

## H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2017

**B E T W E E N:**

**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 March 31, 2017;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA for a further twelve month period 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:

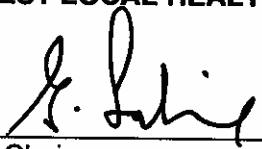
- Schedule A: Funding Allocation
- Schedule B: Reporting
- Schedule C: Indicators and Volumes
  - C.1. Performance Indicators
  - C.2. Service Volumes
  - C.3. LHIN Indicators and Volumes
  - C.4. PCOP Targeted Funding and Volumes

**2.3 Term.** This Agreement and the H-SAA will terminate on March 31, 2018.

- 3.0 Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. 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:  Mar. 29, 2017  
 Gil Labine, Chair Date

And by:  April 5, 2017  
 Laura Kokocinski, CEO Date

**ST. JOSEPH'S CARE GROUP**

By:  March 15/2017  
 Linda Pauluik, Chair Date

And by:  Mar 16 / 17  
 Tracy Buckler, President & CEO Date

**2017-18 Hospital Service Accountability Agreement**

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

**Schedule B 2017-18  
 Reporting Requirements**

**1. MIS Trial Balance**  
**Reporting Period**

**Due Date**

<b>2017-18</b>	
Q2 – Apr 01-17- to Sept 30-17	31-Oct-2017
Q3 – Apr 01-17- to Dec 31-17	31-Jan-2018
Q4 – Apr 01-17- to March 31-18	31-May-2018

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

**Due Date**

<b>2017-18</b>	
Q2 – Apr 01-17- to Sept 30-17	07-Nov-2017
Q3 – Apr 01-17- to Dec 31-17	07-Feb-2018
Q4 – Apr 01-17- to March 31-18	30-Jun-2018

**3. Audited Financial Statements**  
**Fiscal Year**

**Due Date**

2017-18	30-Jun-2018
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**4. French Language Services Report**  
**Fiscal Year**

**Due Date**

2017-18	30-Apr-2018
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**5. Declaration of Compliance**  
**Fiscal Year**

**Due Date**

2017-18	30-Jun-2018
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**2017-18 Hospital Service Accountability Agreement**

Facility #

781

Hospital Name

St. Joseph's Care Group

Schedule A 2017-18  
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)	\$56,306,466	
HSFR - Health Based Allocation Method (HBAM) (opening)	\$29,964,748	
HSFR - QBP Funding (Section 1 below)	\$247,140	
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	\$255,000
<b>Total Funding</b>	<b>\$86,901,129</b>	<b>\$255,000</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 - Bilateral and Non-Routine	\$0	\$0
Cataracts - Unilateral	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	\$6,977	\$153,479
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
<b>Total QBP Funding</b>		<b>\$247,140</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 Surgery	\$0	\$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
Working Capital Pressures (annually for the 20-year period from 2015/16 to 2034/35)	\$0	\$255,000
<b>Total Other Funding</b>	<b>\$25,575</b>	<b>\$255,000</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.

Performance Indicators		2017-18 Performance Target		2017-18 Performance Standard		Explanatory Indicators	
Measurement	Unit					Measurement	Unit
<b>Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered</b>							
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	0.08	0.16			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 HBAM Inpatient Groupers (HIG) Conditions	Percentage					Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage
<b>Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance</b>							
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	0.96	≥ 0.85			Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated - all sector codes and fund types)	Percentage	1.31%	≥ 0%			Adjusted Working Funds / Total Revenue	Percentage
<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>							
Alternate Level of Care (ALC) Rate - Acute & Post 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
<b>Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3</b>							
*Refer to 2017-18 H-SAA Indicator Technical Specification for further details.							



Measurement Unit			
<b>Part I - GLOBAL VOLUMES</b>			
Ambulatory Care	Visits	* 2017-18 Performance Target	* 2017-18 Performance Standard
		47,600	≥ 38,080
Complex Continuing Care	Weighted Patient Days	62,748	≥ 57,728
Day Surgery	Weighted Cases		
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days		
Emergency Department	Weighted Cases		
Emergency Department and Urgent Care	Visits		
Inpatient Mental Health	Inpatient Days	13,600	≥ 12,784
Inpatient Rehabilitation	Inpatient Days	17,200	≥ 15,480
Total Inpatient Acute	Weighted Cases		
<b>Part II - HOSPITAL SPECIALIZED SERVICES</b>		2017-18 Primary	2017-18 Revision
Cochlear Implants	Cases		
Cleft Palate	Cases	2017-18 Base	2017-18 Incremental
HIV Outpatient Clinics	Visits		
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients		
<b>Part III - WAIT TIME VOLUMES</b>		2017-18 Base	2017-18 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		
<b>Part IV - PROVINCIAL PROGRAMS</b>		2017-18 Base	2017-18 Incremental
Automatic Implantable Cardiac Defib's - New Implants	# of New Implants		
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	119	
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 2017-18 H-SAA Indicator Technical Specification for further details.





<b>Measurement Unit</b>		
<b>Part V - QUALITY BASED PROCEDURES</b>		<b>2017-18 Volume (Note 1)</b>
Cardiac - Aortic Valve Replacement	Volumes	
Cardiac - Coronary Artery Disease	Volumes	
Cataracts - Bilateral and Non-Routine	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 2017-18 until confirmed in writing by the LHIN subsequent to the annual HSFR allocation provided by the Ministry of Health and Long-Term Care

**2017-18 Hospital Service Accountability Agreement**

Schedule C3 2017-18  
LHIN Indicators & Obligations

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.

**2017-18 Hospital Service Accountability Agreement**

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

**Schedule C3 2017-18  
 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**  
**Hospital Funded Mental Health Programs**

The HSP agrees to provide assistance to the LHIN in its review of all of the HSP's hospital-funded mental health outpatient programs in 2017/18, to be done accordance with mutually agreeable terms of reference.

The HSP acknowledges that LHIN approval is required prior to proceeding with any relocation of the Comprehensive Community Support Team program from the Lakehead Pyschiatric Hospital site, as outlined its is proposal entitled "Comprehensive Community Support Team Space", dated November 21, 2016. The HSP agrees to advise the LHIN of its financing strategy for the one-time capital costs, estimated at \$2.5 million, for the relocation of this program, by March 31, 2017.

As requested by the LHIN on January 13, 2017, the HSP agrees to provide further information to support the requested annualized budget increase for the inpatient Specialized Mental Health Rehabilitation Program, as outlined in the proposal submitted to the LHIN on November 25, 2016. The HSP agrees to submit this information to the LHIN by March 31, 2017, for LHIN review and approval.

The HSP will keep the LHIN apprised of any developments affecting the potential relocation/expansion of one of its high support housing programs as outlined in the proposal entitled "High Support Housing Program Expansion", dated November 21, 2016. The HSP acknowledges that LHIN approval is required prior to proceeding with the implementation of this initiative.

**Performance Obligation**

**Performance Obligation**

