%	$2.176	$2.220	$2.264	$2.310	$2.356	$2.403	$2.451	$2.500	$2.550	$2.601	$2.653	**$48.93**
York Central	13.6%	$2.070	$2.111	$2.153	$2.196	$2.240	$2.285	$2.331	$2.378	$2.425	$2.474	$2.523	**$46.53**
Vaughan	45.0%	$6.849	$6.985	$7.125	$7.268	$7.413	$7.561	$7.713	$7.867	$8.024	$8.185	$8.348	**$153.96**
	100%	$15.219	$15.523	$15.834	$16.150	$16.473	$16.803	$17.139	$17.482	$17.831	$18.188	$18.552	**$342.14**

Assessment Increase 2.00%

Appendix B