H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2016

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, 2017;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six month period to permit the LHIN and the Hospital to continue to work toward a new multi-year hospital service accountability agreement and to complete new Schedules for the 2016-17 fiscal year;

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 Term. This Agreement and the H-SAA will terminate on March 31, 2017.

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

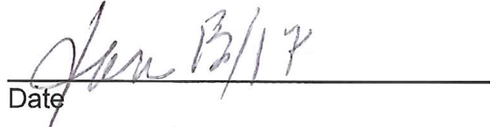
6.0 Entire Agreement. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK

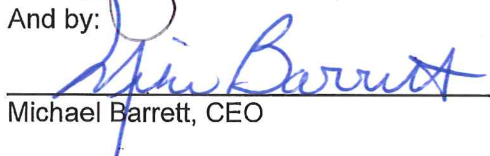
By:

Jeff Low, Board Chair



Date

And by:



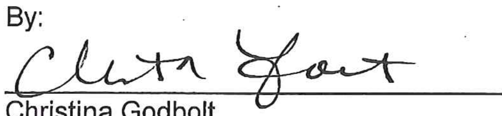
Michael Barrett, CEO

JAN 13 2017

Date

South Huron Hospital Association

By:



Christina Godbolt
Board Chair

November 10, 2016
Date

And by:

FOR: Todd Stepanuik
President and Chief Executive Officer

NOVEMBER 10, 2016
Date

DARLENE BORLAND
CHIEF FINANCIAL OFFICER

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule A Funding Allocation

	2016-2017	
	[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	[2] Base	[2] Incremental/One-Time
LHIN Global Allocation	$7,309,599	
Health System Funding Reform: HBAM Funding	$0	
Health System Funding Reform: QBP Funding (Sec. 2)	$12,400	
Post Construction Operating Plan (PCOP)	$0	
Wait Time Strategy Services ("WTS") (Sec. 3)	$0	$0
Provincial Program Services ("PPS") (Sec. 4)	$0	$0
Other Non-HSFR Funding (Sec. 5)	$261,640	$0
Sub-Total LHIN Funding	**$7,583,639**	**$0**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	$0	
Recoveries and Misc. Revenue	$433,315	
Amortization of Grants/Donations Equipment	$227,343	
OHIP Revenue and Patient Revenue from Other Payors	$2,415,141	
Differential & Copayment Revenue	$61,000	
Sub-Total Non-LHIN Funding	**$3,136,799**	
Total 16/17 Estimated Funding Allocation (All Sources)	**$10,720,438**	**$0**

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	3	$9,718
Acute Inpatient Primary Unilateral Hip Replacement	0	$0
Rehabilitation Inpatient Primary Unlilateral 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 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)	0	$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	$0
Acute Inpatient Congestive Heart Failure	0	$0
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	0	$0
Acute Inpatient Stroke Ischemic or Unspecified	0	$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	0	$0
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0	$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0	$0

Hospital Sector Accountability Agreement 2016-2017

Facility #:	655
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2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral 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
Bilateral Cataract Day Surgery	0	$0
Shoulder Surgery – Osteoarthritis Cuff	0	$0
Paediatric Asthma	0	$0
Sickle Cell Anemia	0	$0
Cardiac Devices	0	$0
Cardiac Prevention Rehab in the Community	0	$0
Neck and Lower Back Pain	0	$0
Schizophrenia	0	$0
Major Depression	0	$0
Dementia	0	$0
Corneal Transplants	0	$0
C-Section	0	$0
Hysterectomy	0	$0
Sub-Total Quality Based Procedure Funding	**4**	**$12,400**

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
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
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Sub-Total Wait Time Strategy Services Funding	**$0**	**$0**

Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Time
Cardiac Surgery	$0	$0
Other Cardiac Services	$0	$0
Organ Transplantation	$0	$0
Neurosciences	$0	$0
Bariatric Services	$0	$0
Regional Trauma	$0	$0
Sub-Total Provincial Priority Program Services Funding	**$0**	**$0**

Hospital Sector Accountability Agreement 2016-2017

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

2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR	**[2] Base**	**[2] Incremental/One-Time**
LHIN One-time payments	**$0**	**$0**
MOH One-time payments	**$0**	**$0**
LHIN/MOH Recoveries	**$0**	
Other Revenue from MOHLTC	**$106,196**	
Paymaster	**$155,444**	
Sub-Total Other Non-HSFR Funding	**$261,640**	**$0**

Section 6: Other Funding *(Info. Only. Funding is already included in Sections 1-4 above)*	**[2] Base**	**[2] Incremental/One-Time**
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	**$0**	**$0**
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	**$0**	**$0**
Sub-Total Other Funding	**$0**	**$0**

* Targets for Year 3 of the agreement will be determined during the annual refresh process.

[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

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

2016-2017 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2016-2017
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

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2016-2017
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
Year End	30 June 2017

3. Audited Financial Statements	Due Date 2016-2017
Fiscal Year	30 June 2017

4. French Language Services Report	Due Date 2016-2017
Fiscal Year	30 April 2017

Hospital Sector Accountability Agreement 2016-2017

Facility #:	655
Hospital Name:	South Huron Hospital
Hospital Legal Name:	South Huron Hospital
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 2016-2017	Performance Standard 2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	N/A	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	11.66%	<=12.83%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.10

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 #:	655
Hospital Name:	South Huron Hospital
Hospital Legal Name:	South Huron Hospital
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	1.70	>= 1.53
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	(3.01%)	>=-3.01%

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	10.08%	<=12.70%

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 2016-2017 H-SAA Indicator Technical Specification for further details.

Hospital Sector Accountability Agreement 2016-2017

Facility #:	655
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Hospital Legal Name:	South Huron Hospital

2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	**30,500**	**>= 24,400 and <= 36,600**
Complex Continuing Care	Weighted Patient Days	**178**	**>= 151 and <= 205**
Day Surgery	Weighted Cases	**0**	**-**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**430**	**>= 323 and <= 538**
Emergency Department and Urgent Care	Visits	**10,000**	**>= 9,200 and <= 10,800**
Inpatient Mental Health	Patient Days	**0**	**-**
Acute Rehabilitation Patient Days	Patient Days	**1,155**	**>= 982 and <= 1,328**
Total Inpatient Acute	Weighted Cases	**627**	**>= 533 and <= 721**

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

1. The healthline.ca

South West LHIN HSPs agree to regularly update, and annually review April 1st, site-specific programs and services information, as represented within the healthline.ca website

2. Integrated Hospice Palliative Care

Annual reporting (via Survey Monkey) on the most significant contribution to advancing or improving integrated hospice palliative care in the past 12 months and plans for next year.

Examples could include:

- Implementing best practices;
- Adopting early identification tools
- Advanced care planning;
- Participating in HPC network meetings;
- Reviewing regional scorecard;
- Training staff in Fundamentals/APCE/CAPCE;
- Accessing Secondary Level Consultation teams

3. Indigenous Cultural Safety Training

Hospitals to establish an annual training plan to identify and track the # of staff that register and complete the Indigenous Cultural Safety (ICS) training course.

Reporting Obligations: submit a tracking sheet annually on the number of staff that have taken ICS training by June 30, 2016 (for 15/16 progress) and June 30, 2017 (for 16/17 progress)

newly added

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

4. Balanced Budget – Total Margin Waiver

Under the provision of Section 9.5 (below) the LHIN has received an Improvement Plan. The Improvement Plan must be undated to incorporate any material changes. The Hospital's obligations have been amended by mutual agreement.

9.5 Performance Improvement Process: The purpose of the performance improvement process is to remedy or mitigate the impact of a Performance Factor. The performance improvement process may include:

(i) a requirement that the Hospital develop an Improvement plan; or

(ii) an amendment of the Hospital's obligations as mutually agreed by the parties.