

## 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:

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 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.

**CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

By:

  
 Warren Jestin, Chair \_\_\_\_\_ Date May 16 / 17

And by:


  
 Kim L. Baker, CEO \_\_\_\_\_ Date May 16 / 17

**SOUTHLAKE REGIONAL HEALTH CENTRE**

By:

  
 Colette Nemni, Chair \_\_\_\_\_ Date April 13, 2017

And by:

  
 David Williams, CEO \_\_\_\_\_ Date April 11<sup>th</sup> 2017

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule A Funding Allocation

		2017-2018	
<b>Section 1: FUNDING SUMMARY</b>		<b>[1] Estimated Funding Allocation</b>	
<b>LHIN FUNDING</b>		<b>[2] Base</b>	
LHIN Global Allocation (Includes Sec. 3)		\$101,266,940	
Health System Funding Reform: HBAM Funding		\$104,156,620	
Health System Funding Reform: QBP Funding (Sec. 2)		\$23,061,344	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4)		\$56,913,720	\$0
Other Non-HSFR Funding (Sec. 5)		\$0	\$2,875,581
<b>Total 2017/18 Estimated Funding Allocation (LHIN Funding)</b>		<b>\$284,398,624</b>	<b>\$2,875,581</b>
<b>Section 2: HSFR - Quality-Based Procedures</b>		<b>Volume</b>	<b>[3] Allocation</b>
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
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		27	\$518,195
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		35	\$451,616
Unilateral Cataract Day Surgery		4,247	\$2,175,840
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		0	\$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
Non-Routine and Bilateral Cataract Day Surgery		66	\$56,302
<b>Sub-Total Quality Based Procedure Funding</b>		<b>7,229</b>	<b>\$23,061,344</b>

# Hospital Service Accountability Agreements 2017-2018

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## 2017-2018 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")		[2] Base	
General Surgery		\$177,313	
Pediatric Surgery		\$12,348	
Hip & Knee Replacement - Revisions		\$131,940	
Magnetic Resonance Imaging (MRI)		\$694,200	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$116,000	
<b>Sub-Total Wait Time Strategy Services Funding</b>		<b>\$1,131,801</b>	
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		\$16,928,970	\$0
Other Cardiac Services		\$38,984,750	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Critical Care Response Team		\$0	\$0
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$55,913,720</b>	<b>\$0</b>
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
ED Pay for Results		\$0	\$2,531,300
Outpatient Stroke/Neurological Rehab Program		\$0	\$344,281
<b>Sub-Total Other Non-HSFR Funding</b>		<b>\$0</b>	<b>\$2,875,581</b>
[1] Estimated funding allocations.			
[2] Funding allocations are subject to change year over year.			
[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 Service Accountability Agreements 2017-2018

Facility #:   
 Hospital Name: Southlake Regional Health Centre  
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## 2017-2018 Schedule B: Reporting Requirements

	Due Date 2017-2018
<b>1. MIS Trial Balance</b>	
Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 – January 01 to March 31	31 May 2018
<b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b>	Due Date 2017-2018
Q2 – April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 – January 01 to March 31	7 June 2018
<b>3. Audited Financial Statements</b>	Due Date 2017-2018
Fiscal Year	30 June 2018
<b>4. French Language Services Report</b>	Due Date 2017-2018
Fiscal Year	30 April 2018

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	
		2017-2018	Performance Standard 2017-2018
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	4.0	<= 4.0
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	90%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	30%	>= 30%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90%	>= 90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	12.76%	<= 12.76%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	TBD	TBD

Explanatory Indicators	Measurement Unit
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	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 Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.66	0.66 - 2.0
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	0.00% - 2.00%
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 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	11.70%	<= 11.70%
Explanatory Indicators		Measurement Unit	
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		
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 2017-2018 H-SAA Indicator Technical Specification for further details.



# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
<b>Clinical Activity and Patient Services</b>			
Ambulatory Care	Visits	181,757	>= 164,493
Complex Continuing Care	Weighted Patient Days	12,468	>= 10,598
Day Surgery	Weighted Cases	10,801	>= 10,163
Emergency Department	Weighted Cases	5,200	>= 4,784
Inpatient Mental Health	Weighted Patient Days	12,312	>= 10,466
Acute Rehabilitation	Weighted Cases	585	>= 497
Total Inpatient Acute	Weighted Cases	31,436	>= 30,179

	Measurement Unit	Global Base 2017-2018	Incremental Base 2017-2018
<b>Wait Time Volumes</b>			
General Surgery	Cases	664	93
Paediatric Surgery	Cases	26	9
Hip & Knee Replacement - Revisions	Cases	10	15
Magnetic Resonance Imaging (MRI)	Total Hours	6,200	2,670
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	6,934	2,084

	Measurement Unit	Global Base 2017-2018	Incremental Base 2017-2018
<b>Provincial Programs</b>			
Cardiac Surgery	Cases	1,060	0
Cardiac Services - Catheterization	Procedures	6,200	0
Cardiac Services- Permanent Pacemakers	Procedures	770	0
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Visits	340	0
Other Cardiac Services	Cases	4,242	0



## Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule C3 - LHIN Local Indicators and Obligations

Digital Health: In support of the Provincial Digital Health strategy, the Hospital will:

- (i) Assist the LHIN to implement provincial Digital Health priorities for 2017-18;
- (ii) Comply with any technical and information management standards, including those related to data, architecture, technology, privacy and security, set for HSPs by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN, as the case may be;
- (iii) Implement and use the approved provincial Digital Health solutions identified in the LHIN Cluster Digital Health plan;
- (iv) Implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN Cluster Digital Health plan; and
- (v) Include, in their annual planning submissions, plans for achieving Digital Health priority initiatives.

Quality: Hospitals will submit their Quality Improvement Plan to Health Quality Ontario by March 31, 2018 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, 2017 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).