H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2016

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 September 30, 2016;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA 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, 2017.

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.

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

NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK

By: _____ October 6 2016

Robert Morton, Board Chair — Date

And by:

_____ October 6 2016

Jill Tettmann, Chief Executive Officer — Date

COLLINGWOOD GENERAL AND MARINE HOSPITAL

By: _____ September 29, 2016

Thom Paterson, Board Chair — Date

And by:

_____ September 29, 2016

Guy Chartrand
President and Chief Executive Officer — Date

Hospital Sector Accountability Agreement 2016-2017

Facility #:	640
Hospital Name:	Collingwood General and Marine Hospital
Hospital Legal Name:	Collingwood General and Marine Hospital

2016-2017 Schedule A Funding Allocation

Section 1: FUNDING SUMMARY	2016-2017 [1] Estimated Funding Allocation	
LHIN FUNDING	**[2] Base**	**[2] Incremental/One-Time**
LHIN Global Allocation	**$16,266,573**	
Health System Funding Reform: HBAM Funding	**$12,466,718**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$6,027,093**	
Post Construction Operating Plan (PCOP)	**$0**	
Wait Time Strategy Services ("WTS") (Sec. 3)	**$773,023**	**$0**
Provincial Program Services ("PPS") (Sec. 4)	**$0**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$1,932,200**	**$810,500**
Sub-Total LHIN Funding	**$37,465,607**	**$810,500**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$1,030,227**	
Recoveries and Misc. Revenue	**$1,528,950**	
Amortization of Grants/Donations Equipment	**$1,798,000**	
OHIP Revenue and Patient Revenue from Other Payors	**$8,881,250**	
Differential & Copayment Revenue	**$375,000**	
Sub-Total Non-LHIN Funding	**$13,613,427**	
Total 16/17 Estimated Funding Allocation (All Sources)	**$51,079,034**	**$810,500**

Hospital Sector Accountability Agreement 2016-2017

Facility #:	640
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2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	0	$0
Acute Inpatient Primary Unilateral Hip Replacement	64	$607,525
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	0	$0
Acute Inpatient Primary Unilateral Knee Replacement	104	$805,847
Acute Inpatient Hip Fracture	77	$955,401
Knee Arthroscopy	205	$314,348
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)	5	$71,536
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	$0
Acute Inpatient Congestive Heart Failure	142	$1,023,280
Aortic Valve Replacement	0	$0
Coronary Artery Disease- CABG	0	$0
Coronary Artery Disease - PCI	0	$0
Coronary Artery Disease - Catheterization	0	$0
Acute Inpatient Stroke Hemorrhage	4	$46,277
Acute Inpatient Stroke Ischemic or Unspecified	46	$462,842
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	26	$97,301
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0	$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0	$0

Hospital Sector Accountability Agreement 2016-2017

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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)	4	$6,195
Acute Inpatient Tonsillectomy	4	$4,323
Acute Inpatient Chronic Obstructive Pulmonary Disease	172	$1,210,635
Acute Inpatient Pneumonia	71	$421,583
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	**924**	**$6,027,093**

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
General Surgery	$255,431	$0
Pediatric Surgery	$0	$0
Hip & Knee Replacement - Revisions	$17,592	$0
Magnetic Resonance Imaging (MRI)	$0	$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	$0	$0
Computed Tomography (CT)	$500,000	$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	$773,023	$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

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	$0	$761,500
MOH One-time payments	$0	$49,000
LHIN/MOH Recoveries	$0	
Other Revenue from MOHLTC	$0	
Paymaster	$1,932,200	
Sub-Total Other Non-HSFR Funding	**$1,932,200**	**$810,500**

Section 6: Other Funding *(Info. Only. Funding is already included in Sections 1-4 above)*	[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	$0	$6,150
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	$0	$0
Sub-Total Other Funding	**$0**	**$6,150**

* 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

Facility #:	640
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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 Quartery 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

4. French Language Services Report	Due Date 2016-2017
Fiscal Year	30 April 2017

Hospital Sector Accountability Agreement 2016-2017

Facility #:	**640**
Hospital Name:	**Collingwood General and Marine Hospital**
Hospital Legal Name:	**Collingwood General and Marine Hospital**
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	**7.0**	**<= 7.7**
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	**3.4**	**<= 3.7**
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	**N/A**	
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	**TBD**	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	**0.3**	**<= 0.3**

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

Hospital Sector Accountability Agreement 2016-2017

Facility #:	**640**
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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	**0.22**	**>= 0.21**
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	**(5.11%)**	**>=(5.11%)**

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	**20.0%**	**<= 22%**

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	**25,250**	**>= 18,938 and <= 31,563**
Complex Continuing Care	Weighted Patient Days	**0**	**-**
Day Surgery	Weighted Cases	**850**	**>= 723 and <= 978**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**1,669**	**>= 1,502 and <= 1,836**
Emergency Department and Urgent Care	Visits	**34,272**	**>= 32,901 and <= 35,643**
Inpatient Mental Health	Patient Days	**0**	**-**
Acute Rehabilitation Patient Days	Patient Days	**0**	**-**
Total Inpatient Acute	Weighted Cases	**4,640**	**>= 4,176 and <= 5,104**

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule C3: LHIN Local Indicators and Obligations

1. System Collaboration on Health Systems Planning and Design

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

To ensure optimal alignment across the region, the Health Service Provider agrees that the development and submission of organizational plans and proposals to the LHIN will incorporate, where applicable, the following considerations:

- the needs of patients, clients and/or residents
- NSM LHIN System priorities (as outlined in the NSM LHIN Integrated Health Services Plan (IHSP), NSM LHIN Annual Business Plans, and NSM LHIN Annual CEO deliverables as posted on the NSM LHIN website)
- Feedback from LHIN Leadership Council and relevant Coordinating Councils

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to participate in the work and initiatives of all Coordinating 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:

- Participation and collaboration of a LHIN-approved senior executive as a member of the oversight council ("referred to as the "Leadership Council"), a Coordinating Council and/or a Project Steering Committee to implement such recommendations as are agreed to by the Leadership Council and NSM LHIN Board of Directors
- Identification of Coordinating Council project leads and/or project champions
- Participation in regional/provincial planning and implementation groups
- Specific obligations as may be specified as a condition of participation in Council initiatives (outlined in the Project Charter for the initiative)

2. Risk Management Reporting to the LHIN

HSP Boards will ensure that:

- The health service provider has an organization-specific policy related to the management of risks;
- 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" (available on the NSM LHIN website);
- All significant and major risks are assigned action plans to mitigate likelihood and/or impact, and that status updates for unmitigated risks are provided to the LHIN periodically until the risk is no longer significant.

3. HQO-associated reporting to the LHIN

In accordance with 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 provide the LHIN with a draft copy of the QIP, upon request and in advance of its submission to HQO and posting to its website.
- To provide a copy of the organization's progress against the previous fiscal year's QIP priorities and targets (where applicable) in advance of its submission to HQO

In those few instances where a QIP may be egregiously out of alignment with LHIN direction, the LHIN would provide feedback to the organization as appropriate.

4. Satisfaction Survey Results Reporting to the LHIN

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

- Total Number of Patients/Clients/Family Members surveyed for Client Satisfaction
- Total Number of Patients/Clients/Family Members responding positively in response to one of the following questions*:

"If you needed to be treated again, would you choose to come back to this organization/facility?";
"Would you recommend this organization/facility to your friends and family?"; or
"Overall, how would you rate the care and services you received at this organization/facility?"

* actual wording and definitions of "positive" may vary slightly based on survey design.