

HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the “Agreement”) is made as of the 1st day of April, 2019

BETWEEN :

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

(the “LHIN”)

AND

North Bay Regional 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 April 19, 2019

NORTH BAY REGIONAL HEALTH CENTRE

By:

Signed by Gary Jodouin, Board Chair on April 18, 2019

And by:

Signed by Paul Heinrich, President & Chief Executive Officer on April 18, 2019

Hospital Service Accountability Agreements

Facility #:	974
Hospital Name:	North Bay Regional Health Centre
Hospital Legal Name:	North Bay Regional Health Centre

2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$118,953,852	
Health System Funding Reform: QBP Funding (Sec. 2)		\$51,304,870	
Post Construction Operating Plan (PCOP)		\$14,988,185	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$942,038
Other Non-HSFR Funding (Sec. 5)		\$0	\$464,550
Sub-Total LHIN Funding		\$4,218,481	\$3,951,013
		\$189,465,388	\$5,357,601
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$8,476,912	
Recoveries and Misc. Revenue		\$5,771,674	
Amortization of Grants/Donations Equipment		\$977,960	
OHIP Revenue and Patient Revenue from Other Payors		\$11,672,271	
Differential & Copayment Revenue		\$2,408,242	
Sub-Total Non-LHIN Funding		\$29,307,059	

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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 2: HSNR - Quality-Based Procedures		Volume	[4] Allocation
Acute Inpatient Stroke Hemorrhage		12	\$112,385
Acute Inpatient Stroke Ischemic or Unspecified		92	\$786,190
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		72	\$262,147
Stroke Endovascular Treatment (EVT)		0	\$0
Hip Replacement BUNDLE (Unilateral)		0	\$0
Knee Replacement BUNDLE (Unilateral)		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		137	\$1,119,958
Rehabilitation Inpatient Primary Unilateral Hip Replacement		4	\$25,233
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		487	\$3,544,519
Rehabilitation Inpatient Primary Unilateral Knee Replacement		3	\$17,436
Elective Knees - Outpatient Rehab for Primary Knee Replacement		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		2	\$23,633
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Hip Fracture		122	\$1,692,925
Knee Arthroscopy		306	\$460,062
Acute Inpatient Congestive Heart Failure		208	\$1,792,256
Acute Inpatient Chronic Obstructive Pulmonary Disease		337	\$2,682,700
Acute Inpatient Pneumonia		158	\$1,112,816
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		149	\$166,026
Unilateral Cataract Day Surgery		1,823	\$814,792
Retinal Disease		0	\$0
Non-Routine and Bilateral Cataract Day Surgery		6	\$4,803
Corneal Transplants		1	\$1,136
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)		133	\$359,287
Shoulder (Other)		4	\$9,881
Sub-Total Quality Based Procedure Funding		4,056	\$14,988,185

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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incremental Base
General Surgery		\$0	\$68,080
Pediatric Surgery		\$0	\$19,630
Hip & Knee Replacement - Revisions		\$0	\$158,328
Magnetic Resonance Imaging (MRI)		\$0	\$546,000
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$0
Computed Tomography (CT)		\$0	\$150,000
Sub-Total Wait Time Strategy Services Funding		\$0	\$942,038
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$0	\$464,550
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Sub-Total Provincial Priority Program Services Funding		\$0	\$464,550
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	\$1,619,707
MOH One-time payments		\$0	\$2,331,306
LHIN/MOH Recoveries		\$4	
Other Revenue from MOHLTC		\$3,969,027	
Paymaster		\$249,450	
Sub-Total Other Non-HSFR Funding		\$4,218,481	\$3,951,013
Section 6: Other Funding		[2] Base	[2] Incremental/One-Time
<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)		\$0	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$0	\$0
[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
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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	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	90.0%	>= 90%
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%	<= 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	0.80	>= 0.72
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
Clinical Activity and Patient Services			
Ambulatory Care	Visits	114,300	>= 97,155 and <= 131,445
Complex Continuing Care	Weighted Patient Days	16,600	>= 14,110 and <= 19,090
Day Surgery	Weighted Cases	2,400	>= 2,160 and <= 2,640
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	2,600	>= 2,340 and <= 2,860
Emergency Department and Urgent Care	Visits	57,500	>= 46,000 and <= 69,000
Inpatient Mental Health	Patient Days	53,327	>= 50,127 and <= 56,527
Inpatient Rehabilitation Days	Patient Days	10,083	>= 9,075 and <= 11,092
Total Inpatient Acute	Weighted Cases	11,860	>= 11,148 and <= 12,572

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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.

The Hospital commits to working with the NE LHIN Patient Flow Lead on implementing the following ALC Avoidance leading practices/strategies:

- Executive buy in – implementing all strategies in the ALC Framework related to executive leadership expectations.
- Screening for clients who are high risk to become ALC based on known predictors. Case managing those clients in an upstream and proactive way.
- Aligning the ALC rounds format at HSN with the leading practices in the ALC Avoidance Framework.
- Setting out clear communication with patient/family/SDM's. Articulating and supporting the messaging that if ongoing care is needed it will look different, but will continue in a less acute setting.
- Escalation processes when patients or families will not comply with hospital guidelines and expectations.