

## 2008-14 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of July, 2014

**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 (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 June 30, 2014;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA for a further nine month period to permit the LHIN and the Hospital to continue to work toward a 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.

"**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 Obligations
- Schedule D: Form of Compliance Declaration
- Schedule E: Project Funding Agreement Template

- 2.3 **Term.** This Agreement and the H-SAA will terminate on March 31, 2015.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2014. 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.

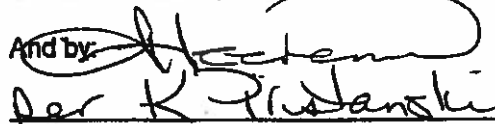
**NORTH WEST LOCAL HEALTH INTEGRATION NETWORK**

By:  July 22/14  
 Joy Warkentin, Chair Date

And by:  July 24/14  
 Laura Kokocinski, Chief Executive Officer Date

**GERALDTON DISTRICT HOSPITAL**

By:  29 June 2014  
 Jamie McPherson, Chair Date

And by:  June 30/14  
 Kurt Pristanski, President and Chief Executive Officer Date

Hospital Sector 2014-15 H-SAA

Facility #

082

Hospital Name

Gerardton District Hospital

Schedule A 2014-15  
Funding Allocation

Intended Purpose or Use of Funding	Estimated <sup>1</sup> Funding Allocation	
<b>Funding Summary</b>	<b>Base<sup>2</sup></b>	
Global Funding (opening)	\$9,394,490	
HSFR - Health Based Allocation Method (HBAM) (opening)	\$0	
HSFR - QBP Funding (Section 1 below)	\$0	
Wait Time Strategy Services Funding (Section 2 below)	\$0	\$0
Provincial Program Services (Section 3 below)	\$0	\$0
Other Funding (Section 4 below)	\$20,600	\$21,325
<b>Total Funding</b>	<b>\$9,415,090</b>	<b>\$21,325</b>
<b>Section 1: Health System Funding Reform - Quality Based Procedures<sup>3</sup></b>	<b>Rate</b>	<b>Allocation<sup>2</sup></b>
Cancer- Surgery	\$0	\$0
Cancer- Colposcopy	\$0	\$0
Cardiac- Aortic Valve Replacement	\$0	\$0
Cardiac- Coronary Artery Disease	\$0	\$0
Cataracts- Bilateral	\$0	\$0
Cataracts- Unilateral	\$0	\$0
Chemotherapy Systemic Treatment	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Endoscopy	\$0	\$0
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	\$0	\$0
Hip Replacement- Unilateral Primary	\$0	\$0
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	\$0	\$0
Knee Replacement- Unilateral Primary	\$0	\$0
Non-Cardiac Vascular- Aortic Aneurysm (AA)	\$0	\$0
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	\$0	\$0
Orthopaedics- Hip Fracture	\$0	\$0
Orthopaedics- Knee Arthroscopy	\$0	\$0
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	\$0	\$0
Paediatric- Tonsillectomy	\$0	\$0
Respiratory- Pneumonia	\$0	\$0
Stroke- Transient Ischemic Attack (TIA)	\$0	\$0
Stroke- Hemorrhage	\$0	\$0
Stroke- Ischemic or Unspecified	\$0	\$0
Vision Care- Retinal Disease	\$0	\$0
<b>Total QBP Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 2: Wait Time Strategy Services ("WTS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></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>Total WTS Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 3: Provincial Program Services ("PPS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></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>Total PPS Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 4: Other Funding</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Grant In Lieu of Taxes	\$4,500	\$0
EldCap Physiotherapy Services & Exercise Classes (amended January 13, 2014)	\$16,100	\$0
MORE <sup>DM</sup> Funding (amended Dec 17, 2012)	\$0	\$21,325
	\$0	\$0
<b>Total Other Funding</b>	<b>\$20,600</b>	<b>\$21,325</b>

[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHM

[2] Funding allocations are subject to change year over year

[3] All QBP funding is fully recoverable in accordance with Section 6.8 of the H-SAA. QBP funding is not base funding for the purposes of the BOND policy. The QBP allocations above includes mitigation funding for 2014-15.

**Hospital Sector 2014-15 H-SAA**

Facility # **662**  
 Hospital Name **Geraldton District Hospital**

**Schedule B 2014-15  
 Reporting Requirements**

**1. MIS Trial Balance**  
**Reporting Period**

**Due Date**

<b>2014-15</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>2015-16 (projected)</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
<b>2016-17 (projected)</b>	
Q2 – Apr 01-16- to Sept 30-16	31-Oct-2016
Q3 – Apr 01-16- to Dec 31-16	31-Jan-2017
Q4 – Apr 01-16- to March 31-17	31-May-2017

**2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary**  
**Reporting Period**

**Due Date**

<b>2014-15</b>	
Q2 – Apr 01-14- to Sept 30-14	07-Nov-2014
Q3 – Apr 01-14- to Dec 31-14	07-Feb-2015
Q4 – Apr 01-14- to March 31-15	30-Jun-2015
<b>2015-16 (projected)</b>	
Q2 – Apr 01-15- to Sept 30-15	07-Nov-2015
Q3 – Apr 01-15- to Dec 31-15	07-Feb-2016
Q4 – Apr 01-15- to March 31-16	30-Jun-2016
<b>2016-17 (projected)</b>	
Q2 – Apr 01-16- to Sept 30-16	07-Nov-2016
Q3 – Apr 01-16- to Dec 31-16	07-Feb-2017
Q4 – Apr 01-16- to March 31-17	30-Jun-2017

**3. Audited Financial Statements**  
**Fiscal Year**

**Due Date**

2014-15	30-Jun-2015
2015-16 (projected)	30-Jun-2016
2016-17 (projected)	30-Jun-2017

**4. French Language Services Report**  
**Fiscal Year**

**Due Date**

2014-15	30-Apr-2015
2015-16 (projected)	30-Apr-2016
2016-17 (projected)	30-Apr-2017

**5. Declaration of Compliance**  
**Fiscal Year**

**Due Date**

2014-15	30-Jun-2015
2015-16 (projected)	30-Jun-2016
2016-17 (projected)	30-Jun-2017

Performance Indicators			Explanatory Indicators		
	Measurement Unit	* 2014/15 Performance Target	* 2014/15 Performance Standard	Measured Unit	
<b>Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered</b>					
80th Percentile ER LOS for Admitted Patients	Hours	7.4	6.8	30-day Readmission of Patients with Stroke or Transient Ischemic Attack (TIA) to Acute Care for All Diagnoses	Percentage
80th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	7.2	7.0	Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization	Percentage
80th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.9	4.6	Percent of Stroke Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
Cancer Surgery: % Priority 4 Cases Completed within Target	Percent			Hospital Standardized Mortality Ratio	Ratio
Coronary Bypass Surgery: % Priority 4 Cases Completed within Target	Percent			Readmissions Within 30 Days for Selected Case Mix Groups (CMGs)	Percentage
Cataract Surgery: % Priority 4 Cases Completed within Target	Percent				
Joint Replacement (Hip): % Priority 4 Cases Completed within Target	Percent				
Joint Replacement (Knee): % Priority 4 Cases Completed within Target	Percent				
Diagnostic MRI Scan: % Priority 4 Cases Completed within Target	Percent				
Diagnostic CT Scan: % Priority 4 Cases Completed within Target	Percent				
Rate of Ventilator-Associated Pneumonia	Rate	0.00	0.00		
Central Line Infection Rate	Rate	0.00	0.00		
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.00	0.00		
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	0.00		
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	0.00		
<b>Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance</b>					
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	4.62	> 4.16	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated - all sector codes and fund types)	Percentage	0.00%	0.00%	Adjusted Working Funds	Amount
				Adjusted Working Funds / Total Revenues	Percentage
<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>					
Percentage of Acute ALC Days (closed cases)	Percentage	17.6%	17.4%	Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	Percentage
				Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	Percentage
<b>Part IV - LHM Specific Indicators and Performance targets, see Schedule C3 (2014-16)</b>					
*Refer to 2014-16 H-SAA Indicator Technical Specification for further details.					

**Measurement Unit**

**Part I - GLOBAL VOLUMES**

Ambulatory Care	Visits
Complex Continuing Care	Weighted Patient Days
Day Surgery	Weighted Visits
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days
Emergency Department	Weighted Cases
Emergency Department and Urgent Care	Visits
Inpatient Mental Health	Weighted Patient Days
Inpatient Mental Health	Days
Inpatient Rehabilitation	Days
Rehabilitation Separations	Number
Total Inpatient Acute	Weighted Cases

<b>2014/15 Performance Target</b>	<b>2014/15 Performance Standard</b>
775.00	≥ 581
1,750.00	≥ 1488
6,880.00	≥ 6192
321.00	≥ 241
10,500.00	≥ 7875
500.00	≥ 478

**Part II - HOSPITAL SPECIALIZED SERVICES**

Cochlear Implants	Cases
Cleft Palate	Cases
HIV Outpatient Clinics	Visits
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients

<b>2014/15 Primary</b>	<b>2014/15 Revision</b>
<b>2014/15 Base</b>	<b>2014/15 Incremental</b>

**Part III - WAIT TIME VOLUMES**

General Surgery	Cases
Paediatric Surgery	Cases
Hip & Knee Replacement - Revisions	Cases
Magnetic Resonance Imaging (MRI)	Total Hours
Ontario Breast Screening Magnetic Resonance Imaging (OBSM MRI)	Total Hours
Computed Tomography (CT)	Total Hours

<b>2014/15 Base</b>	<b>2014/15 Incremental</b>
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**Part IV - PROVINCIAL PROGRAMS**

Automatic Implantable Cardiac Defib's - New Implants	# of New Implants
Automatic Implantable Cardiac Defib's - Replacements	# of Replacements
Automatic Implantable Cardiac Defib's - Replacements done at Supplier's Request	# of Replacements
Automatic Implantable Cardiac Defib's - Manufacturer Requested ICD Replacement Procedures	Procedures
Bariatric Surgery	Procedures
Cardiac Surgery	Cases
Cardiac Services - Catheterization	Cases
Cardiac Services- Interventional Cardiology	Cases
Cardiac Services- Permanent Pacemakers	Procedures
Medical and Behaviour Treatment	Cases
Neurosciences	Procedures
Number of Forensic Beds - General	Number
Number of Forensic Beds - Secure	Number
Number of Forensic Beds - Assessment	Number
Organ Transplantation	Cases
Regional Trauma	Cases

<b>2014/15 Base</b>	<b>2014/15 Incremental</b>
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		Measurement Unit
<b>Part V - QUALITY BASED PROCEDURES</b>		<b>2014/15 Volume</b>
Cancer- Surgery	Volumes	
Cancer- Colposcopy	Volumes	
Cardiac- Aortic Valve Replacement	Volumes	
Cardiac- Coronary Artery Disease	Volumes	
Cataracts- Bilateral	Volumes	
Cataracts- Unilateral	Volumes	
Chemotherapy Systemic Treatment	Volumes	TBD
Chronic Obstructive Pulmonary Disease	Volumes	
Congestive Heart Failure	Volumes	
Endoscopy	Volumes	
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	Volumes	
Hip Replacement- Unilateral Primary	Volumes	
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	Volumes	
Knee Replacement- Unilateral Primary	Volumes	
Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volumes	
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volumes	
Orthopaedics- Hip Fracture	Volumes	
Orthopaedics- Knee Arthroscopy	Volumes	
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	Volumes	
Paediatric- Tonsillectomy	Volumes	
Respiratory- Pneumonia	Volumes	
Stroke- Transient Ischemic Attack (TIA)	Volumes	
Stroke- Hemorrhage	Volumes	
Stroke- Ischemic or Unspecified	Volumes	
Vision Care- Retinal Disease	Volumes	

Hospital Sector 2014-15 H-SAA

Identification #: 662  
 Hospital Name: Geraldton District Hospital

Schedule C3 2014-15  
 LHIN Indicators &  
 Obligations

Performance Obligation

Client Experience requirement

The HSP will continue to conduct a patient satisfaction survey for the major departments of the hospital. Within three (3) months after year-end, the HSP will report the annual results of the patient satisfaction survey, broken down by those major departments and for the hospital as a whole. This report to the LHIN will include 4 questions measuring the patients care experience, substantially similar to:

- "Overall care received" (for those hospitals that use NCR Picker > from All Dimensions and Overall Ratings);
- "Respect for Patient preferences" (for those hospitals that use NCR Picker > from All Dimensions and Overall Ratings);
- "Enough say about treatment" (for those hospitals that use NCR Picker > from Respect for Patient Preference); and
- "Treated you with respect/dignity" (for those hospitals that use NCR Picker > from Respect for Patient Preference).

Performance Obligation

Health Services Blueprint requirement

The North West LHIN is implementing the North West LHIN Health Services Blueprint (the Blueprint), a ten-year plan to reshape the health care system in the North West LHIN. The provincial Health Link Initiative is aligned to this local plan and is being implemented in conjunction with the Blueprint at the Integrated District Network level. More details about the Blueprint and Health Links in the North West LHIN are available at <http://www.northwestlhin.on.ca/>.

To advance the implementation of the Blueprint, the HSP will:

- Align its strategic and operating activities with the Blueprint and Health Link objectives and local priorities;
- Continue to collaborate with stakeholders with planning, implementation and reporting related to the implementation of the Blueprint and Health Links, and formalize this commitment to collaboration through a Collaboration Agreement (e.g. providing human resource expertise, information, data and analysis to the North West LHIN, Health Link Steering Committees or Working Groups, or Local, District and Regional Planning Tables as necessary to inform and support planning and implementation activities);
- Play an active role in the implementation of the Blueprint and Health Links through:
  - o Actively leading and championing Blueprint and Health Links implementation;
  - o Formalizing planning tables at the Local Health Hub and Integrated District Network levels;
  - o Initiating partnerships across both LHIN-funded and non LHIN-funded providers;
  - o Initiate planning and implementation activities with a focus on system level improvement across the continuum of care;
  - o Identifying and promoting innovative approaches to integrated health care delivery with a focus on improving the client experience through improved transitions in care across the continuum, improving access to care, and improving value for health care dollars;
  - o Providing ongoing education to staff, partner and public stakeholders;
  - o Participation in knowledge exchange forums, channels and value stream mapping sessions;
  - o Reassignment of services and related delivery as necessary;
  - o Coordination of implementation activity, including stakeholder analysis, communications and change initiatives; and
  - o Implementation of standardized, quality based care pathways, processes and associated standardized costings.

Performance Obligation

Home First Philosophy requirement

To contribute to an improved health system, the HSP will align its strategic and operating activities with, and proactively adopt the North West LHIN's "Home First" philosophy. As requested by the North West LHIN, the HSP will collaborate with stakeholders with planning, implementation and reporting related to adoption of the Home First philosophy.

Performance Obligation

Behavioural Supports Ontario (BSO) Action Plan requirement

The Health Service Provider will work with the North West LHIN and partners to:

- Implement the Behavioural Supports Ontario Action Plan and participate in quality improvement training related to the Behavioural Support Ontario Strategy;
- Integrate care for the target population through the creation of common care pathways and commit to training of front-line staff as it relates to this strategy



Hospital Sector 2014-15 H-SAA

Identification #: 662  
Hospital Name: Geraldton District Hospital

Performance Obligation

Emergency Preparedness Plans requirement

To minimize risks to the North West health system, the HSP will develop or review and update its emergency preparedness plan annually and include in the plan the process for communication with the North West LHIN in the event of an emergency situation.

Performance Obligation

Diversity Planning requirement

The HSP will implement its LHIN approved cross-cultural competency plan. In cases where the plan has not been endorsed by the LHIN, the HSP will work with the LHIN to amend the plan as necessary. The HSP will report back on progress made on implementation as requested by the LHIN

Performance Obligation

e-Health requirement

The HSP will participate in the development and implementation of a harmonized North West LHIN eHealth Strategic Plan and subsequent iterations of that plan

Performance Obligation

Information Technology requirement

The HSP will ensure that any Information Technology/Information System implementations material to provincial (eHealth Ontario) and local (North West LHIN) eHealth Strategic and Tactical Plans will be aligned with and contribute to the advancement of these Plans

Performance Obligation

Performance Obligation

Performance Obligation

Performance Obligation