

HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the “Agreement”) is made as of the 1st day of April, 2019

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, 2018 (the “HSAA”);

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 HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

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 HSAA will terminate on March 31, 2020.
- 3.0 **Effective Date**. The amendments set out in Article 2 shall take effect on April 1, 2019. All other terms of the HSAA 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.

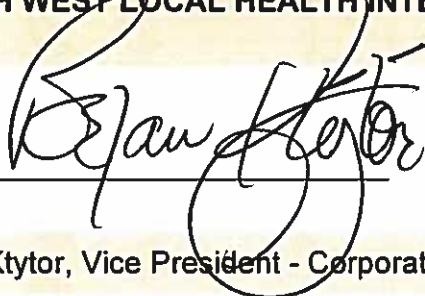
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6.0 Entire Agreement. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:



DATE

July 31/19

Brian Ktytor, Vice President - Corporate Services

And by:



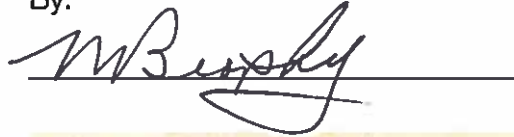
DATE

July 31/2019

Rhonda Crocker Ellacott, Chief Executive Officer

ST. JOSEPH'S CARE GROUP

By:



DATE

June 28/19

Maureen Brophy, Chair

And by:



DATE

June 28/19.

Tracy Buckler, President and Chief Executive Officer

2019-20 Hospital Service Accountability Agreement

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

Schedule A 2019-20
 Funding Allocation

Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
Funding Summary	Base ²	One-Time ²
Global Funding (opening)	\$57,554,878	
Global Funding - rounding (amended June 7, 2019)	\$23	
HSFR - Health Based Allocation Method (HBAM) (opening)	\$32,986,799	
HSFR - QBP Funding (Section 1 below)	\$46,717	
Wait Time Strategy Services Funding (Section 2 below)	\$0	\$0
Provincial Program Services (Section 3 below)	\$357,200	\$0
Other Funding (Section 4 below)	\$1,409,797	\$425,900
Total Funding	\$92,355,414	\$425,900
Section 1: Health System Funding Reform - Quality Based Procedures³	Rate	Allocation ^{1,2}
Cataracts - Bilateral and Non-Routine	\$0	\$0
Cataracts - Unilateral	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Hip Replacement Bundle - Unilateral Primary	\$0	\$0
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	\$0	\$0
Hip Replacement - Unilateral Primary	\$0	\$0
Knee Replacement Bundle - Unilateral Primary	\$0	\$0
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary (amended June 7, 2019)	\$0	\$0
Knee Replacement - Unilateral Primary	\$0	\$0
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary (amended June 7, 2019)	\$4,247	\$46,717
Joint Replacement - Bilateral Primary	\$0	\$0
Non-Emergent Spine (Non-Instrumented - Day Surgery)	\$0	\$0
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)	\$0	\$0
Non-Emergent Spine (Instrumented - Inpatient Surgery)	\$0	\$0
Orthopaedics - Hip Fracture	\$0	\$0
Orthopaedics - Knee Arthroscopy	\$0	\$0
Paediatric - Tonsillectomy	\$0	\$0
Respiratory - Pneumonia	\$0	\$0
Shoulder (Arthroplasties)	\$0	\$0
Shoulder (Reverse Arthroplasties)	\$0	\$0
Shoulder (Repairs)	\$0	\$0
Shoulder (Other)	\$0	\$0
Stroke Endovascular Treatment	\$0	\$0
Stroke - Hemorrhage	\$0	\$0
Stroke - Ischemic or Unspecified	\$0	\$0
Stroke - Transient Ischemic Attack (TIA)	\$0	\$0
Total QBP Funding		\$46,717
Section 2: Wait Time Strategy Services ("WTS")	Base ²	One-Time ²
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
Total WTS Funding	\$0	\$0
Section 3: Provincial Program Services ("PPS")	Base ²	One-Time ²
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
Regional Critical Care Response	\$0	\$0
Cardiovascular Services	\$0	\$0
Total PPS Funding	\$357,200	\$0
Section 4: Other Funding	Base ²	One-Time ²
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
Hip and Knee Osteoarthritis Conservative Management Project (amended June 11, 2018)	\$0	\$170,900
General 1% growth funding enhancement (amended June 7, 2019)	\$917,022	\$0
Increased capacity for inpatient mental health (amended June 7, 2019)	\$467,200	\$0
Total Other Funding	\$1,409,797	\$425,900

[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.

2019-20 Hospital Service Accountability Agreement

Facility # 781

Hospital Name St. Joseph's Care Group

Schedule B 2019-20 Reporting Requirements

1. MIS Trial Balance

Reporting Period	Due Date
2019-20	
Q2 – Apr 01-19- to Sept 30-19	31-Oct-2019
Q3 – Apr 01-19- to Dec 31-19	31-Jan-2020
Q4 – Apr 01-19- to March 31-20	31-May-2020

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

Reporting Period	Due Date
2019-20	
Q2 – Apr 01-19- to Sept 30-19	07-Nov-2019
Q3 – Apr 01-19- to Dec 31-19	07-Feb-2020
Q4 – Apr 01-19- to March 31-20	30-Jun-2020

3. Audited Financial Statements

Fiscal Year	Due Date
2019-20	30-Jun-2020

4. French Language Services Report

Fiscal Year	Due Date
2019-20	30-Apr-2020

2019-20 Hospital Service Accountability Agreement

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

Schedule C1 2019-20
 Performance Indicators

Performance Indicators			Explanatory Indicators		
	Measurement Unit	* 2019-20 Performance Target	* 2019-20 Performance Standard	Measurement Unit	
Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered					
90th Percentile ED Length of Stay for Non-Admitted High Acuity Patients [CTAS I-III]	Hours			90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
90th Percentile ED Length of Stay for Non-Admitted Low Acuity Patients [CTAS IV-V]	Hours			Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Hip Replacements	Percentage			Hospital Standardized Mortality Ratio	Ratio
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Knee Replacements	Percentage			Rate of Ventilator-Associated Pneumonia	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for MRI	Percentage			Central Line Infection Rate	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for CT Scans	Percentage			Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.00	0.31	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 Cardiac By-Pass Surgery	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					
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	0.81	> 0.73	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated - all sector codes and fund types)	Percentage	0.85%	> 0%	Adjusted Working Funds / Total Revenue	Percentage
Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth					
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
Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3					
*Refer to 2019-20 H-SAA Indicator Technical Specification for further details.					

Measurement Unit			
Part I - GLOBAL VOLUMES		* 2019-20 Performance Target	* 2019-20 Performance Standard
Ambulatory Care	Visits	49,000	≥ 39,200
Complex Continuing Care	Weighted Patient Days	68,464	≥ 62,987
Day Surgery	Weighted Cases		
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days		
Emergency Department	Weighted Cases		
Emergency Department and Urgent Care	Visits		
Inpatient Mental Health (amended June 7, 2019)	Inpatient Days	14,316	≥ 13,457
Inpatient Rehabilitation	Inpatient Days	17,600	≥ 15,840
Total Inpatient Acute	Weighted Cases		
Part II - HOSPITAL SPECIALIZED SERVICES		2019-20 Primary	2019-20 Revision
Cochlear Implants	Cases		
		2019-20 Base	2019-20 Incremental
Cleft Palate	Cases		
HIV Outpatient Clinics	Visits		
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients		
Part III - WAIT TIME VOLUMES		2019-20 Base	2019-20 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		2019-20 Base	2019-20 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 2019-20 H-SAA Indicator Technical Specification for further details.

		Measurement Unit	
Part V - QUALITY BASED PROCEDURES			2019-20 Volume (Note 1)
Cataracts - Bilateral and Non-Routine	Volumes		
Cataracts - Unilateral	Volumes		
Chronic Obstructive Pulmonary Disease	Volumes		
Congestive Heart Failure	Volumes		
Hip Replacement Bundle - Unilateral Primary	Volumes		
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	Volumes		
Hip Replacement - Unilateral Primary	Volumes		
Knee Replacement Bundle - Unilateral Primary	Volumes		
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary (amended June 7, 2019)	Volumes		0
Knee Replacement - Unilateral Primary	Volumes		
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	Volumes		11
Joint Replacement - Bilateral Primary	Volumes		
Non-Emergent Spine (Non-Instrumented - Day Surgery)	Volumes		
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)	Volumes		
Non-Emergent Spine (Instrumented - Inpatient Surgery)	Volumes		
Orthopaedics - Hip Fracture	Volumes		
Orthopaedics - Knee Arthroscopy	Volumes		
Paediatric - Tonsillectomy	Volumes		
Respiratory - Pneumonia	Volumes		
Shoulder (Arthroplasties)	Volumes		
Shoulder (Reverse Arthroplasties)	Volumes		
Shoulder (Repairs)	Volumes		
Shoulder (Other)	Volumes		
Stroke Endovascular Treatment	Volumes		
Stroke - Hemorrhage	Volumes		
Stroke - Ischemic or Unspecified	Volumes		
Stroke - Transient Ischemic Attack (TIA)	Volumes		

Note 1 - Volume is estimated for 2019-20 until confirmed in writing by the LHIN subsequent to the annual HSRF allocation provided by the Ministry of Health and Long-Term Care

2019-20 Hospital Service Accountability Agreement

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

**Schedule C3 2019-20
 LHIN Indicators &
 Obligations**

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 and Health Links requirement

The North West LHIN is committed to the continued implementation of the North West LHIN Health Services Blueprint (Blueprint), a ten-year plan to reshape the health care system in the North West LHIN. More details about the Blueprint are available at <http://www.northwestlin.on.ca>.

To advance the implementation of the Blueprint, HSPs are expected to:

- Align their strategic and operating activities with the Blueprint objectives and local priorities;
- Contribute to the advancement of an integrated system of care at the local, sub-region and regional level, through the following:
 - o Participate in efforts to advance the integrated service delivery model at the Local Health Hub level – through direct or indirect participation in Local Health Hub planning activities and identification of integration opportunities; and
 - o Participate in sub-region planning activities – either direct participation (as a formal member of the 'Collaborative' tables) or indirect participation (through engagement/liaison with those involved in 'Collaborative' tables) to ensure local perspectives and priorities are considered at the sub-region level;
- Collaborate with stakeholders and initiate partnerships across both LHIN-funded and non LHIN-funded providers;
- Contribute human resource expertise, information, data and analysis to the North West LHIN, Advisory Committees, Working Groups, or local, sub-region and regional initiatives as necessary to inform and support planning and implementation activities;
- Realign services and related delivery as necessary and appropriate towards value creation in the system (outcomes/cost);
- Implement standardized, quality based care pathways, processes and associated standardized costings;
- Participate in, and provide, ongoing education related to health system leadership; and
- Participate in knowledge exchange forums and channels.

HSPs will actively participate in efforts to coordinate care for complex patients; through:

- Championship of a coordinated care planning approach within their organization and with system partners;
- Development of Coordinated Care Plans, where appropriate;
- Participation in collaborative care planning; including case conferencing with cross-sector partners;
- Reporting to the North West LHIN and Health Quality Ontario on metrics related to coordinated care; and
- Coaching and supporting complex, vulnerable patients in achieving goals as defined in Coordinated Care Plans.

Performance Obligation

Emergency Preparedness and Surge Planning 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; and
- develop specific Surge protocols where appropriate or otherwise participate in system Surge planning to support a coordinated effort to improve and maintain patient's access to emergency and acute care services during periods of surge where the demand for resources and services exceeds availability.

2019-20 Hospital Service Accountability Agreement

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

**Schedule C3 2019-20
 LHIN Indicators &
 Obligations**

Performance Obligation

Digital Health requirement	<p>The HSP will</p> <ul style="list-style-type: none"> • Participate in the development of an integrated, regional Digital Health Plan. This annual plan would bring together provincial, regional and local assets and services to meet the regional and local needs; • Participate in the Provincial/LHIN Digital Health asset alignment, adoption and use at the local level; • Implement technology solutions and that are compatible or interoperable with the provincial blueprint and with the LHIN Digital Health plan; and • Comply with any technical and information management standards, including those related to data, architecture, technology, privacy and security set for health service providers by the MOHLTC, eHealth Ontario or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be.
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Explanatory Indicators

Reporting of High Risk Events requirement	<p>The HSP will notify the North West LHIN of any high risk event.</p> <p>A high risk event is defined as any unfavourable, unintended or unexpected occurrence in the health or well-being of a patient, client, health service provider, HSP staff, or health care system that includes but is not limited to:</p> <ul style="list-style-type: none"> • Fire, flood or other destruction of a building/premise that the HSP operates in that will restrict the provision of service or otherwise put patients, clients, staff at unnecessary risk of continued operation or service provision; • A death, life-threatening event, or significant incapacity of a patient, client, or staff member that is not in the ordinary course of the HSPs business activities; • The termination or resignation of the Chief Executive Officer; • The termination or resignation of a key member of the HSPs personnel or contracted service provider that will have a significant, immediate and unfavourable impact on the provision of service to patients and clients; • The resignation of a majority of the board of directors of the HSP; • Allegation or confirmation of any type of criminal or other activity directly associated with the Health Service Provider organization that would be considered unacceptable professional behaviour of the HSPs personnel, including but not limited to fraud, theft, violence or abuse; • Any other event that would expose the health care system to significant public scrutiny and/or risk. <p>The HSP will make all reasonable attempts to provide notice of the high risk event to the North West LHIN within twenty four (24) hours of becoming aware of the high risk event.</p> <p>Notice of the high risk event will be made to the North West LHIN using any reasonable communication media including but not limited to email, telephone, or fax. Communication should be directed to your regular LHIN contact(s) with a copy to nw.communications@lhins.on.ca</p>
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Performance Obligation

Reporting of Media Activity requirement	<p>The HSP will notify the North West LHIN of all media activity that the organization is involved in that relates to accountabilities the organization has with the LHIN; including: funding, performance and planning activities. The HSP will notify the LHIN in advance of any planned media activity to ensure alignment of messaging, or immediately following any unanticipated media activity. Types of media activity include, but are not limited to: media releases, news articles, interviews, letters to the Editor, media events, media tours, etc.</p> <p>Notice of media activity will be made to the North West LHIN using any reasonable communication media including but not limited to email, telephone, or fax. Communication should be directed to your regular LHIN contact(s) with a copy to nw.communications@lhins.on.ca</p>
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2019-20 Hospital Service Accountability Agreement

Identification #:

781

Hospital Name

St. Joseph's Care Group

Performance Obligation

Surplus Resulting from Closure of LPH Site

As identified in its 2018/19 H-SAA, the Hospital has confirmed that the estimated net annual savings resulting from the closure of its Lakehead Psychiatric Hospital site, after supporting the annual incremental costs at the Amethyst House and the relocation costs of the Comprehensive Community Support Team programs, is \$1.054 million. The LHIN will engage with the HSP by September 30, 2019 to plan for how and when the \$1.054 million can best be deployed to support Mental Health services including those that might be provided by the HSP ("the Plan") in the North West LHIN starting in fiscal 2020/21. In order to address current financial pressures, the LHIN is permitting the Hospital to retain the full amount of these savings on a one-time basis until it is required for implementation of the Plan.

The Hospital acknowledges this financial pressures funding retention is for a one-time basis and confirms its agreement that the \$1.054 million in funding will be recovered by the LHIN, or its successor, for redeployment per the implementation timing and use in the Plan noted above.

Performance Obligation