

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

Timmins and 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, 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.

.../2

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

Timmins and District Hospital

Signed By:

Leon Laforest, Chair, on March 29, 2016

I have authority to bind the HSP

And by:

Blaise MacNeil, President & Chief Executive Officer, on March 17, 2016

I have authority to bind the HSP

Hospital Sector Accountability Agreement 2016-2017

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital

2016-2017 Schedule A Funding Allocation

		2016-2017	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation		[2] Base	
Health System Funding Reform: HBAM Funding		TBD	
Health System Funding Reform: QBP Funding (Sec. 2)		TBD	
Post Construction Operating Plan (PCOP)		TBD	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$0	TBD
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
Sub-Total LHIN Funding		TBD	TBD
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		TBD	
Recoveries and Misc. Revenue		TBD	
Amortization of Grants/Donations Equipment		TBD	
OHIP Revenue and Patient Revenue from Other Payors		TBD	
Differential & Copayment Revenue		TBD	
Sub-Total Non-LHIN Funding		\$0	
Total 16/17 Estimated Funding Allocation (All Sources)		\$0	\$0
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		110	TBD
Rehabilitation Inpatient Primary Unilateral Knee Replacement		2	TBD
Acute Inpatient Primary Unilateral Knee Replacement		150	TBD
Acute Inpatient Hip Fracture		92	TBD
Knee Arthroscopy		111	TBD
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		0	\$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		131	TBD
Aortic Valve Replacement		0	\$0
Coronary Artery Disease- CABG		0	\$0
Coronary Artery Disease - PCI		0	\$0
Coronary Artery Disease - Catheterization		0	\$0
Acute Inpatient Stroke Hemorrhage		8	TBD
Acute Inpatient Stroke Ischemic or Unspecified		69	TBD
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		19	TBD
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		0	\$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		0	\$0

Hospital Sector Accountability Agreement 2016-2017

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital

2016-2017 Schedule A Funding Allocation

Section 2: HSRF - Quality-Based Procedures	Volume	[4] Allocation
Unilateral Cataract Day Surgery	507	TBD
Retinal Disease	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	45	TBD
Acute Inpatient Tonsillectomy	59	TBD
Acute Inpatient Chronic Obstructive Pulmonary Disease	193	TBD
Acute Inpatient Pneumonia	57	TBD
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	1,553	\$0

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
General Surgery	\$0	\$0
Pediatric Surgery	\$0	TBD
Hip & Knee Replacement - Revisions	\$0	\$0
Magnetic Resonance Imaging (MRI)	\$0	TBD
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$0	TBD
Computed Tomography (CT)	\$0	TBD
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

Hospital Sector Accountability Agreement 2016-2017

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital

2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	TBD
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		TBD	
Paymaster		TBD	
Sub-Total Other Non-HSFR Funding		\$0	\$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)		TBD	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$0	\$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

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital

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 #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital
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	4.8	<= 5.3
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	3.6	<= 4
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	TBD	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90.0%	>= 90%
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	0%

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

Hospital Sector Accountability Agreement 2016-2017

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital
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	0.45	>= 0.43
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	TBD	

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

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital

2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2016-2017	2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	32,600	>= 26,080 and <= 39,120
Complex Continuing Care	Weighted Patient Days	6,683	>= 5,681 and <= 7,685
Day Surgery	Weighted Cases	1,152	>= 1,037 and <= 1,267
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	1,570	>= 1,413 and <= 1,727
Emergency Department and Urgent Care	Visits	40,000	>= 38,400 and <= 41,600
Inpatient Mental Health	Patient Days	6,570	>= 5,913 and <= 7,227
Acute Rehabilitation Patient Days	Patient Days	3,470	>= 2,950 and <= 3,991
Total Inpatient Acute	Weighted Cases	6,479	>= 5,961 and <= 6,997

Hospital Sector Accountability Agreement 2016-2017

Facility #: 907
Hospital Name: Timmins and District Hospital
Hospital Legal Name: Timmins and District Hospital

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

90th Percentile Emergency Department (ED) length of stay for admitted patients	Hours	20.6
--	-------	------

Schedule C4: Post Construction Operating Plans

2016-2017

Health Service Provider: Timmins and District Hospital

