

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the “Agreement”) is made as of the 1st day of April, 2017

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, 2017;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further twelve 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.

2.0 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 March 31, 2018.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. 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.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

By:

Rick Cooper, Interim Chair

Date

And by:

Louise Paquette, Chief Executive Officer

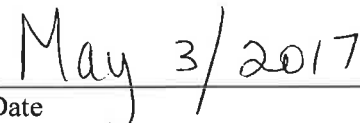
Date

Timmins and District Hospital

By:



Maggie Mateau, Chair

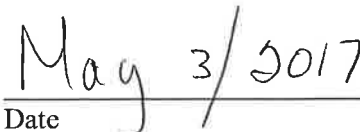


Date

And by:



Blaise MacNeil
President and Chief Executive Officer



Date

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule A Funding Allocation

		2017-2018	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING		[2] Base	
LHIN Global Allocation (Includes Sec. 3)		\$37,106,890	
Health System Funding Reform: HBAM Funding		\$21,386,002	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$0	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$0
Other Non-HSFR Funding (Sec. 5)		\$6,319,270	\$0
Sub-Total LHIN Funding		\$64,812,162	\$0
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$5,067,304	
Recoveries and Misc. Revenue		\$7,357,680	
Amortization of Grants/Donations Equipment		\$1,678,640	
OHIP Revenue and Patient Revenue from Other Payors		\$8,757,500	
Differential & Copayment Revenue		\$1,691,000	
Sub-Total Non-LHIN Funding		\$24,552,124	
Total 16/17 Estimated Funding Allocation (All Sources)		\$89,364,286	\$0
Section 2: HSFR - Quality-Based Procedures		Volume [4] Allocation	
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		24	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement		2	\$0
Acute Inpatient Primary Unilateral Knee Replacement		103	\$0
Acute Inpatient Hip Fracture		92	\$0
Knee Arthroscopy		111	\$0
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		139	\$0
Acute Inpatient Stroke Hemorrhage		12	\$0
Acute Inpatient Stroke Ischemic or Unspecified		73	\$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		31	\$0
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		0	\$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		0	\$0
Unilateral Cataract Day Surgery		507	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		45	\$0
Acute Inpatient Tonsillectomy		59	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease		193	\$0
Acute Inpatient Pneumonia		57	\$0
Non-Routine and Bilateral Cataract Day Surgery		31	\$0
Sub-Total Quality Based Procedure Funding		1,479	\$0

Hospital Service Accountability Agreements 2017-2018

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

2017-2018 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")		[2] Base	
General Surgery		\$0	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$0	
Magnetic Resonance Imaging (MRI)		\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Sub-Total Wait Time Strategy Services Funding		\$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
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		\$700,000	
Other Revenue from MOHLTC		\$5,404,315	
Paymaster		\$214,955	
Sub-Total Other Non-HSFR Funding		\$6,319,270	\$0
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
* 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 Service Accountability Agreements 2017-2018

Facility #:

Hospital Name:

Hospital Legal Name:

2017-2018 Schedule B: Reporting Requirements

	Due Date 2017-2018
1. MIS Trial Balance	
Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 – January 01 to March 31	31 May 2018
2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary	
Q2 – April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 – January 01 to March 31	7 June 2018
Year End	30 June 2018
3. Audited Financial Statements	
Fiscal Year	30 June 2018
4. French Language Services Report	
Fiscal Year	30 April 2018

Hospital Service Accountability Agreements 2017-2018

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital
Site Name:	TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2017-2018	2017-2018
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	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%	<= 0.171
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 (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

Hospital Service Accountability Agreements 2017-2018

Facility #:	907
Hospital Name:	Timmins and District Hospital
Hospital Legal Name:	Timmins and District Hospital
Site Name:	TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE			
*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.27	>= 0.25
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 2017-2018	Performance Standard 2017-2018
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 2017-2018 H-SAA Indicator Technical Specification for further details.	