

**2008-16 H-SAA AMENDING AGREEMENT**

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 10<sup>th</sup> day of July, 2015

**BETWEEN:**

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

**AND**

**ST. JOSEPH'S CARE GROUP** (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 "H-SAA");

**AND WHEREAS** pursuant to various amending agreements the term of the H-SAA has been extended to September 30, 2015;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA to March 31, 2016 to permit the LHIN and the Hospital to continue to work toward a new multi-year H-SAA;

**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. References in this Agreement to the H-SAA mean the H-SAA as amended and extended.

**2.0 Amendments.**

**2.1 Agreed Amendments.** The H-SAA is amended as set out in this Article 2.

**2.2 Amended Definitions.**

(a) The following terms have the following meanings.

**"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 A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

**"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 Requirements
- Schedule C: Indicators and Volumes

- C.1. Performance Indicators
- C.2. Service Volumes
- C.3. LHIN Indicators and Obligations
- C.4. PCOP Targeted Funding and Volumes (if applicable)


- 2.3 **Term.** This Agreement and the H-SAA will terminate on March 31, 2016.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2015. All other terms of the H-SAA 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.
- 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 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:

  
 Joy Warkentin, Chair

  
 Date

And by:

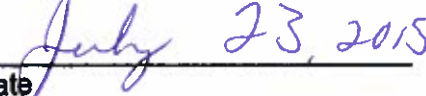
  
 Laura Kokocinski, Chief Executive Officer

  
 Date

**ST. JOSEPH'S CARE GROUP**

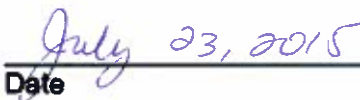
By:

  
 Linda Pauluik, Chair

  
 Date

And by:

  
 Tracy Buckler, President and  
 Chief Executive Officer

  
 Date

**Hospital Sector 2015-16 H-SAA**

Facility # **781**  
 Hospital Name **St. Joseph's Care Group**

**Schedule A 2015-15  
 Funding Allocation**

Intended Purpose or Use of Funding	Estimated <sup>1</sup> Funding Allocation	
<b>Funding Summary</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Global Funding (opening)	\$65,171,078	
HSFR - Health Based Allocation Method (HBAM) (opening)	\$32,584,042	
HSFR - QBP Funding (Section 1 below)	\$246,304	
Wait Time Strategy Services Funding (Section 2 below)	\$0	\$0
Provincial Program Services (Section 3 below)	\$357,200	\$0
Other Funding (Section 4 below)	\$25,575	\$421,300
<b>Total Funding</b>	<b>\$88,384,199</b>	<b>\$421,300</b>
<b>Section 1: Health System Funding Reform - Quality Based Procedures<sup>3</sup></b>	<b>Rate</b>	<b>Allocation<sup>1,2</sup></b>
Cataracts - Unilateral	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	\$6,073	\$133,600
Hip Replacement - Unilateral Primary	\$0	\$0
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary	\$5,114	\$56,248
Knee Replacement - Unilateral Primary	\$0	\$0
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	\$6,273	\$56,456
Joint Replacement - Bilateral Primary	\$0	\$0
Orthopaedics - Hip Fracture	\$0	\$0
Orthopaedics - Knee Arthroscopy	\$0	\$0
Paediatric - Neonatal Jaundice (Hyperbilirubinemia)	\$0	\$0
Paediatric - Tonsillectomy	\$0	\$0
Respiratory - Pneumonia	\$0	\$0
Stroke - Hemorrhage	\$0	\$0
Stroke - Ischemic or Unspecified	\$0	\$0
Stroke - Transient Ischemic Attack (TIA)	\$0	\$0
<b>Total QBP Funding</b>		<b>\$246,304</b>
<b>Section 2: Wait Time Strategy Services ("WTS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
General Surgery	\$0	\$0
Pediatric Surgery	\$0	\$0
Hip & Knee Replacement - Revisions	\$0	\$0
Magnetic Resonance Imaging (MRI)	\$0	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$0	\$0
Computed Tomography (CT)	\$0	\$0
Other WTS Funding	\$0	\$0
<b>Total WTS Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 3: Provincial Program Services ("PPS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$357,200	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
<b>Total PPS Funding</b>	<b>\$357,200</b>	<b>\$0</b>
<b>Section 4: Other Funding</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Grant in Lieu of Taxes	\$25,575	\$0
Extension of Temporary Transitional Bed Service (amended May 4, 2015)	\$0	\$140,000
Working Capital Pressures (annually for the 20-year period from 2015/18)	\$0	\$255,000
Tele-wound Care Pilot Program	\$0	\$26,300
<b>Total Other Funding</b>	<b>\$25,575</b>	<b>\$421,300</b>

(1) Estimated funding allocations are subject to appropriation and written confirmation by the LHIN  
 (2) Funding allocations are subject to change year over year  
 (3) 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 the BOND policy. The QBP allocations above includes mitigation funding for 2015-16, if applicable.

**Hospital Sector 2015-16 H-SAA**

Facility # **781**  
 Hospital Name **St. Joseph's Care Group**

**Schedule B 2015-16  
 Reporting Requirements**

**1. MIS Trial Balance  
 Reporting Period**

	<b>Due Date</b>
<b>2015-16</b>	
Q2 – Apr 01-15- to Sept 30-15	31-Oct-2015
Q3 – Apr 01-15- to Dec 31-15	31-Jan-2016
Q4 – Apr 01-15- to March 31-16	31-May-2016
<b>2016-17 (projected)</b>	
Q2 – Apr 01-16- to Sept 30-16	31-Oct-2016
Q3 – Apr 01-16- to Dec 31-16	31-Jan-2017
Q4 – Apr 01-16- to March 31-17	31-May-2017

**2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary  
 Reporting Period**

	<b>Due Date</b>
<b>2015-16</b>	
Q2 – Apr 01-15- to Sept 30-15	07-Nov-2015
Q3 – Apr 01-15- to Dec 31-15	07-Feb-2016
Q4 – Apr 01-15- to March 31-16	30-Jun-2016
<b>2016-17 (projected)</b>	
Q2 – Apr 01-16- to Sept 30-16	07-Nov-2016
Q3 – Apr 01-16- to Dec 31-16	07-Feb-2017
Q4 – Apr 01-16- to March 31-17	30-Jun-2017

**3. Audited Financial Statements  
 Fiscal Year**

	<b>Due Date</b>
<b>2015-16</b>	30-Jun-2016
<b>2016-17 (projected)</b>	30-Jun-2017

**4. French Language Services Report  
 Fiscal Year**

	<b>Due Date</b>
<b>2015-16</b>	30-Apr-2016
<b>2016-17 (projected)</b>	30-Apr-2017

**5. Declaration of Compliance  
 Fiscal Year**

	<b>Due Date</b>
<b>2015-16</b>	30-Jun-2016
<b>2016-17 (projected)</b>	30-Jun-2017



Performance Indicators		Explanatory Indicators	
Measurement Unit	2015-16 Performance Target	2015-16 Performance Standard	Measurement Unit
<b>Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered</b>			
90th Percentile ER LOS for Admitted Patients	Hours		Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours		Hospital Standardized Mortality Ratio
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours		Readmissions Within 30 Days for Selected Case Mix Groups (CMGs)
Cancer Surgery % Priority 4 Cases Completed within Target	Percent		Rate of Ventilator-Associated Pneumonia
Cardiac Bypass Surgery % Priority 4 Cases Completed within Target	Percent		Central Line Infection Rate
Cataract Surgery % Priority 4 Cases Completed within Target	Percent		Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia
Joint Replacement (Hip) % Priority 4 Cases Completed within Target	Percent		Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia
Joint Replacement (Knee) % Priority 4 Cases Completed within Target	Percent		
Diagnostic MRI Scan % Priority 4 Cases Completed within Target	Percent		
Diagnostic CT Scan % Priority 4 Cases Completed within Target	Percent		
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.09	0.16
<b>Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance</b>			
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	0.95	> 0.85
Total Margin (Consolidated - all sector codes and fund types)	Percentage	0.08%	> 0.00%
			Total Margin (Hospital Sector Only)
			Adjusted Working Funds / Total Revenue
<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>			
Alternate Level of Care (ALC) Rate - Acute	Percentage		Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions
			Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions
			Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)
<b>Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3 (2015-16)</b>			
*Refer to 2015-16 H-SAA Indicator Technical Specification for further details.			

		Measurement Unit	
<b>Part I - GLOBAL VOLUMES</b>			
Ambulatory Care	Visits	2015/16 Performance Target	2015/16 Performance Standard
Complex Continuing Care	Weighted Patient Days	36,600	29,200
Day Surgery	Weighted Cases	70,817	≥ 65,152
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days		
Emergency Department	Weighted Cases		
Emergency Department and Urgent Care	Visits		
Inpatient Mental Health	Weighted Patient Days	13,985	≥ 11,888
Inpatient Mental Health	Inpatient Days	13,870	≥ 12,760
Inpatient Rehabilitation	Inpatient Days	17,200	≥ 15,480
Rehabilitation Separations	Number	475.00	≥ 428
Total Inpatient Acute	Weighted Cases		
<b>Part II - HOSPITAL SPECIALIZED SERVICES</b>			
Cochlear Implants	Cases	2015/16 Primary	2015/16 Revision
Cleft Palate	Cases	2015/16 Base	2015/16 Incremental
HIV Outpatient Clinics	Visits		
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients		
<b>Part III - WAIT TIME VOLUMES</b>			
General Surgery	Cases	2015/16 Base	2015/16 Incremental
Paediatric Surgery	Cases		
Hip & Knee Replacement - Revisions	Cases		
Magnetic Resonance Imaging (MRI)	Total Hours		
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours		
Computed Tomography	Total Hours		
<b>Part IV - PROVINCIAL PROGRAMS</b>			
Automatic Implantable Cardiac Defib's - New Implants	# of New Implants	2015/16 Base	2015/16 Incremental
Automatic Implantable Cardiac Defib's - Replacements	# of Replacements		
Automatic Implantable Cardiac Defib's - Replacements done at Supplier's Request	# of Replacements		
Automatic Implantable Cardiac Defib's - Manufacturer Requested ICD Replacement Procedures	Procedures		
Bariatric Surgery	Procedures		
Cardiac Surgery	Cases		
Cardiac Services - Catheterization	Cases		
Cardiac Services- Interventional Cardiology	Cases		
Cardiac Services- Permanent Pacemakers	Procedures		
Medical and Behaviour Treatment	Cases		
Neurosciences	Procedures		
Number of Forensic Beds - General	Number		
Number of Forensic Beds - Secure	Number		
Number of Forensic Beds - Assessment	Number		
Organ Transplantation	Cases		
Regional Trauma	Cases		

Measurement Unit		
<b>Part V - QUALITY BASED PROCEDURES</b>		<b>2015/16 Volume (note 1)</b>
Cardiac - Aortic Valve Replacement	Volumes	
Cardiac - Coronary Artery Disease	Volumes	
Cataracts - Bilateral	Volumes	
Cataracts - Unilateral	Volumes	
Chronic Obstructive Pulmonary Disease	Volumes	
Congestive Heart Failure	Volumes	
Endoscopy	Volumes	
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	Volumes	22
Hip Replacement - Unilateral Primary	Volumes	
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary	Volumes	11
Knee Replacement - Unilateral Primary	Volumes	
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	Volumes	9
Joint Replacement - Bilateral Primary	Volumes	
Non-Cardiac Vascular - Aortic Aneurysm (AA) excluding Advanced Pathway	Volumes	
Non-Cardiac Vascular - Lower Extremity Occlusive Disease (LEOD)	Volumes	
Orthopaedics - Hip Fracture	Volumes	
Orthopaedics - Knee Arthroscopy	Volumes	
Paediatric - Neonatal Jaundice (Hyperbilirubinemia)	Volumes	
Paediatric - Tonsillectomy	Volumes	
Respiratory - Pneumonia	Volumes	
Stroke - Hemorrhage	Volumes	
Stroke - Ischemic or Unspecified	Volumes	
Stroke - Transient Ischemic Attack (TIA)	Volumes	
Vision Care - Retinal Disease	Volumes	

Note 1 - Volume is estimated for 2015/16 until confirmed in writing by the LHM subsequent to the annual MSFR allocation provided by the Ministry of Health and Long-Term Care

Identification #: 781  
Hospital Name: St. Joseph's Care Group

**Performance Obligation**

**Client Experience requirement**

The HSP will continue to conduct a patient satisfaction survey for the major departments of the hospital. Within three (3) months after year-end, the HSP will report the annual results of the patient satisfaction survey, broken down by those major departments and for the hospital as a whole. This report to the LHIN will include 4 questions measuring the patients care experience, substantially similar to:

- "Overall care received" (for those hospitals that use NCR Picker > from All Dimensions and Overall Ratings);
- "Respect for Patient preferences" (for those hospitals that use NCR Picker > from All Dimensions and Overall Ratings);
- "Enough say about treatment" (for those hospitals that use NCR Picker > from Respect for Patient Preference); and
- "Treated you with respect/dignity" (for those hospitals that use NCR Picker > from Respect for Patient Preference).

**Performance Obligation**

**Health Services Blueprint requirement**

The North West LHIN is implementing the North West LHIN Health Services Blueprint (the Blueprint), a ten-year plan to reshape the health care system in the North West LHIN. The provincial Health Link initiative is aligned to this local plan and is being implemented in conjunction with the Blueprint at the Integrated District Network level. More details about the Blueprint and Health Links in the North West LHIN are available at <http://www.northwestlhin.on.ca/>

To advance the implementation of the Blueprint, the HSP will

- Align its strategic and operating activities with the Blueprint and Health Link objectives and local priorities;
- Continue to collaborate with stakeholders with planning, implementation and reporting related to the implementation of the Blueprint and Health Links, and formalize this commitment to collaboration through a Collaboration Agreement (e.g. providing human resource expertise, information, data and analysis to the North West LHIN, Health Link Steering Committees or Working Groups, or Local, District and Regional Planning Tables as necessary to inform and support planning and implementation activities);
- Play an active role in the implementation of the Blueprint and Health Links through:
  - o Actively leading and championing Blueprint and Health Links implementation;
  - o Formalizing planning tables at the Local Health Hub and Integrated District Network levels;
  - o Initiating partnerships across both LHIN-funded and non LHIN-funded providers;
  - o Initiate planning and implementation activities with a focus on system level improvement across the continuum of care;
  - o Identifying and promoting innovative approaches to integrated health care delivery with a focus on improving the client experience through improved transitions in care across the continuum, improving access to care, and improving value for health care dollars;
  - o Providing ongoing education to staff, partner and public stakeholders;
  - o Participation in knowledge exchange forums, channels and value stream mapping sessions;
  - o Realignment of services and related delivery as necessary;
  - o Coordination of implementation activity, including stakeholder analysis, communications and change initiatives; and
  - o Implementation of standardized, quality based care pathways, processes and associated standardized costings.

**Performance Obligation**

**Home First Philosophy requirement**

To contribute to an improved health system, the HSP will align its strategic and operating activities with, and proactively adopt the North West LHIN's "Home First" philosophy. As requested by the North West LHIN, the HSP will collaborate with stakeholders with planning, implementation and reporting related to adoption of the Home First philosophy.

**Performance Obligation**

**Behavioural Supports Ontario (BSO) Action Plan requirement**

The Health Service Provider will work with the North West LHIN and partners to:

- Implement the Behavioural Supports Ontario Action Plan and participate in quality improvement training related to the Behavioural Support Ontario Strategy;
- Integrate care for the target population through the creation of common care pathways and commit to training of front-line staff as it relates to this strategy.



Hospital Sector 2015-16 H-SAA

Identification #: 781  
 Hospital Name: St. Joseph's Care Group

Schedule C3 2015-16  
 LHIN Indicators & Obligations

**Performance Obligation**  
**Emergency Preparedness Plans requirement**  
 To minimize risks to the North West health system, the HSP will develop or review and update its emergency preparedness plan annually and include in the plan the process for communication with the North West LHIN in the event of an emergency situation.

**Performance Obligation**  
**Diversity Planning requirement**  
 The HSP will implement its LHIN approved cross-cultural competency plan. In cases where the plan has not been endorsed by the LHIN, the HSP will work with the LHIN to amend the plan as necessary. The HSP will report back on progress made on implementation as requested by the LHIN.

**Performance Obligation**  
**e-Health requirement**  
 The HSP will participate in the development and implementation of a harmonized North West LHIN eHealth Strategic Plan and subsequent iterations of that plan.

**Performance Obligation**  
**Information Technology requirement**  
 The HSP 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.

**Performance Obligation**  
**Planning for LPH Bed Closures**  
 The HSP will prepare and submit its proposed program service delivery model, within an integrated Mental Health and Addictions Model/Framework as defined by the LHIN, to support the closure of the Lakehead Psychiatric Hospital beds. This will include, but not be limited to the following elements:  
 - The program service delivery model will align with: the North West LHIN Health Services Blueprint model and redistribution of service delivery at the Local, District and Regional Levels, integrated Health Services Plan; and integration priorities of the LHIN;  
 - It will consider discrete program sizing, staffing levels and staffing mixes, to ensure alignment with best practice standards (if available); and  
 - It will identify resource requirements to support both the future state service delivery model (expected to be implemented in 2017/18 once the 38-bed Mental Health Rehabilitation Program is in place), as well as resource requirements for the intervening transition period.  
 It is expected that the above will be submitted to the LHIN for review and approval by December 31, 2015.  
*Mar 31/2015*

*hbk*  
*yo*

**Performance Obligation**  
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**Performance Obligation**  
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**Performance Obligation**  
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