

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the “Agreement”) is made as of the 1st day of April, 2016

B E T W E E N:

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

AND

Services de santé de Chapleau Health Services (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, 2016;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six month period to permit the LHIN and the Hospital to continue to work toward a new multi-year hospital service accountability agreement;

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.

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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

Schedule C: Indicators and Volumes

C.1. Performance Indicators

C.2. Service Volumes

C.3. LHIN Indicators and Volumes

C.4. PCOP Targeted Funding and Volumes

2.3 Term. This Agreement and the H-SAA will terminate on September 30, 2016.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2016. 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.

The Parties have executed this Agreement on the dates set out below.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

Signed By:

Danielle Bélanger-Corbin, Chair, on May 4, 2016

And by:

Louise Paquette, Chief Executive Officer, on May 10, 2016

Services de santé de Chapleau Health Services

Signed By:

Denise Portelance-Godin, Chair, on March 30, 2016

I have authority to bind the HSP

And by:

Gail Bignucolo, Chief Executive Officer, on March 30, 2016

I have authority to bind the HSP

Hospital Sector Accountability Agreement 2016-2017

Facility #:	627
Hospital Name:	Services De Sante De Chapleau Health Services
Hospital Legal Name:	Services De Sante De Chapleau Health Services

2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral Cataract Day Surgery	0	\$0
Retinal Disease	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	0	\$0
Acute Inpatient Tonsillectomy	0	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease	0	\$0
Acute Inpatient Pneumonia	0	\$0
Bilateral Cataract Day Surgery	0	\$0
Shoulder Surgery – Osteoarthritis Cuff	0	\$0
Paediatric Asthma	0	\$0
Sickle Cell Anemia	0	\$0
Cardiac Devices	0	\$0
Cardiac Prevention Rehab in the Community	0	\$0
Neck and Lower Back Pain	0	\$0
Schizophrenia	0	\$0
Major Depression	0	\$0
Dementia	0	\$0
Corneal Transplants	0	\$0
C-Section	0	\$0
Hysterectomy	0	\$0
Sub-Total Quality Based Procedure Funding	0	\$0

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/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 MRI)	\$0	\$0
Computed Tomography (CT)	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Sub-Total Wait Time Strategy Services Funding	\$0	\$0

Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Time
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
Sub-Total Provincial Priority Program Services Funding	\$0	\$0

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2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	\$0	\$0
MOH One-time payments	\$0	\$0
LHIN/MOH Recoveries	\$0	
Other Revenue from MOHLTC	\$996,653	
Paymaster	\$0	
Sub-Total Other Non-HSFR Funding	\$996,653	\$0

Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>	[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	\$2,250	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	\$0	\$0
Sub-Total Other Funding	\$2,250	\$0

* Targets for Year 3 of the agreement will be determined during the annual refresh process.

[1] Estimated funding allocations.

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

[3] Funding provided by Cancer Care Ontario, not the LHIN.

[4] 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 BOND policy.

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule B: Reporting Requirements

1. MIS Trial Balance		Due Date 2016-2017
Q2 – April 01 to September 30		31 October 2016
Q3 – October 01 to December 31		31 January 2017
Q4 – January 01 to March 31		31 May 2017
2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary		Due Date 2016-2017
Q2 – April 01 to September 30		07 November 2016
Q3 – October 01 to December 31		07 February 2017
Q4 – January 01 to March 31		7 June 2017
Year End		30 June 2017
3. Audited Financial Statements		Due Date 2016-2017
Fiscal Year		30 June 2017
4. French Language Services Report		Due Date 2016-2017
Fiscal Year		30 April 2017

Hospital Sector Accountability Agreement 2016-2017

Facility #:	627
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Hospital Legal Name:	Services De Sante De Chapleau Health Services
Site Name:	TOTAL ENTITY

2016-2017 Schedule C1 Performance Indicators

Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2016-2017	2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	4.0	<= 4.4
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	15.5%	<= 0.155
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

Explanatory Indicators	Measurement Unit
Percent of Stroke/Tia Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

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Site Name:	TOTAL ENTITY

2016-2017 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.30	>= 0.28
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	>=0%

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<= 13.97%

Explanatory Indicators	Measurement Unit
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	Percentage

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for future years of the Agreement will be set during the Annual Refresh process.
 *Refer to 2016-2017 H-SAA Indicator Technical Specification for further details.

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2016-2017	2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	1,200	>= 900 and <= 1,500
Complex Continuing Care	Weighted Patient Days	2,053	>= 1,745 and <= 2,361
Day Surgery	Weighted Cases	0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days	6,900	>= 6,210 and <= 7,590
Emergency Department	Weighted Cases	89	>= 67 and <= 111
Emergency Department and Urgent Care	Visits	2,100	>= 1,890 and <= 2,310
Inpatient Mental Health	Patient Days	0	-
Acute Rehabilitation Patient Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	240	>= 180 and <= 300

Schedule C4: Post Construction Operating Plans

2016-2017

Health Service Provider: Services De Sante De Chapleau Health Services

