

*A11*  
*April 1, 2015*  
*- March 31, 2016*

**2008-16 H-SAA AMENDING AGREEMENT**

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2015

**BETWEEN:**

**SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")**

**AND**

**South Huron Hospital Association (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, 2015;

**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 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.

**"Post-Construction Operating Plan (PCOP) Funding" and "PCOP Funding"** means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

**"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, 2016.
- 3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2015. 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.


**SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK**

By:   
\_\_\_\_\_  
Jeff Low, Board Chair  
Date: MAY 28 2015

And by:   
\_\_\_\_\_  
Michael Barrett, CEO  
Date: MAY 28 2015

**South Huron Hospital Association**

By:   
\_\_\_\_\_  
John McNeilly, Board Chair  
Date: MAR 20 2015

And by:   
\_\_\_\_\_  
Todd Stepaniak  
President and Chief Executive Officer  
Date: MAR 20 2015

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 655  
 Hospital Name: South Huron Hospital Association  
 Hospital Legal Name: South Huron Hospital Association

## 2015-2016 Schedule A Funding Allocation

	2015-2016
<b>Section 1: FUNDING SUMMARY</b>	
<b>LHIN FUNDING</b>	
LHIN Global Allocation	
Health System Funding Reform: HBAM Funding	
Health System Funding Reform: OBP Funding (Sec. 2)	
Post Construction Operating Plan (PCOP)	
Wait Time Strategy Services ("WTS") (Sec. 3)	
Provincial Program Services ("PPS") (Sec. 4)	
Other Non-HSFR Funding (Sec. 5)	
<b>Sub-Total LHIN Funding</b>	<b>\$7,319,616</b>
<b>NON-LHIN FUNDING</b>	
[3] Cancer Care Ontario and the Ontario Renal Network	
Recoveries and Misc. Revenue	
Amortization of Grants/Donations Equipment	
CHIP Revenue and Patient Revenue from Other Payers	
Differential & Copayment Revenue	
<b>Sub-Total Non-LHIN Funding</b>	<b>\$3,284,950</b>
<b>Total 15/16 Estimated Funding Allocation (All Sources)</b>	<b>\$10,604,566</b>

	2015-2016
<b>[1] Estimated Funding Allocation</b>	
<b>[2] Base</b>	
\$7,049,194	
\$0	
\$12,400	
\$0	
<b>[2] Incremental/One-Time</b>	
\$0	
\$0	
\$288,022	
\$7,319,616	
<b>[3] Base</b>	
\$0	
\$435,540	
\$302,027	
\$2,441,333	
\$106,050	
\$3,284,950	
<b>[1] Estimated Funding Allocation</b>	<b>\$0</b>

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 655  
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## 2015-2016 Schedule A Funding Allocation

	2015-2016	
	Volume	(4) Allocation
<b>Section 2: HSFR - Quality-Based Procedures</b>		
Rehabilitation Inpatient Primary Unilateral Hip Replacement	3	\$9,718
Acute Inpatient Primary Unilateral Hip Replacement	0	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement	1	\$2,682
Acute Inpatient Primary Unilateral Knee Replacement	0	\$0
Acute Inpatient Hip Fracture	0	\$0
Knee Arthroscopy	0	\$0
Elective Hips - Outpatient Rehabilitation for Primary Hip	0	\$0
Elective Knees - Outpatient Rehabilitation for Primary Knee	0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	\$0
Acute Inpatient Congestive Heart Failure	0	\$0
Aortic Valve Replacement	0	\$0
Coronary Artery Disease	0	\$0
Acute Inpatient Stroke Hemorrhage	0	\$0
Acute Inpatient Stroke Ischemic or Unspecified	0	\$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	0	\$0
Acute Inpatient Non-Cardiac Vascular Aneurysm excluding Advanced Pathway	0	\$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0	\$0
Unilateral Cataract Day Surgery	0	\$0



# Hospital Sector Accountability Agreement 2015-2016

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## 2015-2016 Schedule A Funding Allocation

	2015-2016	[4] Allocation
<b>Section 2: HSFR - Quality-Based Procedures</b>		
Bilateral Cataract Day Surgery	0	\$0
Retinal Disease	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	0	\$0
Acute Inpatient Tonsillectomy	0	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease	0	\$0
Acute Inpatient Pneumonia	0	\$0
Endoscopy	0	\$0
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	\$0
<b>Sub-Total Quality Based Procedure Funding</b>	<b>4</b>	<b>\$12,400</b>

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 655  
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## 2015-2016 Schedule A Funding Allocation

	2015-2016	
	[2] Base	[2] Incremental/One-Time
<b>Section 3: Wait Time Strategy Services ("WTS")</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>Sub-Total Wait Time Strategy Services Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 4: Provincial Priority Program Services ("PPS")</b>		
Cardiac Surgery	\$0	\$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>\$0</b>	<b>\$0</b>
<b>Section 5: Other Non-HSFR</b>		
LHIN One-time payments	\$0	\$0
MCH One-time payments	\$0	\$0
LHIN/MCH Recoveries	\$0	\$0
Other Revenue from MDHLTC	\$106,730	
Paymaster	\$151,282	
<b>Sub-Total Other Non-HSFR Funding</b>	<b>\$258,012</b>	<b>\$0</b>

# Hospital Sector Accountability Agreement 2015-2016

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## 2015-2016 Schedule A Funding Allocation

	2016-2016	
	[2] Base	[2] Incremental/One-Time
<b>Section 6: Other Funding</b>		
<i>(Info. Only. Funding is already included in Sections 1-4 above)</i>		
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	\$0	\$3,300
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	\$0	\$0
<b>Sub-Total Other Funding</b>	\$0	\$3,300
<p>[1] Estimated funding allocations.</p> <p>[2] Funding allocations are subject to change year over year.</p> <p>[3] Funding provided by Cancer Care Ontario, not the LHIN.</p> <p>[4] All OBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. OBP Funding is not base funding for the purposes of the BOND policy.</p>		

# Hospital Sector Accountability Agreement 2015-2016

Facility #:   
 Hospital Name: South Huron Hospital Association  
 Hospital Legal Name: South Huron Hospital Association

## 2015-2016 Schedule B: Reporting Requirements

	Due Date 2015-2016
<b>1. MIS Trial Balance</b>	
Q2 – April 01 to September 30	31 October 2015
Q3 – October 01 to December 31	31 January 2016
Q4 – January 01 to March 31	30 May 2016
<b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b>	
Q2 – April 01 to September 30	07 November 2015
Q3 – October 01 to December 31	07 February 2016
Q4 – January 01 to March 31	30 June 2016
Year End	30 June 2016
<b>3. Audited Financial Statements</b>	
Fiscal Year	30 June 2016
<b>4. French Language Services Report</b>	
Fiscal Year	30 April 2016

# Hospital Sector Accountability Agreement 2015-2016

Facility #:	655
Hospital Name:	South Huron Hospital Association
Hospital Legal Name:	South Huron Hospital Association
Site Name:	TOTAL ENTITY

## 2015-2016 Schedule C1 Performance Indicators

Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
<b>* Performance Indicators</b>			
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	N/A	
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS III) Patients	Hours	N/A	
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	N/A	
Cancer Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<= 0.27
<b>Explanatory Indicators</b>			
Percent of Stroke/ta Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent		
Hospital Standardized Mortality Ratio	Ratio		
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage		
Rate of Ventilator-Associated Pneumonia	Rate		
Central Line Infection Rate	Rate		
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate		

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 655  
 Hospital Name: South Huron Hospital Association  
 Hospital Legal Name: South Huron Hospital Association  
 Site Name: TOTAL ENTITY

## 2015-2016 Schedule C1 Performance Indicators

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

#### \*Performance Indicators

Measurement	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.63	>= 1.55
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	>=0%

#### Explanatory Indicators

Measurement	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	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	N/A	

#### Explanatory Indicators

Measurement	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
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage

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

\*Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.



# Hospital Sector Accountability Agreement 2015-2016

Facility #:	655
Hospital Name:	South Huron Hospital Association
Hospital Legal Name:	South Huron Hospital Association

## 2015-2016 Schedule C2 Service Volumes

### Part I - Global Volumes

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Ambulatory Care	Visits	30,500	>= 24,400.
Complex Continuing Care	Weighted Patient Days	175	>= 151.3 and <= 204.7
Day Surgery	Weighted Cases	0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	430	>= 322.5 and <= 537.5
Emergency Department and Urgent Care	Visits	10,000	>= 7,500.
Inpatient Mental Health	Weighted Patient Days	0	-
Inpatient Mental Health	Patient Days	0	-
Acute Rehabilitation Patient Days	Patient Days	1,155	>= 981.8
Acute Rehabilitation Separations	Separations	75	>= 63.75
Total Inpatient Acute	Weighted Cases	627	>= 533. and <= 721.1

### Part II - Hospital Specialized Services

	Measurement Unit	Primary 2015-2016	Revision 2015-2016
Cochlear Implants	Cases	0	0
		Base 2015-2016	One-time 2015-2016
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	0	

### Part III - Wait Time Volumes

	Measurement Unit	Base 2015-2016	One-time 2015-2016
General Surgery	Cases	0	0
Paediatric Surgery	Cases	0	0
Hip & Knee Replacement - Revisions	Cases	0	0
Magnetic Resonance Imaging (MRI)	Total Hours	0	0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	0	0

# Hospital Sector Accountability Agreement 2015-2016

Facility #: 655  
 Hospital Name: South Huron Hospital Association  
 Hospital Legal Name: South Huron Hospital Association

## 2015-2016 Schedule C2 Service Volumes

Part IV - Provincial Programs			
	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services- interventional Cardiology	Cases	0	
Cardiac Services- Permanent Pacemakers	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
Number of Forensic Beds- Secure	Beds	0	
Number of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment Cases	Cases	0	



# Hospital Sector Accountability Agreement 2015-2016

Facility #:	655
Hospital Name:	South Huron Hospital Association
Hospital Legal Name:	South Huron Hospital Association

## 2015-2016 Schedule C2 Service Volumes

### Part V - Quality Based Procedures

	Measurement Unit	Volume 2015-2016
Rehabilitation Inpatient Primary Unilateral Hip Replacement	Volume	3
Acute Inpatient Primary Unilateral Hip Replacement	Volume	0
Rehabilitation Inpatient Primary Unilateral Knee Replacement	Volume	1
Acute Inpatient Primary Unilateral Knee Replacement	Volume	0
Acute Inpatient Hip Fracture	Volume	0
Knee Arthroscopy	Volume	0
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	0
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	0
Acute Inpatient Congestive Heart Failure	Volume	0
Aortic Valve Replacement	Volume	0
Coronary Artery Disease	Volume	0
Acute Inpatient Stroke Hemorrhage	Volume	0
Acute Inpatient Stroke Ischemic or Unspecified	Volume	0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	0
Acute inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	0
Unilateral Cataract Day Surgery	Volume	0
Bilateral Cataract Day Surgery	Volume	0
Retinal Disease	Volume	0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	0
Acute Inpatient Tonsillectomy	Volume	0
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	0
Acute Inpatient Pneumonia	Volume	0
Endoscopy	Volume	0

## Hospital Sector Accountability Agreement 2015-2016

Facility #:	555
Hospital Name:	South Huron Hospital Association
Hospital Legal Name:	South Huron Hospital Association

### 2015-2016 Schedule C3: LHIN Local Indicators and Obligations

#### TheHealthline.ca

All South West LHIN hospitals agree to regularly update, and annually review April 1<sup>st</sup>, site specific programs and services information, as represented within the thehealthline.ca website.

#### Hospice Palliative Care

The Hospital will work with the South West Hospice Palliative Care Network to support the adoption of the provincial six (6) priority Hospice Palliative Care indicators and the development of regional indicators, and their associated technical specifications and data collection processes, for planning and evaluation purposes.

Your Hospital has been identified as a provider of Hospice Palliative Care (HPC) Services in the South West Local Health Integration Network (LHIN). As such, your organization is required to support the provincial LHINs core set of common HPC deliverables. The LHINs have agreed to accomplish the following:

1. Establish / strengthen a regional palliative structure / program / network, with specialized palliative and advanced chronic disease resources coordinated at the regional level;
2. Implement a palliative care indicator as part of the Ministry-LHIN Performance Agreement (MLPA);
3. Implement a Palliative Balanced Scorecard;
4. Establish performance and outcome tracking and feedback at the client, provider, and team level;
  - Performance targets and acceptable performance corridors are defined;
  - Track performance against corridors and report back to organizations and teams to drive continuous quality improvement and establish benchmarks for peer comparison.
5. Update Service Accountability Agreements with HSPs to support tracking of each HSPs contribution to the overall regional objectives/goals;
6. Implement care coordination role through collaboration with all palliative care HSPs across the continuum of care; and
7. Establish outreach processes across all palliative care HSPs throughout the continuum of care to identify individuals with advanced chronic disease and connect them with an extended inter-professional team.

## Hospital Sector Accountability Agreement 2015-2016

Facility #:	055
Hospital Name:	South Huron Hospital Association
Hospital Legal Name:	South Huron Hospital Association

2015-2016 Schedule C3: LHM Local Indicators and Obligations

### Clinical Services Planning

South West LHM hospitals will participate in the Clinical Services Planning initiatives, as required, specifically: Realignment & Best Practice Implementation of the directional recommendations for – Endoscopy, Cataracts, and Stroke.

### Percentage of Discharge Summaries Sent to Primary Care within 48 Hours

Hospitals will report on the % of discharge summaries sent from hospital to primary care within 48 hours.

### Access to Care

The Hospitals & CCAC will participate in key tasks identified in the Access to Care Project Transition to Maintenance Checklist approved by each HSP as having accepted a role in supporting the sustainability of the project. This includes activities detailed in items 72 – 91 related to the sustainability of Home First, eNotification and eScreener, ATC indicators, Chronic Mechanical Ventilation, and Senior Friendly Hospitals.

### Indigenous Cultural Competency Training

Hospitals are required to develop an annualized training plan to identify and track the number of staff that register and complete the Indigenous Cultural Competency (ICC) training course to be submitted to the LHM via Survey Monkey by June 30th, 2015. In this plan, HSPs will identify the number of staff expected to be trained during 2015/16. The South West LHM has arranged to provide training for 500 individuals within the hospital sector for 2015/16. In the event that the number training requests exceeds the number of spaces available, the LHM will ensure a minimum number of spaces for all HSPs and prorate the remaining spaces based on total HSP full time equivalent staff.

### Quality Improvement Plans

The Hospital will align the Quality Improvement Plan (QIP) with consideration of the South West LHM Integrated Health Service Plan (IHSP) priorities, and will submit the completed Plan and Progress Report annually to the LHM at the time of submission.

Reporting Obligations – Reporting to the South West LHM will be completed annually for both the Quality Improvement Plan and Annual Progress Report in accordance with the timelines specified using the South West LHM reporting email.

April 1, 2015: 2015/16 QIP and 2014/15 Progress Report  
April 1, 2016: 2016/17 QIP and 2015/16 Progress Report

**Hospital Sector Accountability Agreement 2015-2016**

Facility #: 655  
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**2015-2016 Schedule C3: LHIN Local Indicators and Obligations**

**CCC/Rehab Funding Adjustment**

The LHIN Global allocation funding amount listed on Schedule A may be adjusted based on complex continuing care and rehabilitation bed number changes included in the 2015/16 Hospital Accountability Planning Submission using the Access to Care CCC/Rehab financial methodology formulae. A performance improvement plan will be required to detail measures necessary to compensate for this potential adjustment.