

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

Weeneebayko Area Health Authority (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

Weeneebayko Area Health Authority

Signed By:

Leo Loone, Chair, on March 29, 2016

I have authority to bind the HSP

And by:

Bernie Schmidt, President & Chief Executive Officer, on March 29, 2016

I have authority to bind the HSP

Hospital Sector Accountability Agreement 2016-2017

Facility #:	973
Hospital Name:	Weeneebayko Area Health Authority
Hospital Legal Name:	Weeneebayko Area Health Authority

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

LHIN One-time payments
MOH One-time payments
LHIN/MOH Recoveries
Other Revenue from MOHLTC
Paymaster
Sub-Total Other Non-HSFR Funding

[2] Base	[2] Incremental/One-Time
\$0	\$0
\$0	\$0
\$0	
TBD	
\$0	
\$0	\$0

Section 6: Other Funding

(Info. Only. Funding is already included in Sections 1-4 above)

Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)
Sub-Total Other Funding

[2] Base	[2] Incremental/One-Time
\$0	\$0
\$0	\$0
\$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

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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
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4. French Language Services Report

**Due Date
2016-2017**

Fiscal Year	30 April 2017
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Hospital Sector Accountability Agreement 2016-2017

Facility #:	973
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Hospital Legal Name:	Weeneebayko Area Health Authority
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 2016-2017	Performance Standard 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	2.67	>= 2.54
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 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services				
Ambulatory Care	Visits		18,000	>= 13,500 and <= 22,500
Complex Continuing Care	Weighted Patient Days		0	-
Day Surgery	Weighted Cases		0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days		0	-
Emergency Department	Weighted Cases		0	-
Emergency Department and Urgent Care	Visits		18,000	>= 17,100 and <= 18,900
Inpatient Mental Health	Patient Days		0	-
Acute Rehabilitation Patient Days	Patient Days		0	-
Total Inpatient Acute	Weighted Cases		10,000	>= 9,200 and <= 10,800

**Schedule C4: Post Construction Operating Plans
2016-2017**

Health Service Provider: Weeneebayko Area Health Authority

A large rectangular area with a double gray border, intended for the Post Construction Operating Plans. The inner border is a lighter shade of gray, while the outer border is a darker shade. The central area is white and empty, providing space for the user to input or draw the operating plans.