

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2016

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, 2016;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six month period to March 31, 2017 to permit the LHIN and the Hospital to continue to work toward a new multi-year hospital service accountability agreement;

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

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

"**Schedule**" means any one of, and "**Schedules**" means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:

Schedule A: Funding Allocation

Schedule B: Reporting

Schedule C: Indicators and Volumes

C.1. Performance Indicators

C.2. Service Volumes

C.3. LHIN Indicators and Volumes

C.4. PCOP Targeted Funding and Volumes

2.3 Term. This Agreement and the H-SAA will terminate on March 31, 2017.

- 3.0 Effective Date.** The amendments set out in Article 2 shall take effect on October 1, 2016. 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:



 Dan Levesque, Interim Chair

January 30, 2017

 Date

And by:



 Laura Kokocinski, CEO

February 1, 2017

 Date

ST. JOSEPH'S CARE GROUP

By:




 Linda Pauluk, Chair

September 30, 2016

 Date

And by:



 Tracy Buckler, President and CEO

September 30, 2016

 Date

2016-17 Hospital Service Accountability Agreement

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

Schedule A 2016-17
 Funding Allocation

Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
	Base ²	One-Time ²
Funding Summary		
Global Funding (opening)	\$65,171,078	
Global Funding - rounding	\$59	
Global Funding adjustment - HBAM reset (rounded)	\$45,900	
HSFR - Health Based Allocation Method (HBAM) (opening)	\$30,872,508	
HSFR - annual HBAM funding adjustment (\$29,688,192 - \$30,872,552)	(\$1,204,360)	
HSFR - 1% HBAM investment (rounded)	\$296,600	
HSFR - One-time Recovery	\$0	(\$23,000)
HSFR - QBP Funding (Section 1 below)	\$247,140	
Provincial Program Services (Section 3 below)	\$367,200	\$0
Other Funding (Section 4 below)	\$610,875	\$296,960
Total Funding	\$86,297,000	\$273,960
Section 1: Health System Funding Reform - Quality Based Procedures³	Rate	Allocation^{1,2}
Cataracts - Unilateral	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	\$6,977	\$163,479
Hip Replacement - Unilateral Primary	\$0	\$0
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary	\$5,090	\$55,983
Knee Replacement - Unilateral Primary	\$0	\$0
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	\$4,187	\$37,678
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
Total QBP Funding		\$247,140
Section 2: Wait Time Strategy Services ("WTS")	Base²	One-Time²
General Surgery	\$0	\$0
Pediatric Surgery (amended Feb 18, 2016)	\$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
Total WTS Funding	\$0	\$0
Section 3: Provincial Program Services ("PPS")	Base²	One-Time²
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$367,200	\$0
Bariatric Surgery	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
Total PPS Funding	\$367,200	\$0
Section 4: Other Funding	Base²	One-Time²
Grant In Lieu of Taxes	\$26,575	\$0
Diabetes Point of Care Testing (amended March 18, 2016)	\$0	\$41,960
Working Capital Pressures (annually for the 20-year period from 2015/16 to 2034/35)		\$265,000
Base Funding Enhancement (amended April 12, 2016)	\$485,300	\$0
Total Other Funding	\$610,875	\$296,960

[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHM
 [2] Funding allocations are subject to change year over year
 [3] All QBP funding is fully recoverable in accordance with Section 6.6 of the H-SAA. QBP funding is not base funding for the purposes of the BOND policy.

2016-17 Hospital Service Accountability AgreementFacility # **781**
Hospital Name **St. Joseph's Care Group****Schedule B 2016-17
Reporting Requirements**

1. MIS Trial Balance	
Reporting Period	Due Date
2016-17	
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	Due Date
2016-17	
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	Due Date
2016-17	30-Jun-2017

4. French Language Services Report	
Fiscal Year	Due Date
2016-17	30-Apr-2017

5. Declaration of Compliance	
Fiscal Year	Due Date
2016-17	30-Jun-2017

2016-17 Hospital Service Accountability Agreement

Schedule C3 2016-17
Performance Indicators

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

Performance Indicators

Explanatory Indicators

Measurement Unit	* 2016-17 Performance Target	* 2016-17 Performance Standard
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Measurement Unit

Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered

Indicator	Measurement Unit	2016-17 Performance Target	2016-17 Performance Standard	Explanatory Indicator	Measurement Unit
90th Percentile ED Length of Stay for Complex Patients	Hours			Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
90th Percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours			Hospital Standardized Mortality Ratio	Ratio
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Hip Replacements	Percentage			Rate of Ventilator-Associated Pneumonia	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Knee Replacements	Percentage			Central Line Infection Rate	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for MRI	Percentage			Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for CT Scans	Percentage			Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cardiac Bypass Surgery	Percentage
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.90	0.13	Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cancer Surgery	Percentage
Readmissions to Own Facility within 30 Days for Selected HIBAM Inpatient Groups (#10) Conditions	Percentage			Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Indicator	Measurement Unit	2016-17 Performance Target	2016-17 Performance Standard	Explanatory Indicator	Measurement Unit
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	0.83	≥ 0.70%	Total Margin (#hospital Sector Only)	Percentage
Total Margin (Consolidated - all sector codes and fund types)	Percentage	0.90%	≥ -1.63%	Adjusted Working Funds / Total Revenue	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Indicator	Measurement Unit	2016-17 Performance Target	2016-17 Performance Standard	Explanatory Indicator	Measurement Unit
Alternate Level of Care (ALC) Rate - Acute	Percentage	12.7%	14.0%	Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	Percentage
				Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	Percentage
				Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage

Part IV - LHMN Specific Indicators and Performance targets, see Schedule C3

*Refer to 2016-17 H-AAA Indicator Technical Specification for further details.

		Measurement Unit		
Part I - GLOBAL VOLUMES			* 2016-17 Performance Target	* 2016-17 Performance Standard
Ambulatory Care	Visits		30,500	≥ 30,500
Complex Continuing Care	Weighted Patient Days		66,582	≥ 63,095
Day Surgery	Weighted Cases			
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days			
Emergency Department	Weighted Cases			
Emergency Department and Urgent Care	Visits			
Inpatient Mental Health	Weighted Patient Days		14,960	≥ 12,733
Inpatient Mental Health	Inpatient Days		13,870	≥ 12,760
Inpatient Rehabilitation	Inpatient Days		17,300	≥ 16,570
Total Inpatient Acute	Weighted Cases			
Part II - HOSPITAL SPECIALIZED SERVICES			2016/17 Primary	2016/17 Revision
Cochlear Implants	Cases			
			2016/17 Base	2016/17 Incremental
Cleft Palate	Cases			
HIV Outpatient Clinics	Visits			
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients			
Part III - WAIT TIME VOLUMES			2016/17 Base	2016/17 Incremental
General Surgery	Cases			
Paediatric Surgery	Cases			
Hip & Knee Replacement - Revisions	Cases			
Magnetic Resonance Imaging (MRI)	Total Hours			
Ontario Breast Screening Program Magnetic Resonance Imaging (OBSP MRI)	Total Hours			
Computed Tomography	Total Hours			
Part IV - PROVINCIAL PROGRAMS			2016/17 Base	2016/17 Incremental
Automatic Implantable Cardiac Defibrillators - New Implants	# of New Implants			
Automatic Implantable Cardiac Defibrillators - Replacements	# of Replacements			
Automatic Implantable Cardiac Defibrillators - Replacements done at Supplier's Request	# of Replacements			
Automatic Implantable Cardiac Defibrillators - 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		TBD	
Number of Forensic Beds - General	Number			
Number of Forensic Beds - Secure	Number			
Number of Forensic Beds - Assessment	Number			
Organ Transplantation	Cases			
Regional Trauma	Cases			

*Refer to 2016-17 H-SAA Indicator Technical Specification for further details.

		Measurement Unit	
Part V - QUALITY BASED PROCEDURES			2016-17 Volume (Note 1)
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 - Volumes estimated for 2016-17 until confirmed in writing by the LHM subsequent to the annual HSPR submission provided by the Ministry of Health and Long-Term Care

2016-17 Hospital Service Accountability Agreement

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

Schedule C3 2016-17
 LHIN Indicators &
 Obligations

<p>Performance Obligation Client Experience requirement</p>	<p>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</p> <ul style="list-style-type: none"> - "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)
<p>Performance Obligation Health Services Blueprint requirement</p>	<p>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/.</p> <p>To advance the implementation of the Blueprint, the HSP will:</p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> 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.
<p>Performance Obligation Home First Philosophy requirement</p>	<p>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.</p>
<p>Performance Obligation Behavioural Supports Ontario (BSO) Action Plan requirement</p>	<p>The Health Service Provider will work with the North West LHIN and partners to:</p> <ul style="list-style-type: none"> - 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.

2016-17 Hospital Service Accountability Agreement

Identification #:
Hospital Name

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St. Joseph's Care Group

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Schedule C3 2016-17
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
Balanced Budget waiver

- The HSP has advised the LHIN that it anticipates incurring a total consolidated negative margin of no more than \$2,594,702 by March 31, 2017. The HSP agrees that it will not exceed a \$2,594,702 negative margin and will fund this deficit out of its working capital.
- Subject to 1., the LHIN will waive the requirements of 6.1.3 (a) of the 2006-17 H-SAA from April 1, 2016 to March 31, 2017, with the following conditions:
 - The HSP implements the "identified" strategies as outlined in the Hospital Improvement Plan, submitted to the LHIN on May 26, 2016. The HSP will achieve an HBAM cost per weighted patient day of \$513 for CCC and an HBAM cost per weighted case of \$15,000 for Rehab (a) after implementation of these identified strategies for a full fiscal year; (b) after removing all effects of the operation of the 26-bed Temporary Transitional Care Unit (TTCU); and (c) before consideration of any other cost-saving strategies which may be implemented in 2017/18. The LHIN will take into account any unforeseen or uncontrollable circumstances which may affect the HSP's achievement of these targets. The LHIN and HSP will review any variances as part of the joint quarterly status review meetings, and discuss potential strategies to mitigate these impacts. In any case, the HSP will not achieve an HBAM cost per weighted patient day/case that exceeds its actual 2015/16 OCDM results (after removing the effects of the TTCU operation).
 - the HSP will collaborate with the LHIN and other stakeholders in assessing the short-term and long-term implications of a reduction in the HSP's CCC bed supply, in conjunction with other system changes taking place, including changes to long-term care bed supply and demand. The HSP will advise the LHIN of the following short-term and long-term impacts associated with the proposed 29 CCC bed closure compared to the alternative of no bed closures:
 - Incremental financial savings;
 - Impact of the proposed bed closure on funding under Health Systems Funding Reform (HSFR), including the impact on the baseline cost per weighted activity amounts established in 2 a), above; and
 - Impact on HSP's overall financial position.
 - In regards to the hospital-funded mental health services, the HSP will:
 - Submit a budget and service delivery model for the 38-bed inpatient Specialized Mental Health Rehabilitation Program to the LHIN for its review and approval, by the due date for the 2017/18 HAPS submission.
 - Submit a business case for the siting options for the mental health outpatient programs currently operating at the Lakehead Psychiatric Hospital site (Comprehensive Community Support Team, Employment Options Program and Northwestern Ontario Peer Support Council), as well as a business case for the proposed addition of six additional high support housing units, to the LHIN for its review and approval, by November 30, 2016.
 - Provide assistance to the LHIN in its review of the various hospital-funded mental health outpatient programs over 2016/17 and 2017/18, in to be done accordance with mutually agreeable terms of reference.
 - The distribution of any savings or surplus funds identified through the activities in 2 b) and c), above, will be subject to further discussion and negotiation between the HSP and the LHIN.
 - The HSP will participate in a regular quarterly status update meeting with the LHIN after Q2 financial results are available to review progress with balancing strategies and assess the anticipated impacts for the 2017/18 fiscal year.