

October 10, 2013

Kurt Pristanski
Chief Executive Officer
Geraldton District Hospital
500 Hogarth Avenue West
Geraldton, ON P0T 1M0

Dear ~~Mr.~~ Pristanski:

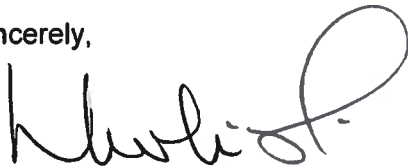
Re: Hospital Service Accountability Agreement (H-SAA) Extension

For your records, please find enclosed a fully executed copy of the H-SAA Extension with respect to Geraldton District Hospital for the period commencing October 1, 2013 to March 31, 2014.

If you have any questions or concerns regarding this agreement, please contact Byron Ball at (807) 648-9425 x 2003 or byron.ball@lhins.on.ca.

Thank you for your continued interest in improving health outcomes for the people in Northwestern Ontario.

Sincerely,



Laura Kokocinski
Chief Executive Officer

Encl.

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2013

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 September 30, 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 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. The reference to "September 30, 2013" in Article 3.2 is deleted and replaced with "March 31, 2014".

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

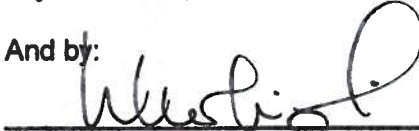


Joy Warkentin, Chair



Date

And by:



Laura Kokocinski, CEO



Date

GERLADTON DISTRICT HOSPITAL

By:



Jamie McPherson, Chair



Date

And by:



Kurt Pristanski, CEO



Date

November 29, 2013

Mr. Kurt Pristanski
Chief Executive Officer
Geraldton District Hospital
500 Hogarth Avenue West
Geraldton, ON P0T 1M0

Dear Mr. Pristanski:

Re: 1% Base Funding Adjustment

The North West Local Health Integration Network (the "LHIN") is pleased to advise you that Geraldton District Hospital (the "HSP") has been approved to receive a base funding adjustment for 2013/14 to assist with operational pressures (the "Funding"). Details of the Funding and the terms and conditions on which it will be provided (the "Terms and Conditions") are set out in Schedule 1.

In addition, since it has been now confirmed that Quality Based Procedures (QBP) do not apply to small hospitals in 2013/14, the LHIN is taking the opportunity to amend the applicable Hospital Service Accountability Agreement (H-SAA) schedules to replace the existing "TBD"s to reflect this.

As such, please find attached amended H-SAA schedules:

- Schedule A, which reflects the Funding as well as the update to QBP funding and replaces the previous Schedule A; and
- Schedule C2, which reflects the update to QBP volumes and replaces the previous Schedule C2.

Subject to the HSP's agreement, the H-SAA between the HSP and the LHIN will be amended effective the date of this letter.

Please indicate the HSP's acceptance of the Funding on the Terms and Conditions as well as the HSP's agreement to the amendment of the H-SAA by signing below and returning one copy of this letter to the North West LHIN by **December 13, 2013**.

If you have any questions or concerns, please contact Byron Ball, Senior Consultant at (807) 684-9425 x 2003.

Sincerely,


Laura Kokocinski
Chief Executive Officer

Healthier people, a strong health system - our future

Des gens en meilleure santé, un système de santé fort - voilà notre avenir



Ontario

Local Health Integration
Network
Réseau local d'intégration
des services de santé

Encls. Schedule 1
Schedule A
Schedule C2

- c. Pauline Violette, Financial Services Supervisor
Jamie McPherson, Chair, Board of Directors
Joy Warkentin, Chair, Board of Directors, North West LHIN

AGREED TO AND ACCEPTED BY:

Geraldton District Hospital

By:



Chief Executive Officer,
I have the authority to bind Geraldton District Hospital



Schedule 1

1. HSP: Geraldton District Hospital (the "HSP")

2. Funding

The HSP will receive a 1% base funding increase totalling \$93,400 effective 2013/14 fiscal year. The funding is intended to assist the HSP with operational pressures.

3. Terms and Conditions of Funding

3.1 General

The HSP acknowledges and agrees that:

- (i) The Funding is provided pursuant to the terms and conditions of the Hospital Service Accountability Agreement (the "H-SAA"). To the extent that there are any conflicts between what is in the H-SAA and what is added to the H-SAA by this letter, the terms and conditions in this letter, including Schedule 1, will govern. All other terms and conditions in the H-SAA will remain the same.
- (ii) The Funding will not be diverted to funding increases in employee compensation. Specifically, Ontario is expecting its bargaining partners to meet the following criteria:
 - a. For two years, collective agreements should not allow for increases in compensation. This includes wages, performance pay and benefits. Any movement through an established grid must be fully offset from within the total compensation package. Should parties wish to enter contracts of more than two years, those contracts should contain no increases in compensation during the additional period.
 - b. The Broader Public Sector Accountability Act, 2010, implements compensation restraint measures for designated executives at hospitals, universities, colleges, school boards and designated organizations. The restraint measures are effective March 31, 2012, and are in place until the province ceases to have a deficit.
 - c. Decisions related to compensation for non-executives who are not governed by collective agreements should live within fiscal targets.
 - d. In addition, there should be no agreement to terms that impose longer-term costs or restrictions on service delivery.
- (iii) Funding used for purposes not authorized by these terms and conditions are subject to recovery by the LHIN.

3.2 Record Maintenance and Reporting

The HSP acknowledges and agrees that it will:

- (i) **Maintain records on the use of the Funding and report the information in the applicable reporting systems. This includes but is not limited to reporting both financial and statistical information in the HSP's Self Reporting Initiative (SRI) and OHRS reports.**

Hospital Sector 2013-14 HSA

Facility #
Hospital Name

662
Geraldton District Hospital

Schedule A 2013-14
Funding Allocation

Intended Purpose or Use of Funding	Estimated ¹ Funding Allocation	
	Base ²	
General Operations³	\$0	
Patient Based Funding- HBAM	\$0	
Global Funding	\$9,301,090	
QBP Base Carve Out	\$0	
1% Base Funding Adjustment (amended Nov 29, 2013)	\$93,400	
Patient Based Funding - Quality-Based Procedures ("QBP")	Rate	Allocation⁵
Unilateral Primary Hip Replacement	\$0	\$0
Unilateral Primary Knee Replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary hip replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary knee replacement	\$0	\$0
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
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
Provincial Program Services ("PPS")	Base²	One-Time²
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 Funding	Base²	One-Time²
Grant in Lieu of Taxes	\$0	\$4,500
Cancer Care Ontario ⁴	\$0	\$0
Ontario Renal Funding ⁴	\$0	\$0
Chronic Care Funding (amended Dec 17, 2012)	\$0	\$400
MORE ^{OB} Funding (amended Dec 17, 2012)	\$0	\$21,325
Total 13/14 Estimated Funding Allocation	Base²	One-Time² + QBP Allocations
	\$9,394,490	\$26,225

[1] Estimated funding allocations are subject to appropriate and written confirmation by the LHIN
 [2] Funding allocations are subject to change year over year
 [3] Includes the provision of Services not specifically identified under QBP, WTS or PPS
 [4] Funding provided by Cancer Care Ontario, not the LHIN
 [5] 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

		Measurement Unit	
Part I - GLOBAL VOLUMES			
Emergency Department	Weighted Cases	2013/14 Performance Target	2013/14 Performance Standard
Total Inpatient Acute	Weighted Cases	321.00	241 - 401
Day Surgery	Weighted Visits	660.00	476 - 644
Inpatient Mental Health	Weighted Patient Days	0.00	-
Inpatient Rehabilitation	Weighted Cases	0.00	-
Complex Continuing Care	Weighted Patient Days	0.00	-
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	1,760.00	≥ 1468
Ambulatory Care	Visits	6,880.00	6742 - 7018
Other		776.00	≥ 681
		0.00	-
Part II - HOSPITAL SPECIALIZED SERVICES			
Cochlear Implants	Cases	2013/14 Primary	2013/14 Revision
		0	0
Cleft Palate	Cases	2013/14 Base	2013/14 Incremental
		0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	Visits	0	
Other		0	
Part III - WAIT TIME VOLUMES			
General Surgery	Cases	2013/14 Base	2013/14 Incremental
		0	0
Paediatric Surgery	Cases	0	0
Hip & Knee Replacement - Revisions	Cases	0	0
Magnetic Resonance Imaging (MRI)	Total Hours	0	0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	0	0
Other		0	0
Part IV - PROVINCIAL PROGRAMS			
Cardiac Surgery	Cases	2013/14 Base	2013/14 Incremental
		0	0
Cardiac Services - Catheterization	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
Other		0	0
Part V - QUALITY BASED PROCEDURES			
Unilateral Primary Hip Replacement	Volumes	2013/14 Volume	0
Unilateral Primary Knee Replacement	Volumes	0	0
Inpatient Rehabilitation for unilateral primary hip replacement	Volumes	0	0
Inpatient Rehabilitation for unilateral primary knee replacement	Volumes	0	0
Unilateral Cataracts	Volumes	0	0
Bilateral Cataracts	Volumes	0	0
Chemotherapy Systemic Treatment	Volumes	TBD	TBD
Chronic Obstructive Pulmonary Disease	Volumes	TBD	TBD
Non-Cardiac Vascular	Volumes	TBD	TBD
Congestive Heart Failure	Volumes	TBD	TBD
Stroke	Volumes	TBD	TBD
Endoscopy	Volumes	TBD	TBD
Other	Volumes	0	0