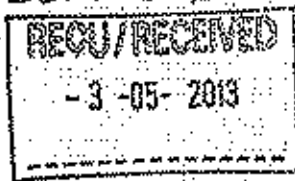


to added  
schedules }

APRIL 1, 2013 →  
SEPT 30 2013



**H-SAA AMENDING AGREEMENT**

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2013

**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, 2013;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA for a further six-month period with the joint intention of finalizing and executing an H-SAA for the period April 1, 2013 – March 31, 2016;

**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 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 Requirements
- Schedule C: Indicators and Volumes
  - C.1: Performance Indicators

- C.2.: Service Volumes
- C.3.: LHIN Indicators and Volumes
- C.4.: P.C.O.P. Targeted Funding & Volumes

"Schedule A" means Schedule A: Funding Allocation.

"Schedule B" means Schedule B: Reporting Requirements.

"Schedule C.3." means Schedule C.3.: LHIN Indicators and Volumes.

"Schedule C.4." means Schedule C.4.: P.C.O.P. Targeted Funding & Volumes.

(b) The following definitions in the H-SAA are amended as follows.

In the defined term "Indicator Technical Specifications" and "2012 -13 H-SAA Indicator Technical Specifications", the term "2012 -13 H-SAA Indicator Technical Specifications" is deleted and replaced with the term "H-SAA Indicator Technical Specifications".

The defined terms "Accountability Indicator" and "Accountability Indicators" are deleted and replaced by the terms "Performance Indicator" and "Performance Indicators" respectively.

The definition of "Explanatory Indicator" is amended by deleting the term "Accountability Indicators" and replacing it with "Performance Indicators".

The definition of "Post-Construction Operating Plan (PCOP) Funding" and "PCOP Funding" is amended by deleting "Schedule C (2012 - 2013) (Hospital One-Year Funding Allocation) and further detailed in Schedule F (2012 - 2013) (Post-Construction Operating Plan Funding and Volume)" and replacing it with "Schedule A and further detailed in Schedule C.4."

2.4 Term. The reference to "March 31, 2013" in Article 3.2 is deleted and replaced with "September 30, 2013".

2.5 Annual Funding. Section 5.1 is amended by deleting "Schedule C" and replacing it with "Schedule A".

2.6 Planning Allocation and Revisions. Sections 5.2 and 5.3 are deleted and replaced by the following:

Estimated Funding Allocations.

(a) The Hospital's receipt of any Estimated Funding Allocation in Schedule A is subject to subsection (d) below and subsequent written confirmation from the LHIN.

(b) In the event the Funding confirmed by the LHIN is less than the Estimated Funding Allocation, the LHIN will have no obligation to adjust any related performance requirements unless and until the Hospital demonstrates to the LHIN's satisfaction that the Hospital is unable to achieve the expected

performance requirements with the confirmed Funding. In such circumstances the gap between the Estimated Funding and the confirmed Funding will be deemed to be material.

(c) In the event of a material gap in funding the LHIN and the Hospital will adjust the related performance requirements.

(d) Appropriation. Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement.

**2.7** Adjustments. Section 5.4 (Adjustments) of the H-SAA is amended by deleting all references to "Schedule C" and replacing them with "Schedule A".

**2.8** Balanced Budget. Section 6.1.3 (Balanced Budget) of the H-SAA is amended by deleting "Schedule E1 (2012 – 2013) LHIN Specific Indicators and Targets" and replacing it with "Schedule C.3".

**2.9** Planning Cycle. Section 7.1 (Planning Cycle) of the H-SAA is amended by replacing the words "the timing requirements of Schedule A (2012 – 2013) Planning and Reporting" with the words "the timing requirements of Schedule B".

**2.10** Process System Planning. Section 7.4 (Process System Planning) is amended by deleting "Schedule C" in the last sentence and replacing it with "Schedule A".

**2.12** Timely Response. Section 7.6.1 (Timely Response) of the H-SAA is amended by deleting both occurrences of "Schedule A (2012 – 2013) Planning and Reporting" and replacing these with "Schedule B".

**2.13** Specific Reporting Obligations. Section 8.2 (Specific Reporting Obligations) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" and replacing it with "Schedule B".

**2.14** Planning Cycle. Section 12.1 (Planning Cycle) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" in (i) and replacing it with "Schedule B".

**3.0** Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2013. 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 together with the Schedules 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**

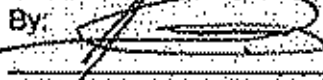
By:   
\_\_\_\_\_  
Jeff Cow, Board Chair

June 27, 2013  
Date


And By:   
\_\_\_\_\_  
Michael Barrett, Chief Executive Officer

June 27, 2013  
Date

**South Hurn Hospital Association**

By:   
\_\_\_\_\_  
Jeff Keller, Board Chair  
I have authority to bind the HSP

April 25, 2013  
Date

And By:   
\_\_\_\_\_  
Glenn Bartlett, President and Chief Executive Officer  
I have authority to bind the HSP

April 26/13  
Date

**Hospital Sector 2013-14 HAPS**

Ident/Facility #	585
Hospital Name	SOUTH HURON HOSPITAL ASSOCIATION
Hospital Legal Name	SOUTH HURON HOSPITAL ASSOCIATION
Site Name	ESSEX

**2013-14 Schedule A  
Funding Allocation**

Intended Purpose or Use of Funding	Estimated <sup>1</sup> Funding Allocation	
	Base	One-Time
<b>General Operations<sup>2</sup></b>	\$0	
Patient Based Funding- HBAM	\$0	
Global Funding	\$8,910,300	
PCOP	\$0	
<b>Patient Based Funding - Quality-Based Procedures</b>	Base	Allocation <sup>3</sup>
Unilateral Primary Hip Replacement	\$0	\$0
Unilateral Primary Knee Replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary hip replacement	\$2,493	\$7,480
Inpatient Rehabilitation for unilateral primary knee replacement	\$4,920	\$4,920
Unilateral Cataracts	\$0	\$0
Bilateral Cataracts	\$0	\$0
Chemotherapy Systemic Treatment	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Non-Cardiac Vascular	\$0	\$0
Congestive Heart Failure	\$0	\$0
Stroke	\$0	\$0
Endoscopy	\$0	\$0
<b>Wait Time Strategy Services ("WTS")</b>	Base	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 MR)	\$0	\$0
Computed Tomography (CT)	\$0	\$0
Other WTS Funding	\$0	\$0
<b>Provincial Program Services ("PPS")</b>	Base	One-Time
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Regional Trauma	\$0	\$0
Other Provincial Program Funding (O)	\$0	\$0
<b>Other Funding</b>	Base	One-Time
Grant in Lieu of Taxes	\$0	\$0
Cancer Care Ontario <sup>4</sup>	\$0	\$0
Ontario Renal Funding <sup>5</sup>	\$0	\$0
Funding adjustment 1 ( )	\$0	\$0
<b>Total 13/14 Estimated Funding Allocation</b>	<b>\$8,910,300</b>	<b>\$12,400</b>

<sup>1</sup> Estimated funding allocations are subject to appropriation and written confirmation by the LHM.  
<sup>2</sup> Funding allocations are subject to change year over year.  
<sup>3</sup> Includes the provision of services not specifically identified under QBP, WTS or PPS.  
<sup>4</sup> Funding provided by Cancer Care Ontario, not the LHM.  
<sup>5</sup> 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 HOND policy.

# Hospital Sector 2013-14 HAPS

Identification #:	665
Hospital Name:	SOUTH HURON HOSPITAL ASSOCIATION
Hospital Legal Name:	SOUTH HURON HOSPITAL ASSOCIATION
Site Name:	EXETER

## 2013-14 Schedule 3: Reporting Requirements

1. MIS Trial Balance and Supplemental Reporting as Necessary	
Reporting Period	Due Date
<b>2013-14</b>	
Q2 - Apr 01-13 to Sept 30-13	31-Oct-2013
Q3 - Apr 01-13 to Dec 31-13	31-Jan-2014
Q4 - Apr 01-13 to March 31-14	31-May-2014
<b>2014-2015</b>	
Q2 - Apr 01-14 to Sept 30-14	31-Oct-2014
Q3 - Apr 01-14 to Dec 31-14	31-Jan-2015
Q4 - Apr 01-14 to March 31-15	31-May-2015
<b>2015-2016</b>	
Q2 - Apr 01-15 to Sept 30-15	31-Oct-2015
Q3 - Apr 01-15 to Dec 31-15	31-Jan-2016
Q4 - Apr 01-15 to March 31-16	31-May-2016
2. Year End MIS Trial Balance and Supplemental Report	
Fiscal Year	Due Date
2013-14	31-May-2014
2014-15	31-May-2016
2015-16	31-May-2016
3. Audited Financial Statements	
Fiscal Year	Due Date
2013-14	31-May-2014
2014-15	31-May-2015
2015-16	31-May-2016
4. French Language Services Report	
Fiscal Year	Due Date
2013-14	30-Apr-2014
2014-15	30-Apr-2015
2015-16	30-Apr-2016

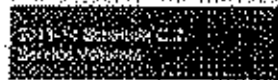
Hospital Sector 2012-14 HAPS

Organization: St. Mary's Hospital  
 Hospital Name: St. Mary's Hospital  
 Hospital Legal Name: St. Mary's Hospital  
 EIN: 123456789

Performance Indicators			Explanatory Indicators	
Measurement Unit	2012/13 Performance Target	2013/14 Performance Target	Measurement Unit	
<b>Part I - PERSON EXPERIENCE: Access, Effective Care, Person-Centered</b>				
3007 Percent ER LOS for Admitted Patients	Hours	8.0		
3008 Percent ER LOS for Non-Admitted Complex (OTAD+T) Patients	Hours	6.0		24-hour availability of Patients with Tanks or Transient (Adults) A/Care (TVA) to Adult Care for AD Discharge
3009 Percent ER LOS for Non-Admitted Minor Uncomplicated (OTAD/M) Patients	Hours	6.0		Percent of Discharge Patients Discharged to Inpatient Rehabilitation Following an acute care hospitalization
3010 Percent Wait Times for General Surgery	Days	0		Percent of Discharge Patients Admitted to a Skilled Unit During 30/31 Hospital Days
3011 Percent Wait Times for Cardiac Bypass Surgery	Days	6.0		Hospital Standardized Mortality Ratio
3012 Percent Wait Times for Cancer Surgery	Days	0		Readmission Rate Within 30 Days for Selected CMGs
3013 Percent Wait Times for RSI Replacement (Knee)	Days	0		* Adjusted Working Funds Inclusion - Adjusted Working Funds - Adjusted Working Funds as a % of Total Revenue - Current Ratio - Adjusted Working Funds Current Ratio - Debt Ratio
3014 Percent Wait Times for Joint Replacement (Knee)	Days	0		
3015 Percent Wait Times for Hip Fracture (H/F) Care	Days	0		
3016 Percent Wait Times for Diagnostic CT Scan	Days	0		
3017 Percent Wait Times for Diagnostic MRI Scan	Days	0		
Rate of Ventilator-Associated Pneumonia	Rate	0.00		
Central Line Infection Rate	Cases/Days	0.00		
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.00		
Rate of Hospital Acquired Cases of Ventilator-Associated Pneumonia	Rate	0.00		
Rate of Hospital Acquired Cases of Urinary Tract Infections	Rate	0.00		
<b>Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance</b>				
Current Ratio (Consolidated)	Ratio	1.42	1.28 - 1.36	Total Margin (Excluding Error Only)
Total Margin (Consolidated)	Percentage	9.60%		Percentage of Full-Time Hours
				Percentage of Paid BSA Time (Full-Time)
				Percentage of Paid Overtime
<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, Health</b>				
Percentage A/C Days (Excluding 6844)	Percentage	6.0%	4.4%	
<b>Part IV - UCA Specific Indicators and Performance Targets, see Schedule C3 (2013-2014)</b>				
Refer to 2013-14 UCA Indicator Technical Specifications for further details. * Adjusted Working Capital: Under Consideration				

Hospital Sector 2013-14 MAPS

Health Sector:	HS
Hospital Name:	EASTERN HUNTER HOSPITAL ASSOCIATION
Hospital Category:	EASTERN HUNTER HOSPITAL ASSOCIATION
Site Name:	EDDYS



Measurement Unit		2013/14 Performance Target	2013/14 Performance Standard
<b>Part I - GLOBAL VOLUMES</b>			
Emergency Department	Weighted Cases	353	255 - 441
Trauma Inpatient Acute	Weighted Cases	67	53 - 73
Day Surgery	Weighted Vols	0	
Inpatient Mental Health	Weighted Patient Days	0	
Inpatient Rehabilitation	Weighted Cases	40	30 - 60
Complex Continuing Care	Weighted Patient Days	400	>= 100
Geriatric Capital Assistance Program (GLDCAP)	Inpatient Days	0	
Ambulatory Care	Vols	21,000	>= 21,750
<b>Part II - HOSPITAL SPECIALIZED SERVICES</b>			
Coarcted Aortas	Cases	0	0
Chit Plaque	Cases	0	0
HM Consultant Clinics	Vols	0	
Spinal Anesthesia/Ontario's Vascular Thrombotic Clinics	Vols	0	
<b>Part III - WAIT TIME VOLUMES</b>			
General Surgery	Cases	0	0
Prosthetic Surgery	Cases	0	0
Hip & Knee Replacements - Revisions	Cases	0	0
Magnetic Resonance Imaging (MRI)	Total Hours	0	0
Optical Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	0	0
<b>Part IV - PROVINCIAL PROGRAMS</b>			
Cardiac Surgery	Cases	0	0
Cardiac Services - Coronary Intervention	Cases	0	0
Cardiac Services - Interventional Cardiology	Cases	0	0
Cardiac Services - Permanent Pacemakers	Cases	0	0
Organ Transplantation	Cases	0	0
Neurosciences	Cases	0	0
Regional Trauma	Cases	0	0
<b>Part V - QUALITY BASED PROCEDURES</b>			
Unilateral Primary Hip Replacement	Volumes		0
Unilateral Primary Knee Replacement	Volumes		0
Inpatient Rehabilitation for Unilateral primary hip replacement	Volumes		3
Inpatient Rehabilitation for unilateral primary knee replacement	Volumes		2
Unilateral Cataracts	Volumes		0
Bilateral Cataracts	Volumes		0
Chemotherapy Systemic Treatment	Volumes		0
Chronic Obstructive Pulmonary Disease	Volumes		0
Non-Cardiac Vascular	Volumes		0
Congestive Heart Failure	Volumes		0
Stroke	Volumes		0
Endoscopy	Volumes		0



**Hospital Sector 2013-14 HAPS**

Ident Number #	032
Hospital Name	SOUTH WILSON HOSPITAL ASSOCIATION
Hospital Legal Name	SOUTH WILSON HOSPITAL ASSOCIATION
Site Name	EXETER

2013-14 Schedule C/S  
LHIN Indicators & Volumes

LHIN Priority	Performance Indicator	Performance Target	2013-14	Performance Standard
	Shared Services	-	-	-
	Performance Obligation	All South West LHIN hospitals agree to participate in discussing with the London Hospitals opportunities for shared services.		
	Clinical Planning	-	-	-
	Performance Obligation	All South West LHIN hospitals will prioritize, develop and implement LHIN-wide hospital clinical services plans in alignment with Health System Funding Reform, Wait Time Services & other quality, cost and utilization improvement initiatives.		
	Healthline.ca	-	-	-
	Performance Obligation	All South West LHIN hospitals agree to annually review and update site specific programs and services information, as represented within the Healthline.ca website.		
	South West Regional Wound Care Program	-	-	-
	Performance Obligation	All South West LHIN Hospitals that participate in the South West Regional Wound Care Program, as sponsored by the South West Community Care Access Centre (CCAC).		
	Behavioral Supports Ontario (BSO)	-	-	-
	Performance Obligation	All South West LHIN Schedule 1 hospitals that participate in the Behavioral Supports Ontario (BSO) program with other health services providers and regularly report their progress to St. Joseph's Health Care, London who performs the LHIN-wide coordination role.		
	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse	-	-	-
	Performance Obligation	All South West LHIN Schedule 1 hospitals agree the Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions Indicator, as defined in the 2013/14 H-GAA Indicator Technical Specifications, will be an accountability indicator for the duration of this agreement and will work with the South West LHIN to make improvements.		

**Hospital Sector 2013-14 HAPS**

Identification #:	MA
Hospital Name:	SOUTH WEST HOSPITAL ASSOCIATION
Hospital Legal Name:	SOUTH WEST HOSPITAL ASSOCIATION
Site Name:	EXETER

2013-14 Schedule C3  
LHM Indicators & Voluntas

LHM Priority		
Performance Indicator	Performance Target	Performance Standard
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health	2013-14	
Performance Obligation	All South West LHM Schedule C hospitals agree the Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions indicator, as defined in the 2013/14 H-SAA Indicator Technical Specifications, will be an accountability indicator for the duration of this agreement and will work with the South West LHM to make improvements.	
LHM Priority		
Performance Indicator	Performance Target	Performance Standard
Performance Management Teams	2013-14	
Performance Obligation	As related to the performance improvement work occurring in the South West LHM, your hospital will continue to participate in established groups such as the Cancer and Hip and Knee Performance Management Teams (PMT). Both personal performance (closed cases), open case performance, case costing and other metrics, as established between the LHM and hospital partners will be monitored. Improvement expectations will be established through on-going dialogue and action plans articulated through performance improvement plans or other means of communication. This obligation applies to SUHC, STZOK, Stafford General, Streeley Middlesex General, Woodstock General, LHSC and GBMS.	
LHM Priority		
Performance Indicator	Performance Target	Performance Standard
Identified French Language Services	2013-14	
Performance Obligation	Hospitals will understand and comply with FLS requirements. Hospitals will actively participate in activities designed to support their FLS implementation Plan, including working with the South West LHM. Hospitals will set objectives and timelines in the Draft FLS Implementation Plan, specifically complete and submit to the LHM French Language Service Coordinator an FLS Implementation Plan for 2013-14 (draft October 31, 2013, final February 21, 2014, implementation April 1, 2014); Annually report to the LHM an update on their progress with respect to their FLS Implementation Plan, reporting will commence in the 2014/15 fiscal year; the FLS Implementation Plan is subject to revisions pending annual progress report reviews. This condition applies to SUHC and LHSC only.	

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules.

# Hospital Sector 2013-14 HAPS

Identification #: 441
Hospital Name: SOUTH PERSON HOSPITAL ASSOCIATION
Hospital Type: HOME
Site Name: EASTER

## 2013-14 Schedule C1 P.C.O.P. Targeted Funding and Volume

COST CENTER	2000 Base Volume	2013-2014 Received from LPAH % Funding Received		2013-2014 Hospital Plan		
		Funding Rate	2013-2014 Additional Volume	Additional Volume	New Beds	Funding
Intensive Care - Neuroscience	0	0	0	0	0	\$0
Intensive Care - Orthopedic	0	0	0	0	0	\$0
Intensive Care - SCI	0	0	0	0	0	\$0
Intensive Rehabilitation Outpatient	0	0	0	0	0	\$0
Intensive Complex Outpatient Care	0	0	0	0	0	\$0
Intensive Care - Mental Health	0	0	0	0	0	\$0
Day Surgery	0	0	0	0	0	\$0
Endoscopy (GI)	0	0	0	0	0	\$0
Emergency	0	0	0	0	0	\$0
Arth Care - Acute Medical Health	0	0	0	0	0	\$0
Arth Care - Elective	0	0	0	0	0	\$0
Arth Care - Rehab	0	0	0	0	0	\$0
Ortho - Neuro	0	0	0	0	0	\$0
Clinic - Neuro	0	0	0	0	0	\$0
Other - ( )	0	0	0	0	0	\$0
Other - ( )	0	0	0	0	0	\$0
Other - ( )	0	0	0	0	0	\$0
<b>Facility Costs</b>						\$0
<b>Amortization</b>						\$0
<b>Total Funding</b>						\$0

Funding provided for services is calculated by year allocation completed by section 4.3 of the Agreement. Volume and occupancy of P.O.P. funding are determined by the Ministry of Health and Long Term Care (MOHLTC). Incremental volume received to be achieved by the Hospital as set out above and occupancy is P.O.P. volume provided in previous years. The MOHLTC may adjust funded volumes upon reasonable notice. This amount must be the same as P.O.P. (General Operating Funds) in 2013-14 Schedule A/ Facility Allocation. Other stipulated in agreement (in the form of 2013-14 Schedule C1, P.C.O.P. will be made under section 4.3 of the Agreement to match base volume and any additional modifications in agreement set out in P.O.P. schedule.

