

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:

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Tillsonburg District Memorial 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.

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:



APR 01 2017

Lori Van Opstal, Interim Board Chair

Date

And by:



APR 01 2017

Michael Barrett, CEO

Date

Tillsonburg District Memorial Hospital

By:



Mel Getty, Board Chair

March 29, 2017

Date

And by:



Frank Deutsch,
Acting President & Chief Executive Officer

March 30, 2017

Date

Hospital Service Accountability Agreements 2017-2018

Facility #:	824
Hospital Name:	Tillsonburg District Memorial Hospital
Hospital Legal Name:	Tillsonburg District Memorial Hospital

2017-2018 Schedule A Funding Allocation

		2017-2018	
Section 1: FUNDING SUMMARY		[1] Estimated Funding Allocation	
LHIN FUNDING		[2] Base	
LHIN Global Allocation (Includes Sec. 3)		\$20,563,287	
Health System Funding Reform: HBAM Funding		\$0	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4)		\$0	[2] Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		\$1,454,467	\$0
Sub-Total LHIN Funding		\$22,017,754	\$0
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$0	
Recoveries and Misc. Revenue		\$955,000	
Amortization of Grants/Donations Equipment		\$940,800	
OHIP Revenue and Patient Revenue from Other Payors		\$2,506,830	
Differential & Copayment Revenue		\$202,000	
Sub-Total Non-LHIN Funding		\$4,604,630	
Total 16/17 Estimated Funding Allocation (All Sources)		\$26,622,384	\$0
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		0	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Hip Fracture		0	\$0
Knee Arthroscopy		0	\$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		0	\$0
Acute Inpatient Stroke Hemorrhage		0	\$0
Acute Inpatient Stroke Ischemic or Unspecified		0	\$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		0	\$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		0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		0	\$0
Acute Inpatient Tonsillectomy		0	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease		0	\$0
Acute Inpatient Pneumonia		0	\$0
Non-Routine and Bilateral Cataract Day Surgery		0	\$0
Sub-Total Quality Based Procedure Funding		0	\$0

Hospital Service Accountability Agreements 2017-2018

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2017-2018 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")		[2] Base	
General Surgery		\$22,102	
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)		\$11,500	
Other WTS Funding		\$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		\$33,602	
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		\$0	
Other Revenue from MOHLTC		\$787,244	
Paymaster		\$667,223	
Sub-Total Other Non-HSFR Funding		\$1,454,467	\$0
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	\$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

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2017-2018 Schedule B: Reporting Requirements

1. MIS Trial Balance		Due Date 2017-2018
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		Due Date 2017-2018
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		Due Date 2017-2018
Fiscal Year		30 June 2018
4. French Language Services Report		Due Date 2017-2018
Fiscal Year		30 April 2018

Hospital Service Accountability Agreements 2017-2018

Facility #:	824
Hospital Name:	Tillsonburg District Memorial Hospital
Hospital Legal Name:	Tillsonburg District Memorial 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	5.5	<= 8.0
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	3.5	<= 4.0
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90.0%	>= 81.4%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	10.5%	<= 13.4%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	0.11%

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

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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	Performance Standard
		2017-2018	2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	3.68	≥ 3.3
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.20%	≥ 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
		2017-2018	2017-2018
Alternate Level of Care (ALC) Rate	Percentage	17.30%	← 19.03%

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.

Hospital Service Accountability Agreements 2017-2018

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Hospital Legal Name:	Tilsonburg District Memorial Hospital

2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2017-2018	2017-2018
Clinical Activity and Patient Services			
Ambulatory Care	Visits	19,677	>= 14,758 and <= 24,586
Complex Continuing Care	Weighted Patient Days	2,558	>= 2,174 and <= 2,942
Day Surgery	Weighted Cases	343	>= 257 and <= 429
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	1,278	>= 1,150 and <= 1,406
Emergency Department and Urgent Care	Visits	30,000	>= 22,500 and >= 37,500
Inpatient Mental Health	Patient Days	0	-
Acute Rehabilitation Patient Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	1,755	>= 1,580 and <= 1,931

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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

The SouthWesthealthline.ca

South West LHIN HSPs agree to regularly update, and annually review April 1st, site-specific programs and services information, as represented within the SouthWesthealthline.ca website

Integrated Hospice Palliative Care

Annual reporting (via Survey Monkey) on the most significant contribution to advancing or improving integrated hospice palliative care in the past 12 months and plans for next year.

Examples could include:

- Implementing best practices;
- Adopting early identification tools
- Advanced care planning;
- Participating in HPC network meetings;
- Reviewing regional scorecard;
- Training staff in Fundamentals/APCE/CAPCE;
- Accessing Secondary Level Consultation teams

Indigenous Cultural Safety Training

Hospitals to establish an annual training plan to identify and track the # of staff that register and complete the Indigenous Cultural Safety (ICS) training course.

Reporting Obligations: submit ICS Training Plan by June 30, 2017 (template available on South West LHIN web site by April 1, 2017).

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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Local Performance Indicators

Indicator	Target	Corridor
% Eligible Days in CCC	59.4	≥ 54.4