

HOSPITAL SERVICE ACCOUNTABILITY

AMENDING AGREEMENT #2

THE AMENDING AGREEMENT effective as of the 1st day of April, 2011

B E T W E E N:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

- and -

GERALDTON DISTRICT HOSPITAL (the "HSP")

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2008-2012 H-SAA AMENDING AGREEMENT # 2

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2011

B E T W E E N:

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

GERALDTON DISTRICT HOSPITAL (the "Hospital")

WHEREAS the LHIN and the Hospital entered into a hospital service accountability agreement that took effect April 1, 2008 and has been amended by agreements made as of April 1, 2010 and April 1, 2011 (the "H-SAA");

AND WHEREAS the Parties acknowledged, in the amending agreement made as of April 1, 2011, that further amendments would be required to the Schedules following the announcement of funding allocations by the Ministry of Health and Long-Term Care.

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.
- 2.0 Amendments.**
 - 2.1 Agreed Amendments.** The Parties agree that the H-SAA shall be amended as set out in this Article 2.
 - 2.2 Schedules.**
 - (a) Schedules C-2 shall be deleted and replaced with Schedule C2 attached to this Agreement.
 - (b) Schedules D-2 shall be deleted and replaced with Schedule D2 attached to this Agreement.
- 3.0 Effective Date.** The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2011. All other terms of the H-SAA, those provisions in the Schedules not amended by s. 2.2, above, 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.

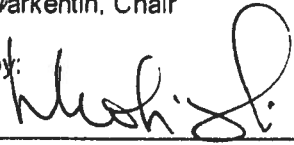
6.0 **Entire Agreement.** This Agreement together with Schedules C2 and D2 constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK


By: 
Joy Warkentin, Chair

Dec 14/11
Date

And by: 
Laura Kokocinski, CEO

Dec 14/11
Date

GERALDTON DISTRICT HOSPITAL

By: 
~~Dick Mannisto~~, Chair
Deanna Thibault

Dec 6/11
Date

And by: 
Kurt Pristanski, CEO

Dec 6/11
Date

Hospital Multi-Year Funding Allocation

Amended Sch C2 2011/12

Hospital	Fac #	2011/12 Funding Allocation (Note 1)	
		Base	One-Time
Gerrard District Hospital	862		
Operating Base Funding		9 116 000	0
Multi-Year Funding Incremental Adjustment		115 000	
Other Funding			
Excellent Care For All Act Implementation Funding			32,800
Grant in lieu of taxes			4,500
Small Hospital Funding adjustment		38,400	
Nursing Positions to support telemedicine (0.5 RPN FTE)		19,817	
Chronic Care Funding			1,400
Critical Care Strategies Schedule E			
PCOP: Schedule F			
PCOP			
Stable Priority Services: Schedule G			
Chronic Kidney Disease			
Cardiac catheterization			
Critical Care			
Provincial Strategies: Schedule G			
Organ Transplantation			
Endovascular aortic aneurysm repair			
Electrophysiology studies EPS/ablation			
Percutaneous coronary intervention (PCI)			
Implantable cardiac defibrillators (ICD)			
Daily nocturnal home hemodialysis			
Provincial peritoneal dialysis initiative			
Newborn screening program			
Specialized Hospital Services: Schedule G			
Cardiac Rehabilitation			
Vascular Therapy			
Total Hip and Knee Joint Replacements (Non-WTS)			
Magnetic Resonance Imaging			
Regional Trauma			
Regional & District Stroke Centres			
Sexual Assault/Domestic Violence Treatment Centres			
Provincial Regional Genetic Services			
HIV Outpatient Clinics			
Hemophilic Ambulatory Clinics			
Permanent Cardiac Pacemaker Services			
Provincial Resources			
Bone Marrow Transplant			
Adult Interventional Cardiology for Congenital Heart Defects			
Cardiac Laser Lead Removal			
Pulmonary Thromboendarterectomy Services			
Thoracoabdominal Aortic Aneurysm Repair (TAA)			
Health Results (Wait Time Strategy): Schedule H			
Selected Cardiac Services			
Total Hip and Knee Joint Replacements			
Cataract Surgeries			
Magnetic Resonance Imaging (MRI)			
Computed Tomography (CT)			
Total Additional Base and One Time Funding		173 717	38 500
Total Allocation		9 289 717	38 500

Allocations not provided in this schedule for 2011/12 will be provided to hospitals in subsequent planning cycles. Hospitals should assume for planning purposes, funding for similar volumes (as in 2010/11) for Priority Services in out-years.

Note 1 - Amended July 11, 2011 for one-time chronic care funding (\$1,400 for 2011-12 and \$500 for 2012-13)
 Amended Sept 23, 2011 for base funding increase for 0.5 FTE RPN nursing resources to support telemedicine (\$19,817 annualized to \$31,707)
 Amended October 21, 2011 for base funding adjustments (\$115,000 + \$38,400 small hospital funding)

Performance Indicators

Amended Sch D2 2011/12

Hospital **Geraldton District Hospital**

Fac # **862**

	Measurement Unit	2011/12 Performance Target	2011/12 Performance Standard**
PERSON EXPERIENCE: Access, Safe, Effective, Person-Centred			
		(Note 1)	(Note 1)
Accountability Indicators			
90th Percentile ER LOS for Admitted Patients	Hours	9.1	10.0
90th Percentile ER LOS for Non-admitted Complex Patients	Hours	7.2	7.0
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	4.2	4.6
Explanatory Indicators			
Emergency Department Activity	Weighted Cases		
Emergency Department Visits	Visits		
30-day readmission of patients with stroke or transient ischaemic attack (TIA) to acute care for all diagnoses	Percentage		
Percent of stroke patients discharged to rehabilitation	Percentage		
Percent of stroke patients managed on a designated stroke unit	Percentage		
Wait Time Volumes (Per Schedule HQ)	Cases		
Rehabilitation Separations	Separations		
ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance			
Accountability Indicators			
Current Ratio (consolidated)	Ratio	4.71	0.80 - 2.00
Total Margin (Consolidated)	Percentage	0.25%	0.00%
Explanatory Indicators			
Total Margin (Hospital Sector Only)	Percentage		
Percentage Full Time Nurses	Percentage		
Percentage Paid Sick Time	Percentage		
Percentage Paid Overtime	Percentage		
SYSTEM INTEGRATION: Integration, Community Engagement, eHealth			
Accountability Indicators			
Percentage ALC Days	Percentage	26.1%	<26.1%
Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions	Percentage	18.3%	<18.3%
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse Conditions	Percentage	24.9%	<24.8%
Readmission Rates within 30 Days for Selected CMGs - the Hospital will contribute to the achievement of the North West LHM target of	Percentage	12.8%	< 12.8
GLOBAL VOLUMES			
Accountability Indicators			
Total Acute Activity, incl. Inpatient and Day Surgery*	Weighted Cases	560	476 - 644
Complex Continuing Care	RUG Weighted Patient Days	1,750	> 1,487.50
Mental Health	Inpatient Days	0	> 0.00
ELDCAP	Inpatient Days	8,880	> 8,742.4
Rehabilitation	Inpatient Days	0	> 0.00
Ambulatory Care***	Visits	775	> 581

* Global volumes based on CEM Case mix Group (CMG) methodology and RW weights.

** Volume Performance Indicators under Global Volumes vary in application based on hospital type.

*** Ambulatory Care includes CMG3 Primary account codes 7134* (including 7134053), 712*, 7135*, 716* CMG3 secondary statistical account codes 442*, 450*, 5* (including 50*, 511*, 512*, 513*, 514*, 519*, 519*, 521*)

Note 1 - Amended October 21, 2011 to reflect approved changes submitted in HAPB, inclusion of hospital specific targets for ER LOS targets, and inclusion of NW LHM specific targets for Readmission rates for CMGs