

## 2008-14 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of July, 2014

B E T W E E N:

NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

COLLINGWOOD GENERAL AND MARINE 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 June 30, 2014;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the H-SAA for a further nine month period to permit the LHIN and the Hospital to continue to work toward a multi-year H-SAA;

**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:

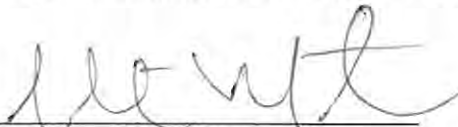
- Schedule A: Funding Allocation
- Schedule B: Reporting
- Schedule C: Indicators and Volumes
  - C.1. Performance Indicators
  - C.2. Service Volumes
  - C.3. LHIN Indicators and Volumes


2.3 Term. This Agreement and the H-SAA will terminate on March 31, 2015.

- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2014. 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.

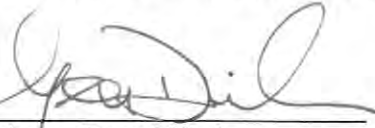
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.


**NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK**

By:  March 31 2015  
 Robert Morton, Board Chair Date

And by:  March 31, 2015  
 Jill Tettmann, Chief Executive Officer Date

**COLLINGWOOD GENERAL AND MARINE HOSPITAL**

By:  MARCH 26 2015  
 George Dickson, Board Chair Date

And by:  Mar 26/15  
 Guy Chartrand, President and Chief Executive Officer Date

# Hospital Sector 2014-2015

Facility #:	640
Hospital Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL
Hospital Legal Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL

## 2014-2015 Schedule A: Funding Allocation

Intended Purpose or Use of Funding	2014-2015 Target	
	Estimated <sup>1</sup> Funding Allocation	
<b><sup>1</sup> FUNDING SUMMARY</b>		
Other LHIN Allocations- Global Funding	<b>Base<sup>2</sup></b>	
Health System Funding Reform (HSFR) HBAM Funding (Includes Mitigation)	\$18,642,142	
Health System Funding Reform (HSFR) QBP Funding (Section 1 below)	\$11,284,000	
Wait Time Strategy Services ("WTS") (Section 2 below)	\$1,186,432	Allocation <sup>2</sup> /One-Time <sup>2</sup>
Provincial Program Services ("PPS") (Section 3 below)	\$0	\$0
Other Non-HSFR LHIN Funding (Section 4 below)	\$0	\$0
Post Construction Operating Plan (PCOP)	\$1,535,625	\$66,700
	\$0	
<b>Total 14/15 Estimated Funding Allocation</b>	<b>\$32,648,199</b>	<b>\$66,700</b>
<b><sup>4</sup> Section 1: Health System Funding Reform - Quality-Based Procedures</b>	<b>Rate</b>	<b>Allocation<sup>4</sup></b>
Cancer- Surgery	\$0	\$0
Cancer- Colposcopy	\$0	\$0
Cardiac- Aortic Valve Replacement	\$0	\$0
Cardiac- Coronary Artery Disease	\$0	\$0
Cataracts- Bilateral	\$0	\$0
Cataracts- Unilateral	\$547	\$0
Chemotherapy Systemic Treatment	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Endoscopy	\$0	\$0
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	\$5,582	\$0
Hip Replacement- Unilateral Primary	\$9,048	\$488,592
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	\$4,621	\$0
Knee Replacement- Unilateral Primary	\$7,930	\$697,840
Non-Cardiac Vascular- Aortic Aneurysm (AA)	\$0	\$0
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	\$0	\$0
Orthopaedics- Hip Fracture	TBD	\$0
Orthopaedics- Knee Arthroscopy	TBD	\$0
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	TBD	\$0
Paediatric- Tonsillectomy	TBD	\$0
Respiratory- Pneumonia	TBD	\$0
Stroke- Transient Ischemic Attack (TIA)	\$0	\$0
Stroke- Hemorrhage	\$0	\$0
Stroke- Ischemic or Unspecified	\$0	\$0
Vision Care- Retinal Disease	TBD	\$0

# Hospital Sector 2014-2017

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Hospital Legal Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL

## 2014-2015 Schedule A: Funding Allocation

### Section 2: Wait Time Strategy Services ("WTS")

General Surgery
Pediatric Surgery
Hip & Knee Replacement - Revisions
Magnetic Resonance Imaging (MRI)
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)
Computed Tomography (CT)
Other WTS Funding

Base <sup>2</sup>	One-Time <sup>2</sup>
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

### Section 3: Provincial Program Services ("PPS")

Cardiac Surgery
Other Cardiac Services
Organ Transplantation
Neurosciences
Bariatric Services
Regional Trauma

Base <sup>2</sup>	One-Time <sup>2</sup>
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

### Section 4: Other Non-HSFR Funding

LHIN One-time payments
MOH One-time payments
LHIN/MOH Recoveries
Other Revenue from MOHLTC
Paymaster
Other Funding adjustment 1 ( )
Other Funding adjustment 2 ( )
Other Funding adjustment 3 ( )
Other Funding adjustment 4 ( )

Base <sup>2</sup>	One-Time <sup>2</sup>
	\$66,700
	\$0
\$0	
\$0	
\$1,535,625	
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

### Other Funding (Not included in the Summary above)

Grant in Lieu of Taxes
Cancer Care Ontario <sup>3</sup>
Ontario Renal Funding <sup>3</sup>
Funding adjustment 1 ( )
Funding adjustment 2 ( )
Funding adjustment 3 ( )

Base <sup>2</sup>	One-Time <sup>2</sup>
\$0	\$6,150
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

\* Targets for Years 2 and 3 of the agreement will be determined during the annual refresh process.

<sup>[1]</sup> Estimated funding allocations are subject to appropriation and written confirmation by the LHIN.

<sup>[2]</sup> Funding allocations are subject to change year over year.

<sup>[3]</sup> Funding provided by Cancer Care Ontario, not the LHIN.

<sup>[4]</sup> 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. The Quality Based Procedures allocations above includes Mitigation funding for 2014-2015.

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## 2014-2015 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 – Apr 01 to Sept 30	31-Oct-2014	31-Oct-2015	31-Oct-2016
Q3 – Oct 01- to Dec 31	31-Jan-2015	31-Jan-2016	31-Jan-2017
Q4 – Jan 01 to March 31	31-May-2015	31-May-2016	31-May-2017

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 – Apr 01 to Sept 30	07-Nov-2014	07-Nov-2015	07-Nov-2016
Q3 – Oct 01- to Dec 31	07-Feb-2015	07-Feb-2016	07-Feb-2017
Q4 – Jan 01 to March 31	30-Jun-2015	30-Jun-2016	30-Jun-2017
Year End 2014-2015	30-Jun-2015	30-Jun-2016	30-Jun-2017

3. Audited Financial Statements	Due Date
Fiscal Year	
2014-15	30-Jun-2015
2015-16	30-Jun-2016
2016-17	30-Jun-2017

4. French Language Services Report	Due Date
Fiscal Year	
2014-15	30-Apr-2015
2015-16	30-Apr-2016
2016-17	30-Apr-2017

# Hospital Sector 2014-2015

Facility #:	640
Hospital Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL
Hospital Legal Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL
Site Name:	TOTAL ENTITY

## 2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	29.8	<= 32.8
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	6.1	<= 6.3
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	3.7	<= 4.1
Cancer Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	90.0%	>= 90
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	90.0%	>= 90
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	90.0%	>= 90
Rate of Ventilator-Associated Pneumonia	Rate	0.00	
Central Line Infection Rate	Rate	0.00	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.20	0.22
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	

Explanatory Indicators	Measurement Unit
30-Day Readmission Of Patients With Stroke Or Transient Ischemic Attack (TIA) To Acute Care For All Diagnoses.	Percentage
Percent Of Stroke Patients Discharged To Inpatient Rehabilitation Following An Acute Stroke Hospitalization.	Percentage
Percent Of Stroke Patients Admitted To A Stroke Unit During Their Inpatient Stay.	Percentage
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage

### Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Current Ratio (Consolidated – all sector codes and fund types)	Ratio	0.36	0.34
Total Margin (Consolidated – all sector codes and fund types)	Percentage	-2.36%	-2.36%

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds	Amount
Adjusted Working Funds / Total Revenue %	Percentage

# Hospital Sector 2014-2017

Facility #:	640
Hospital Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL
Hospital Legal Name:	COLLINGWOOD GENERAL AND MARINE HOSPITAL
Site Name:	TOTAL ENTITY

## 2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth				
Performance Indicators		Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)		Percentage	TBD	TBD
Explanatory Indicators		Measurement Unit		
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 2014-2015				
<p>* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process</p> <p>**Refer to 2014-17 H-SAA Indicator Technical Specification for further details.</p>				

# Hospital Sector 2014-2015

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## 2014-2015 Schedule C2: Service Volumes

### Part I - Global Volumes

	Measurement Unit	2014-2015 Performance Target	2014-2015 Performance Standard
Ambulatory Care	Visits	22,500	>= 16,875.
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Visits	700	>= 595. and <= 805.
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	0	-
Emergency Department	Weighted Cases	0	-
Inpatient Mental Health	Weighted Patient Days	0	-
Total Inpatient Acute	Weighted Cases	4,640	>= 4176. and <= 5104.

### Part II - Hospital Specialized Services

	Measurement Unit	2014-2015 Primary	2014-2015 Revision
Cochlear Implants	Cases	0	0

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	0	



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## 2014-2015 Schedule C2: Service Volumes

### Part III - Wait Time Volumes

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
General Surgery	Cases	151	33
Paediatric Surgery	Cases	0	0
Hip & Knee Replacement - Revisions	Cases	0	0
Magnetic Resonance Imaging (MRI)	Total Hours	0	0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	0	0

### Part IV - Provincial Programs

	Measurement Unit	2014-2015 Base	2014-2015 Incremental	
Cardiac Surgery	Cases	0	0	
Cardiac Services - Catheterization	Cases	0	2014-2015 Revision	
Cardiac Services- Interventional Cardiology	Cases	0		
Cardiac Services- Permanent Pacemakers	Procedures	0		
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	# of New Implants	0		
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0		
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0		
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0		
Organ Transplantation	Cases	0		
Neurosciences	Procedures	0		0
Regional Trauma	Cases	0		
Number of Forensic Beds- General	Beds	0		
Number of Forensic Beds- Secure	Beds	0		
Number of Forensic Beds- Assessment	Beds	0		
Bariatric Surgery	Procedures	0		
Medical and Behavioural Treatment	Cases	0		

# Hospital Sector 2014-2017

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## 2014-2015 Schedule C2: Service Volumes

### Part V - Quality Based Procedures

	Measurement Unit	2014-2015 Volume
Cancer- Surgery	Volume	0
Cancer- Colposcopy	Volume	0
Cardiac- Aortic Valve Replacement	Volume	0
Cardiac- Coronary Artery Disease	Volume	0
Cataracts- Bilateral	Volume	0
Cataracts- Unilateral	Volume	0
Chemotherapy Systemic Treatment	Volume	0
Chronic Obstructive Pulmonary Disease	Volume	155
Congestive Heart Failure	Volume	111
Endoscopy	Volume	0
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	0
Hip Replacement- Unilateral Primary	Volume	54
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	0
Knee Replacement- Unilateral Primary	Volume	88
Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volume	0
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volume	0
Orthopaedics- Hip Fracture	Volume	0
Orthopaedics- Knee Arthroscopy	Volume	0
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	Volume	0
Paediatric- Tonsillectomy	Volume	0
Respiratory- Pneumonia	Volume	0
Stroke- Transient Ischemic Attack (TIA)	Volume	29
Stroke- Hemorrhage	Volume	8
Stroke- Ischemic or Unspecified	Volume	47
Vision Care- Retinal Disease	Volume	0

# Hospital Sector 2014-2015

Facility #:	640
Hospital Name:	COLLINGWOOD GENERAL AND MARINE HO
Hospital Legal Name:	COLLINGWOOD GENERAL AND MARINE HO

## 2014-2015 Schedule C3: Local Indicators and Obligations

### LOCAL EXPECTATIONS

#### **Care Connections Participation**

Health Service Providers are required to collaborate with system partners to support the development of an integrated system of health services that provides person-centred, timely, equitable access, high quality, evidence-based services in an efficient, effective and sustainable manner. (referred to as "Care Connections - Partnering for Healthy Communities")

The Hospital understands that as a partner in the local health system, it has an ongoing obligation to participate in the work and initiatives of all Councils and Project Steering Committees, to the extent that it is able without impacting its capacity to meet its other obligations under this agreement. Such initiatives include, but are not limited to:

- o Identification of Council project leads and/or project champions
- o Participation in regional/provincial planning and implementation groups
- o Participation in regional/provincial planning and implementation groups

As a lead organization accountable for the achievement of agreed upon deliverables associated with the SURGERY COORDINATING COUNCIL as part of the Care Connections vision, the Hospital will ensure that:

- o The CEO (or a LHIN-approved Senior Executive delegate) is assigned to act as Chair of the Coordinating Council for the above initiative.
- o Participate and collaborate as a member of an oversight council ("referred to as the "Leadership Council") to implement such recommendations as are agreed to by the Leadership Council and NSM LHIN Board of Directors.

### LOCAL OBLIGATIONS

#### **Risk Management**

HSP Boards will ensure that:

- o The health service provider has an organization-specific policy in place related to the management of risk;
- o Significant and major risks are identified and reported promptly to the LHIN in the manner outlined in the "NSM LHIN Risk Management Reporting Guidelines and Manual";
- o Identify and implement mitigating actions, where necessary, and provide status updates to the LHIN where risks remain unmitigated.

#### **Client Experience**

Health Service Providers will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of:

- o Total Number of Clients/Family Members surveyed for Client Satisfaction
- o Total Number of Clients/Family Members indicating that Overall Care Provided was positive.

#### **HQO-associated reporting to the LHIN**

Pursuant to the Excellent Care For All Act, 2010, the Health Service Provider will prepare a Quality Improvement Plan (QIP) for submission to Health Quality Ontario (HQO) in a form prescribed by HQO on timelines established by that agency. In addition to meeting this statutory obligation, the Health Service Provider agrees to submit to the LHIN, at least 30 days prior to its submission to HQO:

- o • a draft version of the Quality Improvement Plan
- o • a draft version of its annual report on the achievement of its Quality Improvement targets

#### **French Language Services**

If the Health Service Provider is required to provide services to the public in French under the provisions of the French Language Services Act, it will be required to submit a French language implementation report to the LHIN.

As such, the hospital identified by the LHIN to provide service in both Official Languages in a designated area under the French Language Services Act must implement a plan to do so in order to work towards the designation under the Act, and agree to:

- (i) Continue the implementation of French Language Services Planning and Implementation with the eventual completion of a FLS Designation plan
- (ii) Actively participate in activities designed to support the implementation of their FLS plan, including working with the LHIN to complete the French Language Services Planning and Implementation plan.
- (iii) Strike a FLS working group to facilitate the implementation of their FLS plan
- (iv) Report to the LHIN on their progress with respect to their FLS plan annually in SRI (2014/15 reporting template format).

Even if the Health Service Provider is not required to provide services to the public in French under the provisions of the French Language Service Act, the Health Service Provider will be required to provide a report to the LHIN that outlines how it addresses the needs of its local Francophone community.