

HSAA AMENDING AGREEMENT

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

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, 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
- Schedule D: Declaration of Compliance

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.

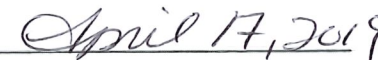
6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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


CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:


Kim L. Baker, CEO


Date


And by:


Karin Dschankilic, Vice President,
Performance, Corporate Services and CFO


Date

SOUTHLAKE REGIONAL HEALTH CENTRE


By:



Debra Dobson, Chair

April 8, 2019

Date

And by:


Arden Krystal, President and CEO


Date

Hospital Service Accountability Agreements

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

2019-2020 Schedule A Funding Allocation

2019-2020	
[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY	
LHIN FUNDING	
LHIN Global Allocation (Includes Sec. 3)	[2] Base
Health System Funding Reform: HBAM Funding	\$79,382,244
Health System Funding Reform: QBP Funding (Sec. 2)	\$103,136,660
Post Construction Operating Plan (PCOP)	\$24,755,546
Wait Time Strategy Services ("WTS") (Sec. 3)	\$38,350,300
Provincial Program Services ("PPS") (Sec. 4)	\$0
Other Non-HSFR Funding (Sec. 5)	\$0
Sub-Total LHIN Funding	\$1,131,147
	\$63,650,046
	\$0
	\$309,274,796
	\$0
	\$1,131,147

Hospital Service Accountability Agreements

Facility #: 736
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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Acute Inpatient Stroke Hemorrhage		21	\$198,837
Acute Inpatient Stroke Ischemic or Unspecified		188	\$1,274,186
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		35	\$132,836
Stroke Endovascular Treatment (EVT)		0	\$0
Hip Replacement BUNDLE (Unilateral)		262	\$2,523,280
Knee Replacement BUNDLE (Unilateral)		426	\$3,674,970
Acute Inpatient Primary Unilateral Hip Replacement		0	\$0
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		0	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement		4	\$27,248
Elective Knees - Outpatient Rehab for Primary Knee Replacement		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		28	\$320,538
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		3	\$9,208
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Hip Fracture		249	\$3,861,158
Knee Arthroscopy		449	\$770,887
Acute Inpatient Congestive Heart Failure		466	\$3,456,930
Acute Inpatient Chronic Obstructive Pulmonary Disease		322	\$1,908,596
Acute Inpatient Pneumonia		254	\$1,635,185
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		28	\$550,710
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		37	\$380,338
Acute Inpatient Tonsillectomy		160	\$243,857
Unilateral Cataract Day Surgery		4,399	\$2,292,532
Retinal Disease		0	\$0
Non-Routine and Bilateral Cataract Day Surgery		69	\$62,534
Corneal Transplants		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
Shoulder (Arthroplasties)		42	\$332,663
Shoulder (Reverse Arthroplasties)		9	\$97,368
Shoulder (Repairs)		314	\$900,374
Shoulder (Other)		38	\$101,311
Sub-Total Quality Based Procedure Funding		7,803	\$24,755,546

Hospital Service Accountability Agreements

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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incremental Base
General Surgery		\$0	\$176,659
Pediatric Surgery		\$0	\$12,348
Hip & Knee Replacement - Revisions		\$0	\$131,940
Magnetic Resonance Imaging (MRI)		\$0	\$694,200
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$0
Computed Tomography (CT)		\$0	\$116,000
Sub-Total Wait Time Strategy Services Funding		\$0	\$1,131,147
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		\$18,959,033	\$0
Other Cardiac Services		\$44,691,013	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Sub-Total Provincial Priority Program Services Funding		\$63,650,046	\$0
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	\$0
Sub-Total Other Non-HSFR Funding		\$0	\$0
[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

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2019-2020 Schedule B: Reporting Requirements

1. MIS Trial Balance

Q2 – April 01 to September 30	31 October 2019
Q3 – October 01 to December 31	31 January 2020
Q4 – January 01 to March 31	31 May 2020

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

Q2 – April 01 to September 30	07 November 2019
Q3 – October 01 to December 31	07 February 2020
Q4 – January 01 to March 31	7 June 2020
Year End	30 June 2020

3. Audited Financial Statements

Fiscal Year	30 June 2020
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4. French Language Services Report

Fiscal Year	30 April 2020
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Hospital Service Accountability Agreements

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

2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	8.0	<= 8.8
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	4.0	<= 4.4
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	NA	NA
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	NA	NA
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	11.82%	<= 13%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.368

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
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

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Site Name:	TOTAL ENTITY

2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.80	0.80 - 2.00
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 2019-2020	Performance Standard 2019-2020
Alternate Level of Care (ALC) Rate	Percentage	13.60%	<= 14.96%

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	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	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 2019-2020 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements

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2019-2020 Schedule C2 Service Volumes

		Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Clinical Activity and Patient Services				
Ambulatory Care	Visits		189,423	>= 161,010 and <= 217,836
Complex Continuing Care	Weighted Patient Days		11,800	>= 10,030 and <= 13,570
Day Surgery	Weighted Cases		10,400	>= 9,776 and <= 11,024
Emergency Department	Weighted Cases		5,500	>= 5,060 and <= 5,940
Inpatient Mental Health	Patient Days		10,188	>= 9,577 and <= 10,799
Inpatient Rehabilitation	Weighted Cases		484	>= 411 and <= 557
Total Inpatient Acute	Weighted Cases		34,000	>= 32,640 and <= 35,360

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

LHIN LOCAL OBLIGATIONS

- 1) Quality: The Hospital will submit their Quality Improvement Plan to Health Quality Ontario annually by April 1st and will provide a copy to the LHIN upon request.
- 2) Capital Initiatives: The Hospital will comply with the requirements outlined in the Ministry of Health and Long-Term Care's Capital Planning Manual (1996) and MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages (2010).
- 3) Diagnostic Imaging - CT and MRI: The Hospital will collaborate with the LHIN and other CT and MRI service providers in the LHIN to implement the recommendations from the 2018 Auditor General's report, and support the activities aimed at improving wait times.

LHIN LOCAL INDICATOR	Measurement Unit	Target 2019-2020	Performance Standard 2019-2020
Percent of Priority 2 and 3 Cases Completed Within Access Targets for MRI Scans	Percent	89%	≥ 89%
Percent of Priority 2 and 3 Cases Completed Within Access Targets for CT Scans	Percent	80%	≥ 80%

Hospital Service Accountability Agreements 2019-2020

Health Service Provider: Southlake Regional Health Centre

Schedule D - Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Hospital Service Accountability Agreement

To: The Board of Directors of the Central Local Health Integration Network (the "LHIN").
Attn: Board Chair

From: The Board of Directors (the "Board") of the [insert name of Hospital] (the "HSP")

Date: [insert date]

Re: [insert date range - april 1, 201X - March 31, 201X] (the "Applicable Period")

The Board has authorized me, by resolution date [insert date], to declare and attest to you as follow:

After making inquiries of the HSP's Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the hospital service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the Board confirms that:

- (i) the HSP has complied with the provisions of the *Local Health System Integration Acts, 2006* and the *Broader Public Sector Accountability Act (the "BPSAA")* that apply to the HSP;
- (ii) every Report submitted to the LHIN by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and
- (iii) the representations, warranties and covenants made by the Board on behalf of the HSP in the Agreement remain in full force and effect.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement.

This Declaration of Compliance, together with its Appendix, will be posted on the HSP's website on the same day that it is issued to the LHIN.

[insert name of Board Chair or other board member authorized
by the Board to make the Declaration on the Board's behalf],

[insert title]

**Hospital Service Accountability Agreements
2019-2020**

Health Service Provider: Southlake Regional Health Centre

Appendix 1 - Exceptions

Please identify each obligation under the HSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.