

## H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2016

BETWEEN:

CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

SOUTHLAKE REGIONAL HEALTH CENTRE (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 wish to amend the 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.

"**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

**3.0 Effective Date.** The amendments set out in Article 2 shall take effect on April 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.

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

By:

  
\_\_\_\_\_  
Warren Jestin, Chair

\_\_\_\_\_  
Date NOV 11, 2016

And by:

  
\_\_\_\_\_  
Kim L. Baker, CEO

\_\_\_\_\_  
Date NOV 10, 2016

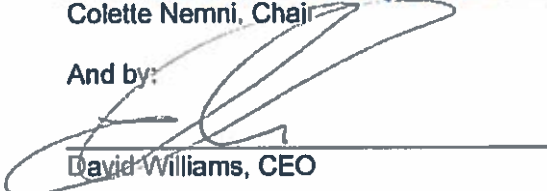
**SOUTHLAKE REGIONAL HEALTH CENTRE**

By:

  
\_\_\_\_\_  
Colette Nemni, Chair

\_\_\_\_\_  
Date Oct 27/16

And by:

  
\_\_\_\_\_  
David Williams, CEO

\_\_\_\_\_  
Date OCTOBER 21<sup>st</sup> 2016

# Hospital Sector Accountability Agreement 2016-2017

Facility #:	736
Hospital Name:	Southlake Regional Health Centre
Hospital Legal Name:	Southlake Regional Health Centre

## 2016-2017 Schedule A Funding Allocation

		2018-2017	
		[1] Estimated Funding Allocation	
<b>Section 1: FUNDING SUMMARY</b>			
<b>LHIN FUNDING</b>			
LHIN Global Allocation		[2] Base	
Health System Funding Reform: HBAM Funding		\$153,781,278	
Health System Funding Reform: QBP Funding (Sec. 2)		\$104,156,620	
Post Construction Operating Plan (PCOP)		\$23,061,344	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[3] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$1,131,801	\$0
Other Non-HSFR Funding (Sec. 5)		\$809,400	\$0
<b>Sub-Total LHIN Funding</b>		<b>\$0</b>	<b>\$2,698,050</b>
		<b>\$282,940,443</b>	<b>\$2,698,050</b>
<b>Section 2: HSFR - Quality-Based Procedures</b>			
		Volumes	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		33	\$127,284
Acute Inpatient Primary Unilateral Hip Replacement		242	\$2,087,043
Rehabilitation Inpatient Primary Unilateral Knee Replacement		30	\$88,491
Acute Inpatient Primary Unilateral Knee Replacement		387	\$2,994,138
Acute Inpatient Hip Fracture		249	\$3,301,348
Knee Arthroscopy		449	\$820,068
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		28	\$322,485
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		3	\$8,535
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		461	\$3,378,438
Aortic Valve Replacement		0	\$0
Coronary Artery Disease- CABG		0	\$0
Coronary Artery Disease - PCI		0	\$0
Coronary Artery Disease - Catheterization		0	\$0
Acute Inpatient Stroke Hemorrhage		21	\$374,824
Acute Inpatient Stroke Ischemic or Unspecified		186	\$1,844,252
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		33	\$131,247
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		24	\$518,195
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		35	\$451,616

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## 2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[X] Allocation
Unilateral Cataract Day Surgery	4,247	\$2,175,840
Retinal Disease	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	125	\$310,688
Acute Inpatient Tonsillectomy	160	\$230,697
Acute Inpatient Chronic Obstructive Pulmonary Disease	318	\$2,006,914
Acute Inpatient Pneumonia	254	\$1,832,939
Bilateral Cataract Day Surgery	66	\$56,302
<b>Sub-Total Quality Based Procedure Funding</b>	<b>7,351</b>	<b>\$23,061,344</b>

Section 3: Wait Time Strategy Services ("WTS")	[X] Base	[X] Incremental/One-Time
General Surgery	\$177,313	\$0
Pediatric Surgery	\$12,348	\$0
Hip & Knee Replacement - Revisions	\$131,940	\$0
Magnetic Resonance Imaging (MRI)	\$694,200	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$0	\$0
Computed Tomography (CT)	\$116,000	\$0
<b>Sub-Total Wait Time Strategy Services Funding</b>	<b>\$1,131,801</b>	<b>\$0</b>

Section 4: Provincial Priority Program Services ("PPS")	[X] Base	[X] Incremental/One-Time
Cardiac Surgery	\$809,400	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
<b>Sub-Total Provincial Priority Program Services Funding</b>	<b>\$809,400</b>	<b>\$0</b>

# Hospital Sector Accountability Agreement 2016-2017

Facility #: 736  
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## 2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR	[2] Base	[3] Incremental/One-Time
Emergency Department Pay for Results	\$0	\$2,466,800
Urgent Priorities Funding - CT	\$0	\$231,250
<b>Sub-Total Other Non-HSFR Funding</b>	<b>\$0</b>	<b>\$2,698,050</b>
[1] Estimated funding allocations.		
[2] Funding allocations are subject to change year over year.		
[3] Funding provided by Cancer Care Ontario, not the LHIN.		
[4] 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.		



# Hospital Sector Accountability Agreement 2016-2017

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## 2016-2017 Schedule B: Reporting Requirements

	Due Date 2016-2017
<b>1. MIS Trial Balance</b>	
Q2 – April 01 to September 30	31 October 2016
Q3 – October 01 to December 31	31 January 2017
Q4 – January 01 to March 31	31 May 2017
<b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b>	
Q2 – April 01 to September 30	07 November 2016
Q3 – October 01 to December 31	07 February 2017
Q4 – January 01 to March 31	7 June 2017
<b>3. Audited Financial Statements</b>	
Fiscal Year	30 June 2017
<b>4. French Language Services Report</b>	
Fiscal Year	30 April 2017

# Hospital Sector Accountability Agreement 2016-2017

Facility #:	736
Hospital Name:	Southlake Regional Health Centre
Hospital Legal Name:	Southlake Regional Health Centre
Site Name:	TOTAL ENTITY

## 2016-2017 Schedule C1 Performance Indicators

### Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2016-2017	2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.0
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	3.8	<= 3.8
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	27.0%	>= 27%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90.0%	>= 90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	NA	NA
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.22	<= 0.32

Explanatory Indicators	Measurement Unit
Percent of Stroke/Tia Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
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 Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

# Hospital Sector Accountability Agreement 2016-2017

Facility #:	736
Hospital Name:	Southlake Regional Health Centre
Hospital Legal Name:	Southlake Regional Health Centre
Site Name:	TOTAL ENTITY

## 2016-2017 Schedule C1 Performance Indicators

### Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.59	0.59 - 2.0
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	0.00-2.33%

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Alternate Level of Care (ALC) Rate	Percentage	11.70%	<= 11.70%
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage	12.00%	<= 12.00%

Explanatory Indicators	Measurement Unit
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	Percentage

### Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for future years of the Agreement will be set during the Annual Refresh process.  
 \*Refer to 2016-2017 H-SAA Indicator Technical Specification for further details.



# Hospital Sector Accountability Agreement 2016-2017

Facility #:	736
Hospital Name:	Southlake Regional Health Centre
Hospital Legal Name:	Southlake Regional Health Centre

## 2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
<b>Part I - Clinical Activity and Patient Services</b>			
Ambulatory Care	Visits	203,637	>= 183,273
Complex Continuing Care	Weighted Patient Days	13,708	>= 11,652
Day Surgery	Weighted Cases	9,404	>= 8,652
Emergency Department	Weighted Cases	5,198	>= 4,782
Inpatient Mental Health	Weighted Patient Days	11,468	>= 10,780
Acute Rehabilitation	Weighted Cases	622	>= 629
Total Inpatient Acute	Weighted Cases	30,508	>= 29,288

## Part II - Wait Time Volumes

	Measurement Unit	Global Base 2016-17	Incremental Base 2016-17
General Surgery	Cases	654	93
Paediatric Surgery	Cases	26	9
Hip & Knee Replacement - Revisions	Cases	10	16
Magnetic Resonance Imaging (MRI)	Total Hours	5,200	2,670
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	4,726	2,064

## Part III - Provincial Programs

	Measurement Unit	Base 2016-17	One-Time 2016-17
Cardiac Surgery	Cases	1,032	0
Cardiac Services - Catheterization	Cases	6,200	0
Cardiac Services- Permanent Pacemakers	Cases	750	0
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	340	0
Other Cardiac Services	Cases	4,076	0

## Hospital Sector Accountability Agreement 2016-2017

Facility #:	735
Hospital Name:	Southlake Regional Health Centre
Hospital Legal Name:	Southlake Regional Health Centre

### 2016-2017 Schedule C3: LHIN Local Indicators and Obligations

**E-Health:** In support of the Provincial e-Health strategy, the Hospital will comply with any technical and information management standards, including those related to architecture, technology, privacy and security. These are set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be. The Hospital will implement and use the approved provincial eHealth solutions identified in the LHIN eHealth plan, and implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN eHealth plan. The expectation is that any compliance requirements will be rolled out within reasonable implementation timelines. The level of available resources will be considered in any required implementations.

**Quality:** Hospitals will submit their Quality Improvement Plan to Health Quality Ontario by March 31, 2017 and will provide a copy to the LHIN upon request.

**Community Engagement and Health Equity:** The Hospital will provide the LHIN with an annual Community Engagement Plan by November 30, 2016 and a biennial Health Equity Plan by November 30, 2017.

**Capital Initiatives:** The Hospital will comply with the requirements outlined in the Ministry of Health & Long-Term Care's Capital Planning Manual (1996) and MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages (2010).

**Urgent Priorities Funding:** The Hospital will utilize the LHIN's Urgent Priorities Fund allocation, included in Schedule A, to perform 925 additional Priority 2, 3 and 4 CT hours by March 31, 2017.