

## HSAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the “Agreement”) is made as of the 1<sup>st</sup> day of April, 2019

**BETWEEN :**

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK**

(the “LHIN”)

**AND**

**Espanola Regional Hospital and Health Centre**

(the “Hospital”)

**WHEREAS** the LHIN and the Hospital (together the “Parties”) entered into a hospital service accountability agreement that took effect April 1, 2018 (the “HSAA”);

**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 HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.

**2.0 Amendments.**

2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

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 HSAA will terminate on March 31, 2020.
- 3.0 **Effective Date**. The amendments set out in Article 2 shall take effect on April 1, 2019. All other terms of the HSAA 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.

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**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 EAST LOCAL HEALTH INTEGRATION NETWORK**

By:

Signed by J r my Stevenson, Chief Executive Officer on May 1, 2019

And by:

Signed By Kate Fyfe, Vice President, Performance and Accountability on March 29, 2019

**ESPANOLA REGIONAL HOSPITAL AND HEALTH CENTRE**

By:

Signed by David Pope, Board Chair on March 22, 2019

And by:

Signed by Nicole Haley, Chief Executive Officer on March 22, 2019

# Hospital Service Accountability Agreements

|                      |                           |
|----------------------|---------------------------|
| Facility #:          | 654                       |
| Hospital Name:       | Espanola General Hospital |
| Hospital Legal Name: | Espanola General Hospital |

## 2019-2020 Schedule A Funding Allocation

|   |  | 2019-2020                        |                                 |
|---|--|----------------------------------|---------------------------------|
|   |  | [1] Estimated Funding Allocation |                                 |
| <b>Section 1: FUNDING SUMMARY</b>                     |  |                                  |                                 |
| <b>LHIN FUNDING</b>                                   |  |                                  |                                 |
| LHIN Global Allocation (Includes Sec. 3)              |  | <b>[2] Base</b>                  |                                 |
| Health System Funding Reform: HBAM Funding            |  | <b>\$10,996,333</b>              |                                 |
| Health System Funding Reform: QBP Funding (Sec. 2)    |  | <b>\$0</b>                       |                                 |
| Post Construction Operating Plan (PCOP)               |  | <b>\$0</b>                       |                                 |
| Wait Time Strategy Services ("WTS") (Sec. 3)          |  | <b>\$335,796</b>                 | <b>[2] Incremental/One-Time</b> |
| Provincial Program Services ("PPS") (Sec. 4 )         |  | <b>\$0</b>                       | <b>\$0</b>                      |
| Other Non-HSFR Funding (Sec. 5)                       |  | <b>\$0</b>                       | <b>\$0</b>                      |
| <b>Sub-Total LHIN Funding</b>                         |  | <b>\$512,250</b>                 | <b>\$0</b>                      |
|   |  | <b>\$11,844,379</b>              | <b>\$0</b>                      |
| <b>NON-LHIN FUNDING</b>                               |  |                                  |                                 |
| [3] Cancer Care Ontario and the Ontario Renal Network |  | <b>\$0</b>                       |                                 |
| Recoveries and Misc. Revenue                          |  | <b>\$1,823,460</b>               |                                 |
| Amortization of Grants/Donations Equipment            |  | <b>\$79,824</b>                  |                                 |
| OHIP Revenue and Patient Revenue from Other Payors    |  | <b>\$3,147,480</b>               |                                 |
| Differential & Copayment Revenue                      |  | <b>\$718,992</b>                 |                                 |
| <b>Sub-Total Non-LHIN Funding</b>                     |  | <b>\$5,769,756</b>               |                                 |

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## 2019-2020 Schedule A Funding Allocation

|   | 2019-2020                        |                |
|---|----------------------------------|----------------|
|   | [1] Estimated Funding Allocation |                |
| <b>Section 2: HSNR - Quality-Based Procedures</b>                               | Volume                           | [4] Allocation |
| Acute Inpatient Stroke Hemorrhage   | 0                                | \$0            |
| Acute Inpatient Stroke Ischemic or Unspecified                                  | 0                                | \$0            |
| Acute Inpatient Stroke Transient Ischemic Attack (TIA)                          | 0                                | \$0            |
| Stroke Endovascular Treatment (EVT)   | 0                                | \$0            |
| Hip Replacement BUNDLE (Unilateral)   | 0                                | \$0            |
| Knee Replacement BUNDLE (Unilateral)  | 0                                | \$0            |
| Acute Inpatient Primary Unilateral Hip Replacement                              | 0                                | \$0            |
| Rehabilitation Inpatient Primary Unilateral Hip Replacement                     | 0                                | \$0            |
| Elective Hips - Outpatient Rehab for Primary Hip Replacement                    | 0                                | \$0            |
| Acute Inpatient Primary Unilateral Knee Replacement                             | 0                                | \$0            |
| Rehabilitation Inpatient Primary Unilateral Knee 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 Hip Fracture  | 0                                | \$0            |
| Knee Arthroscopy  | 0                                | \$0            |
| Acute Inpatient Congestive Heart Failure  | 0                                | \$0            |
| Acute Inpatient Chronic Obstructive Pulmonary Disease                           | 0                                | \$0            |
| Acute Inpatient Pneumonia   | 0                                | \$0            |
| Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway | 0                                | \$0            |
| Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease          | 0                                | \$0            |
| Acute Inpatient Tonsillectomy   | 0                                | \$0            |
| Unilateral Cataract Day Surgery   | 0                                | \$0            |
| Retinal Disease   | 0                                | \$0            |
| Non-Routine and Bilateral Cataract Day Surgery                                  | 0                                | \$0            |
| Corneal Transplants   | 0                                | \$0            |
| Non-Emergent Spine (Non-Instrumented - Day Surgery)                             | 0                                | \$0            |
| Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)                       | 0                                | \$0            |
| Non-Emergent Spine (Instrumented - Inpatient Surgery)                           | 0                                | \$0            |
| Shoulder (Arthroplasties)   | 0                                | \$0            |
| Shoulder (Reverse Arthroplasties)   | 0                                | \$0            |
| Shoulder (Repairs)  | 0                                | \$0            |
| Shoulder (Other)  | 0                                | \$0            |
| <b>Sub-Total Quality Based Procedure Funding</b>                                | <b>0</b>                         | <b>\$0</b>     |

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## 2019-2020 Schedule A Funding Allocation

|  |  | 2019-2020                        |                                 |
|--|--|----------------------------------|---------------------------------|
|  |  | [1] Estimated Funding Allocation |                                 |
| <b>Section 3: Wait Time Strategy Services ("WTS")</b>  |  | <b>[2] Base</b>                  | <b>[2] Incremental Base</b>     |
| 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                             |
| <b>Sub-Total Wait Time Strategy Services Funding</b>   |  | <b>\$0</b>                       | <b>\$0</b>                      |
| <b>Section 4: Provincial Priority Program Services ("PPS")</b>   |  | <b>[2] Base</b>                  | <b>[2] Incremental/One-Time</b> |
| Cardiac Surgery  |  | \$0                              | \$0                             |
| Other Cardiac Services   |  | \$0                              | \$0                             |
| Organ Transplantation  |  | \$0                              | \$0                             |
| Neurosciences  |  | \$0                              | \$0                             |
| Bariatric Services   |  | \$0                              | \$0                             |
| Regional Trauma  |  | \$0                              | \$0                             |
| <b>Sub-Total Provincial Priority Program Services Funding</b>  |  | <b>\$0</b>                       | <b>\$0</b>                      |
| <b>Section 5: Other Non-HSFR</b>   |  | <b>[2] Base</b>                  | <b>[2] Incremental/One-Time</b> |
| LHIN One-time payments   |  | \$37,734                         | \$0                             |
| MOH One-time payments  |  | \$160,956                        | \$0                             |
| LHIN/MOH Recoveries  |  | \$0                              |                                 |
| Other Revenue from MOHLTC  |  | \$160,956                        |                                 |
| Paymaster  |  | \$152,604                        |                                 |
| <b>Sub-Total Other Non-HSFR Funding</b>  |  | <b>\$512,250</b>                 | <b>\$0</b>                      |
| <b>Section 6: Other Funding</b>  |  | <b>[2] Base</b>                  | <b>[2] Incremental/One-Time</b> |
| <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>   |  |                                  |                                 |
| Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)  |  | \$4,650                          | \$0                             |
| [3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)   |  | \$0                              | \$0                             |
| <b>Sub-Total Other Funding</b>   |  | <b>\$4,650</b>                   | <b>\$0</b>                      |
| [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. |  |                                  |                                 |

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## 2019-2020 Schedule B: Reporting Requirements

### 1. MIS Trial Balance

|                                |                 |
|--------------------------------|-----------------|
| Q2 – April 01 to September 30  | 31 October 2019 |
| Q3 – October 01 to December 31 | 31 January 2020 |
| Q4 – January 01 to March 31    | 31 May 2020     |

### 2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

|                                |                  |
|--------------------------------|------------------|
| Q2 – April 01 to September 30  | 07 November 2019 |
| Q3 – October 01 to December 31 | 07 February 2020 |
| Q4 – January 01 to March 31    | 7 June 2020      |
| Year End                       | 30 June 2020     |

### 3. Audited Financial Statements

|             |              |
|-------------|--------------|
| Fiscal Year | 30 June 2020 |
|-------------|--------------|

### 4. French Language Services Report

|             |               |
|-------------|---------------|
| Fiscal Year | 30 April 2020 |
|-------------|---------------|

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| Site Name:           | TOTAL ENTITY              |

## 2019-2020 Schedule C1 Performance Indicators

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

| *Performance Indicators   | Measurement Unit | Performance Target |                                |
|---|------------------|--------------------|--------------------------------|
|   |                  | 2019-2020          | Performance Standard 2019-2020 |
| 90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients | Hours            | 8.0                | <= 8.8                         |
| 90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) 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%              | <= 17.1%                       |
| Rate of Hospital Acquired Clostridium Difficile Infections  | Rate             | 0.00               | <=0                            |

| Explanatory Indicators  | Measurement Unit |
|---|------------------|
| 90th Percentile Time to Disposition Decision (Admitted Patients)                                  | Hours            |
| Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay              | Percent          |
| Hospital Standardized Mortality Ratio (HSMR)  | 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              |

## 2019-2020 Schedule C1 Performance Indicators

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

| *Performance Indicators  | Measurement Unit | Performance Target | Performance Standard |
|--|------------------|--------------------|----------------------|
|  |                  | 2019-2020          | 2019-2020            |
| Current Ratio (Consolidated - All Sector Codes and fund types) | Ratio            | 2.00               | >= 1.8               |
| 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 | Performance Standard |
|---|------------------|--------------------|----------------------|
|   |                  | 2019-2020          | 2019-2020            |
| 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   | Percentage       |                    |                      |
| Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions | 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 2019-2020 H-SAA Indicator Technical Specification for further details.

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## 2019-2020 Schedule C2 Service Volumes

|   | Measurement Unit      | Performance Target | Performance Standard    |
|---|-----------------------|--------------------|-------------------------|
|   |                       | 2019-2020          | 2019-2020               |
| <b>Clinical Activity and Patient Services</b> |                       |                    |                         |
| Ambulatory Care                               | Visits                | 2,700              | >= 2,025 and <= 3,375   |
| Complex Continuing Care                       | Weighted Patient Days | 0                  | -                       |
| Day Surgery                                   | Weighted Cases        | 0                  | -                       |
| Elderly Capital Assistance Program (ELDCAP)   | Patient Days          | 10,900             | >= 10,682 and <= 11,118 |
| Emergency Department                          | Weighted Cases        | 0                  | -                       |
| Emergency Department and Urgent Care          | Visits                | 13,850             | >= 10,388 and <= 17,313 |
| Inpatient Mental Health                       | Patient Days          | 0                  | -                       |
| Inpatient Rehabilitation Days                 | Patient Days          | 0                  | -                       |
| Total Inpatient Acute                         | Weighted Cases        | 650                | >= 553 and <= 748       |

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### 2019-2020 Schedule C3: LHIN Local Indicators and Obligations

#### Senior Friendly

- a) All hospitals commit to adopting the sfCare framework principles and defining statements by including sfCare commitments in their organization's strategic plan, operating plan, and/or corporate goals and objectives.
- b) All hospitals will continue to make improvements based on one or more of the following:
- 2015 Senior Friendly Hospital environmental scan survey results
  - LHIN sfCare/Senior Friendly Hospital Working Group goals and indicators
  - Senior Friendly Hospital Improvement Plan Priorities (can be included in Quality Improvement Plan)
- c) All hospitals will participate in the planning and implementation of the sfCare framework as part of the NE LHIN Senior Friendly Hospital Working Group.