

HSAA AMENDING AGREEMENT

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

BETWEEN:

(the “LHIN”)

AND

(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.

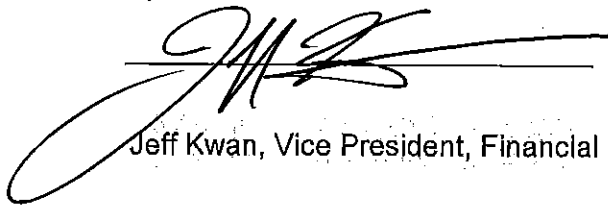
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6.0 Entire Agreement. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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

NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK


By:



Jeff Kwan, Vice President, Financial Health & Accountability

June 18, 2019
DATE

And by:

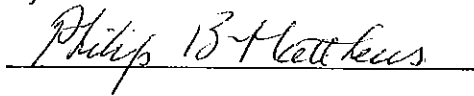


Jill Tettmann, Chief Executive Officer

June 15, 2019
DATE

MUSKOKA ALGONQUIN HEALTHCARE

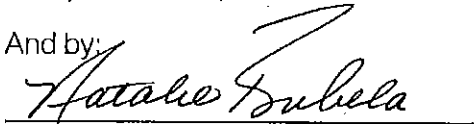
By:



Philip Matthews, Board Chair

June 14, 2019
DATE

And by:



Natalie Bubela, Chief Executive Officer

June 14, 2019
DATE

Hospital Service Accountability Agreements

Facility #:	968
Hospital Name:	Muskoka Algonquin Healthcare
Hospital Legal Name:	Muskoka Algonquin Healthcare

2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		\$35,509,852	
Health System Funding Reform: HBAM Funding		\$17,139,571	
Health System Funding Reform: QBP Funding (Sec. 2)		\$5,003,777	
Post Construction Operating Plan (PCOP)		\$0	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$454,250	[2] Incremental/One-Time \$235,500
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$0
Other Non-HSFR Funding (Sec. 5)		\$4,160,756	\$1,203,450
Sub-Total LHIN Funding		\$62,268,206	\$1,438,950
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$3,080,162	
Recoveries and Misc. Revenue		\$2,962,796	
Amortization of Grants/Donations Equipment		\$2,850,666	
OHIP Revenue and Patient Revenue from Other Payors		\$6,422,243	
Differential & Copayment Revenue		\$847,000	
Sub-Total Non-LHIN Funding		\$16,162,867	

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2019-2020 Schedule A Funding Allocation

	2019-2020	
	[1] Estimated Funding Allocation	
Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Acute Inpatient Stroke Hemorrhage	12	\$146,100
Acute Inpatient Stroke Ischemic or Unspecified	92	\$809,600
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	44	\$156,728
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	110	\$274,010
Knee Arthroscopy	0	\$0
Acute Inpatient Congestive Heart Failure	136	\$1,156,680
Acute Inpatient Chronic Obstructive Pulmonary Disease	161	\$1,118,628
Acute Inpatient Pneumonia	180	\$1,183,860
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	621	\$297,459
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
Hysterectomy	28	\$129,771
Other QBP		
Post QBP Mitigation for Medium Size Hospital	0	(\$269,059)
Sub-Total Quality Based Procedure Funding	1,384	\$5,003,777

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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	\$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
Sub-Total Wait Time Strategy Services Funding		\$454,250	\$235,500
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	\$795,100
MOH One-time payments		\$0	\$408,350
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$2,655,369	
Paymaster		\$1,505,387	
Sub-Total Other Non-HSFR Funding		\$4,160,756	\$1,203,450
Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>		[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		\$0	\$13,950
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$0	\$13,950
[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	7.0	<= 7.7
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	81%	>= 81%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	14.0%	<= 15.4%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.2	<=0.3

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

Hospital Service Accountability Agreements

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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 2019-2020	Performance Standard 2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.17	>= 0.16
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	(5.63%)	>=(5.63%)
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 2019-2020	Performance Standard 2019-2020
Alternate Level of Care (ALC) Rate	Percentage	18.0%	<= 19.8%
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 2019-2020	Performance Standard 2019-2020
Clinical Activity and Patient Services			
Ambulatory Care	Visits	21,500	>= 16,125 and <= 26,875
Complex Continuing Care	Weighted Patient Days	5,502	>= 4,676 and <= 6,327
Day Surgery	Weighted Cases	1,108	>= 997 and <= 1,219
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	1,882	>= 1,693 and <= 2,070
Emergency Department and Urgent Care	Visits	44,800	>= 35,840 and <= 53,760
Inpatient Mental Health	Patient Days	0	-
Inpatient Rehabilitation Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	6,425	>= 5,911 and <= 6,939

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

System Collaboration on Health Systems Planning and Design

The Health Service Provider is required to collaborate with system partners to support the development of an integrated system of health services that provides person-centred, 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” and “Care Connections Refresh”).

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; and,
- Coordination and collaboration within NSM LHIN geographic sub-regions, where applicable.

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to provide input, where requested, on the content of strategic directions and plans for the geographic sub-regions of the NSM LHIN. Further the Health Service Provider agrees 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 of the Health Service Provider 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; and,
- Specific obligations as may be specified as a condition of participation in Council initiatives (outlined in the Project Charter for the initiative).

Risk Management Reporting to the LHIN

The Health Service Provider's Board 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); and,
- 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.

Indigenous Report Submission

The Health Service Provider is required to complete the Indigenous Annual Report for the period of April 1 to March 31. The NSM LHIN will provide a separate communication to Health Service Providers with a link to the electronic report template. The report will be used to:

- Identify and track opportunities for Indigenous Cultural Safety and Aboriginal Cross Cultural Awareness training; and,
- Support HSPs with voluntary self-identification.

Reporting is due to the NSM LHIN by April 30 annually.

Satisfaction Survey Results Reporting to the LHIN

All NSM LHIN funded Health Service Providers are required to provide a report annually to the LHIN outlining the efforts made to collect information on the experience of persons receiving services from the organization and/or to solicit views about the quality of care provided by the Health Service Provider.

If the Health Service Provider is mandated under regulations in the Excellent Care for All Act, 2010 or Ministry of Health and Long-Term Care directive to conduct annual satisfaction surveys, the Health Service Provider will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of, at minimum:

- 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*:
 - o “If you needed to be treated again, would you choose to come back to this organization/facility?”;
 - o “Would you recommend this organization/facility to your friends and family?”; or
 - o “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.

Reporting is due to the NSM LHIN by June 30 annually.