

2008-16 H-SAA AMENDING AGREEMENT

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

BETWEEN:

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 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 Requirements
Schedule C: Indicators and Volumes

- C.1. Performance Indicators
- C.2. Service Volumes
- C.3. LHIN Indicators and Obligations
- C.4. PCOP Targeted Funding and Volumes (if applicable)

- 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.

NORTH WEST LOCAL HEALTH INTEGRATION NETWORK

By: 
 Joy Warkentin, Chair

April 20/15
 Date

And by: 
 Laura Kokocinski, Chief Executive Officer

April 20/15
 Date

GERALDTON DISTRICT HOSPITAL

By: 
 Jamie McPherson, Chair

April 7/15
 Date

And by: 
 Kurt Pristanski, Chief Executive Officer

April 7/15
 Date

Hospital Sector 2015-16 H-SAA

Facility # **062**
 Hospital Name **Gerridton District Hospital**

**Schedule A 2015-16
 Funding Allocation**

Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
Funding Summary	Base²	One-Time²
Global Funding (opening)	\$9,609,090	
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)	\$4,500	\$0
Total Funding	\$9,609,590	\$0
Section 1: Health System Funding Reform - Quality Based Procedures³	Rate	Allocation²
Cardiac - Aortic Valve Replacement	\$0	\$0
Cardiac - Coronary Artery Disease	\$0	\$0
Cataracts - Bilateral	\$0	\$0
Cataracts - Unilateral	\$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
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	\$0	\$0
Joint Replacement - Bilateral Primary	\$0	\$0
Non-Cardiac Vascular - Aortic Aneurysm (AA) excluding Advanced Pathwa	\$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 - Hemorrhage	\$0	\$0
Stroke - Ischemic or Unspecified	\$0	\$0
Stroke - Transient Ischemic Attack (TIA)	\$0	\$0
Vision Care - Retinal Disease	\$0	\$0
Total QBP Funding	\$0	\$0
Section 2: Wait Time Strategy Services ("WTS")	Base²	One-Time²
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
Total WTS Funding	\$0	\$0
Section 3: Provincial Program Services ("PPS")	Base²	One-Time²
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
Total PPS Funding	\$0	\$0
Section 4: Other Funding	Base²	One-Time²
Grant in Lieu of Taxes	\$4,500	\$0
Total Other Funding	\$4,500	\$0

(1) Estimated funding allocations are subject to appropriation and written confirmation by the LMR
 (2) Funding allocations are subject to change year over year
 (3) All QBP funding is fully recoverable in accordance with Section 6.6 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 2015-16, if applicable.

Hospital Sector 2015-16 H-SAA

Facility # **062**
 Hospital Name **Gersakton District Hospital**

**Schedule B 2015-16
 Reporting Requirements**

1. MIS Trial Balance
Reporting Period

Due Date

Reporting Period	Due Date
2015-16	
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
2016-17 (projected)	
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

Reporting Period	Due Date
2015-16	
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
2016-17 (projected)	
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

Fiscal Year	Due Date
2015-16	30-Jun-2016
2016-17 (projected)	30-Jun-2017

4. French Language Services Report
Fiscal Year

Due Date

Fiscal Year	Due Date
2015-16	30-Apr-2016
2016-17 (projected)	30-Apr-2017

5. Declaration of Compliance
Fiscal Year

Due Date

Fiscal Year	Due Date
2015-16	30-Jun-2016
2016-17 (projected)	30-Jun-2017

Hospital Sector 2015-16 H-SAA

Priority 4
Hospital Name: **001
Gardiner Memorial Hospital**



Performance Indicators			Explanatory Indicators		
	Measurement Unit	2015-16 Performance Target	2015-16 Performance Standard	Measurement Unit	
Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered					
90th Percentile ER LOS for Admitted Patients	Hours	7.4	6.0	Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Hospital Stay	Percentage
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	6.3	5.5	Hospital Standardized Mortality Ratio	Ratio
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.7	4.0	Readmissions Within 30 Days for Selected Case Mix Groups (CMGs)	Percentage
Cancer Surgery: % Priority 4 Cases Completed within Target	Percent			Rate of Ventilator-Associated Pneumonia	Rate
Cardiac Bypass Surgery: % Priority 4 Cases Completed within Target	Percent			Central Line Infection Rate	Rate
Cataract Surgery: % Priority 4 Cases Completed within Target	Percent			Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate
Joint Replacement (Hip): % Priority 4 Cases Completed within Target	Percent			Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
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 Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.00	0.00		
Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance					
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	0.51	> 0.55	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated - all sector codes and fund types)	Percentage	0.00%	> 0.00%	Adjusted Working Funds / Total Revenue	Percentage
Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth					
Alternate Level of Care (ALC) Rate - Acute	Percentage	17.4%	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
				Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage
Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3 (2015-16)					
*Refer to 2015-16 H-SAA Indicator Technical Specification for further details.					

Measurement Unit

Part I - GLOBAL VOLUMES		2015/16 Performance Target	2015/16 Performance Standard
Ambulatory Care	Visits	775.00	≥ 681
Complex Continuing Care	Weighted Patient Days	1,750.00	≥ 1,488
Day Surgery	Weighted Cases		
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	6,890.00	≥ 5,742
Emergency Department	Weighted Cases	338.00	≥ 254
Emergency Department and Urgent Care	Visits	10,500.00	≥ 7,875
Inpatient Mental Health	Weighted Patient Days		
Inpatient Mental Health	Inpatient Days		
Inpatient Rehabilitation	Inpatient Days		
Rehabilitation Separations	Number		
Total Inpatient Acute	Weighted Cases	680.00	≥ 476
Part II - HOSPITAL SPECIALIZED SERVICES		2015/16 Primary	2015/16 Revision
Cochlear Implants	Cases		
Cleft Palate	Cases		
HIV Outpatient Clinics	Visits		
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients		
Part III - WAIT TIME VOLUMES		2015/16 Base	2015/16 Incremental
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	Total Hours		
Part IV - PROVINCIAL PROGRAMS		2015/16 Base	2015/16 Incremental
Automatic Implantable Cardiac Defibr's - New Implants	# of New Implants		
Automatic Implantable Cardiac Defibr's - Replacements	# of Replacements		
Automatic Implantable Cardiac Defibr's - Replacements done at Supplier's Request	# of Replacements		
Automatic Implantable Cardiac Defibr'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		

		Measurement Unit
Part V - QUALITY BASED PROCEDURES		2015/16 Volume
Cardiac - Aortic Valve Replacement	Volumes	
Cardiac - Coronary Artery Disease	Volumes	
Cataracts - Bilateral	Volumes	
Cataracts - Unilateral	Volumes	
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	
Joint Replacement - inpatient Rehabilitation for Bilateral Primary	Volumes	
Joint Replacement - Bilateral Primary	Volumes	
Non-Cardiac Vascular - Aortic Aneurysm (AA) excluding Advanced Pathway	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 - Hemorrhage	Volumes	
Stroke - Ischemic or Unspecified	Volumes	
Stroke - Transient Ischemic Attack (TIA)	Volumes	
Vision Care - Retinal Disease	Volumes	

Hospital Sector 2015-16 H-SAA

Identification #: **662**
 Hospital Name: **Geraldton District Hospital**

Schedule C3 2015-16
 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 Realignment 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 2015-16 H-SAA

Identification #: 062
Hospital Name: Geraldton District Hospital

Schedule C3 2015-16
LHIN Indicators &
Obligations

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	