H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 30th day of April, 2013

B E T W E E N:

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Campbellford 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 the H-SAA has been extended pursuant to various amending agreements;

AND WHEREAS most recently the LHIN and the Hospital have agreed to extend the H-SAA for a further one-month period to April 30, 2013, with the joint intention of finalizing and executing an H-SAA for the period April 1, 2013 – March 31, 2016;

AND WHEREAS the LHIN and the Hospital have agreed to further amend the H-SAA as described in this 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 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 Requirements
Schedule C: Indicators and Volumes
C.1.: Performance Indicators
C.2.: Service Volumes
C.3.: LHIN Indicators and Volumes
C.4.: PCOP Targeted Funding & Volumes

"**Schedule A**" means Schedule A: Funding Allocation.

"**Schedule B**" means Schedule B: Reporting Requirements.

"**Schedule C.3.**" means Schedule C.3.: LHIN Indicators and Volumes.

"**Schedule C.4.**" means Schedule C.4.: PCOP Targeted Funding & Volumes.

(b) The following definitions in the H-SAA are amended as follows.

In the defined term "**Indicator Technical Specifications**" and "**2012 -13 H-SAA Indicator Technical Specifications**", the term "**2012 -13 H-SAA Indicator Technical Specifications**" is deleted and replaced with the term "**H-SAA Indicator Technical Specifications**".

The defined terms "**Accountability Indicator**" and "**Accountability Indicators**" are deleted and replaced by the terms "**Performance Indicator**" and "**Performance Indicators**" respectively.

The definition of "**Explanatory Indicator**" is amended by deleting the term "Accountability Indicators" and replacing it with "Performance Indicators".

The definition of "**Post-Construction Operating Plan (PCOP) Funding**" and "**PCOP Funding**" is amended by deleting "Schedule C (2012 – 2013) (Hospital One-Year Funding Allocation) and further detailed in Schedule F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume)" and replacing it with "Schedule A and further detailed in Schedule C.4.".

2.3 Term. The reference to "April 30, 2013" in Article 3.2 is deleted and replaced with "September 30, 2013".

2.4 Annual Funding. Section 5.1 is amended by deleting "Schedule C" and replacing it with "Schedule A".

2.5 Planning Allocation and Revisions. Sections 5.2 and 5.3 are deleted and replaced by the following:

Estimated Funding Allocations.

(a) The Hospital's receipt of any Estimated Funding Allocation in Schedule A is subject to subsection (d) below and subsequent written confirmation from the LHIN.

(a) In the event the Funding confirmed by the LHIN is less than the Estimated Funding Allocation, the LHIN will have no obligation to adjust any related performance requirements unless and until the Hospital demonstrates to the LHIN's satisfaction that the Hospital is unable to achieve the expected performance requirements with the confirmed Funding. In such circumstances the gap between the Estimated Funding and the confirmed Funding will be deemed to be material.

(b) In the event of a material gap in funding the LHIN and the Hospital will adjust the related performance requirements.

(c) Appropriation. Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement.

2.6 Adjustments. Section 5.4 (Adjustments) of the H-SAA is amended by deleting all references to "Schedule C" and replacing them with "Schedule A".

2.7 Balanced Budget. Section 6.1.3 (Balanced Budget) of the H-SAA is amended by deleting "Schedule E1 (2012 – 2013) LHIN Specific Indicators and Targets" and replacing it with "Schedule C.3".

2.8 Planning Cycle. Section 7.1 (Planning Cycle) of the H-SAA is amended by replacing the words "the timing requirements of Schedule A (2012 – 2013) Planning and Reporting" with the words "the timing requirements of Schedule B".

2.9 Process System Planning. Section 7.4 (Process System Planning) is amended by deleting "Schedule C" in the last sentence and replacing it with "Schedule A".

2.10 Timely Response. Section 7.6.1 (Timely Response) of the H-SAA is amended by deleting both occurrences of "Schedule A (2012 – 2013) Planning and Reporting" and replacing these with "Schedule B".

2.11 Specific Reporting Obligations. Section 8.2 (Specific Reporting Obligations) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" and replacing it with "Schedule B".

2.12 Planning Cycle. Section 12.1 (Planning Cycle) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" in (i) and replacing it with "Schedule B".

3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2013. 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 together with the Schedules 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.

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

ORIGINAL SIGNATURE ON FILE

Wayne Gladstone, Chair — Date: APR 3 0 2013

ORIGINAL SIGNATURE ON FILE

Deborah Hammons, CEO — Date: APR 3 0 2013

Campbellford Memorial Hospital

ORIGINAL SIGNATURE ON FILE

Jill Stewart, Board Chair — Date: April 25/13

ORIGINAL SIGNATURE ON FILE

Brad Hilker, President and CEO — Date: April 25, 2013

Identification #:	624
Hospital Name	Campbellford Memorial Hospital
Hospital Legal Name	Campbellford Memorial Hospital

2013/14 Schedule A: Funding Allocation

Intended Purpose or Use of Funding	Estimated Funding Allocations[1]		
	Rate	Base	One-Time
General Operations[2]			
Patient Based Funding- HBAM			$0
Global Funding		$12,766,967	
PCOP		$0	
Patient Based Funding - Quality-Based Procedures (QBPs)[3]			
Unilateral Primary Hip Replacement	$7,071		$0
Unilateral Primary Knee Replacement	$6,254		$0
Inpatient Rehabilitation for unilateral primary hip replacement	$6,073		$0
Inpatient Rehabilitation for unilateral primary knee replacement	$4,872		$0
Unilateral Cataracts	$497		$0
Bilateral Cataracts	$326		$0
Chemotherapy Systemic Treatment	TBD		$0
Chronic Obstructive Pulmonary Disease	TBD		TBD
Non-Cardiac Vascular	TBD		$0
Congestive Heart Failure	TBD		TBD
Stroke	TBD		TBD
Endoscopy	TBD		TBD
Wait Time Strategy Services (WTS)			
General Surgery	Various	Included in Global Funding above, where applicable	$41,400
Pediatric Surgery	Various		$0
Hip & Knee Replacement - Revisions	$8,796		$0
Magnetic Resonance Imaging (MRI)	$260		$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	$260		$0
Computed Tomography (CT)	$250		$33,000
Provincial Program Services (PPS)			
Cardiac Surgery		$0	$0
Other Cardiac Services		$0	$0
Organ Transplantation		$0	$0
Neurosciences		$0	$0
Bariatric Surgery		$0	$0
Regional Trauma		$0	$0
Other Funding			
Grant in Lieu of Taxes			$5,625
Cancer Care Ontario[4]		$0	$0
Ontario Renal Funding[4]		$0	$0
Total 2013/14 Estimated Funding Allocation		$12,766,967	$80,025

[1] Based on 2012/13 initial (QBP and WTS) and 2013/14 estimated allocations. Subject to appropriation and written confirmation by the LHIN, and year-over-year change.

[2] Includes the provision of services not specifically identified under QBP, WTS or PPS.

[3] 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.

[4] Funding provided by Cancer Care Ontario, not the LHIN.

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2013/14 Schedule B: Reporting Requirements

1. MIS Trial Balance and Supplemental Reporting as Necessary.

Reporting Period	Due Date
2013/14	
Q2 – Apr 01-13- to Sept 30-13	31-Oct-2013
Q3 – Apr 01-13- to Dec 31-13	31-Jan-2014
Q4 – Apr 01-13- to Mar 31-14	31-May-2014
2014/15	
Q2 – Apr 01-14- to Sept 30-14	31-Oct-2014
Q3 – Apr 01-14- to Dec 31-14	31-Jan-2015
Q4 – Apr 01-14- to Mar 31-15	31-May-2015
2015/16	
Q2 – Apr 01-15- to Sept 30-15	31-Oct-2015
Q3 – Apr 01-15- to Dec 31-15	31-Jan-2016
Q4 – Apr 01-15- to Mar 31-16	31-May-2016

2. Year End MIS Trial Balance and Supplemental Report

Fiscal Year	Due Date
2013/14	31-May-2014
2014/15	31-May-2015
2015/16	31-May-2016

3. Audited Financial Statements

Fiscal Year	Due Date
2013/14	31-May-2014
2014/15	31-May-2015
2015/16	31-May-2016

4. French Language Services Report

Fiscal Year	Due Date
2013/14	30-Apr-2014
2014/15	30-Apr-2015
2015/16	30-Apr-2016

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2013/14 Schedule C.1.: Performance Indicators

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

Performance Indicators

	Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard
90th Percentile ER LOS for Admitted Patients	Hours	14.00	≤ 15.4
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	6.90	≤ 7.6
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	4.00	≤ 4.4
Rate of Ventilator-Associated Pneumonia	Rate	N/A	N/A
Central Line Infection Rate	Cases/Days	N/A	N/A
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0.29	≤ 0.35
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	≤ 0.003
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	≤ 0.02

Performance Indicators

	Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard
90th Percentile Wait Times for Cancer Surgery	Days	N/A	N/A
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	N/A	N/A
90th Percentile Wait Times for Cataract Surgery	Days	N/A	N/A
90th Percentile Wait Times for Joint Replacement (Hip)	Days	N/A	N/A
90th Percentile Wait Times for Joint Replacement (Knee)	Days	N/A	N/A
90th Percentile Wait Times for Diagnostic MRI Scan	Days	N/A	N/A
90th Percentile Wait Times for Diagnostic CT Scan	Days	18	≤ 20

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	Percentage
Readmissions Within 30 Days for Selected CMGs	Ratio
**** Adjusted Working Funds Including:**	
> Adjusted Working Funds	Funding
> Adjusted Working Funds as a % of Total Revenue	Percentage
> Current Ratio	Ratio
> Adjusted Working Funds Current Ratio	Ratio
> Debt Ratio	Ratio

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

Current Ratio (Consolidated)	Ratio	0.40	≥ 0.38
Total Margin (Consolidated)	Percentage	0.00	

Total Margin (Hospital Sector Only)	Percentage
Percentage of Full-Time Nurses	Percentage
Percentage of Paid Sick Time (Full-Time)	Percentage
Percentage of Paid Overtime	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Percentage ALC Days (closed cases)	Percentage	15.00	≤ 16.50

Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3 (2013/14)

*Refer to 2013/14 H-SAA Indicator Technical Specification for further details.

** Adjusted Working Capital: Under Consideration

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2013/14 Schedule C.2.: Service Volumes

Part I - GLOBAL VOLUMES	Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard
Emergency Department	Weighted Cases	800	≥ 680
Total Inpatient Acute	Weighted Cases	1,600	≥ 1,440
Day Surgery	Weighted Visits	200	≥ 150
Inpatient Mental Health	Weighted Patient Days	N/A	N/A
Inpatient Rehabilitation	Weighted Cases	N/A	N/A
Complex Continuing Care	Weighted Patient Days	N/A	N/A
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	N/A	N/A
Ambulatory Care (includes renal, chemo, other day/night clinics, clinic, and community services)	Visits	4,300	≥ 3,225

Part II - HOSPITAL SPECIALIZED SERVICES	Measurement Unit	2013/14 Primary	2013/14 Revision
Cochlear Implants	Cases	N/A	N/A
		2013/14 Base	2013/14 Incremental
Cleft Palate	Cases	N/A	N/A
HIV Outpatient Clinics	Visits	N/A	
Sexual Assault/Domestic Violence Treatment Clinics	Visits	N/A	

Part III - WAIT TIME VOLUMES	Measurement Unit	2013/14 Base	2013/14 Incremental[1]
General Surgery	Cases	124	44
Paediatric Surgery	Cases	N/A	N/A
Hip & Knee Replacement - Revisions	Cases	N/A	N/A
Magnetic Resonance Imaging (MRI)	Total Hours	N/A	N/A
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	N/A	N/A
Computed Tomography (CT)	Total Hours	1,715	132

Part IV - PROVINCIAL PROGRAMS	Measurement Unit	2013/14 Base	2013/14 Incremental
Cardiac Surgery	Cases	N/A	N/A
Cardiac Services - Catheterization	Cases	N/A	N/A
Cardiac Services- Interventional Cardiology	Cases	N/A	N/A
Cardiac Services- Permanent Pacemakers	Cases	N/A	N/A
Organ Transplantation	Cases	N/A	N/A
Neurosciences	Cases	N/A	N/A
Regional Trauma	Cases	N/A	N/A

Part V - QUALITY BASED PROCEDURES	Measurement Unit	2013/14 Volume[1]
Unilateral Primary Hip Replacement	Volumes	N/A
Unilateral Primary Knee Replacement	Volumes	N/A
Inpatient Rehabilitation for unilateral primary hip replacement	Volumes	N/A
Inpatient Rehabilitation for unilateral primary knee replacement	Volumes	N/A
Unilateral Cataracts	Volumes	N/A
Bilateral Cataracts	Volumes	N/A
Chemotherapy Systemic Treatment	Volumes	N/A
Chronic Obstructive Pulmonary Disease	Volumes	TBD
Non-Cardiac Vascular	Volumes	N/A
Congestive Heart Failure	Volumes	TBD
Stroke	Volumes	TBD
Endoscopy	Volumes	TBD

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2013/14 Schedule C.3.: LHIN Indicators & Volumes

LHIN Priority Performance Indicator	Performance Target	Performance Standard	
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery Average Length of Stay (Days)	N/A	N/A	Length of stay for patients who will be discharged directly home from acute care.
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery Proportion of Patients Discharged Home (%)	N/A	N/A	Rate of patients discharged directly home from acute care.
ALC Throughput Ratio	1.1	N/A	Rate of ALC patients discharged in a given time period in proportion to the number of ALC patients designated in a given time period.
Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)	10.0	≤ 11.0	Percent of repeat emergency visits following a visit for a mental health condition. A visit is counted as a repeat visit if it is for a mental health condition and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.
Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)	10.0	≤ 11.0	Percent of repeat emergency visits following a visit for a substance abuse. A visit is counted as a repeat visit if it is for a substance abuse condition, and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.
Readmissions Within 30 Days for Selected CMGs - CHF (%)	8.00	≤ 8.80	CMG 1: The number of patients readmitted to any facility for non-elective inpatient care. This is compared to the number of expected non-elective readmissions using data from all Ontario acute hospitals.
Readmissions Within 30 Days for Selected CMGs - COPD (%)	8.00	≤ 8.80	CMG 2: The number of patients readmitted to any facility for non-elective inpatient care. This is compared to the number of expected non-elective readmissions using data from all Ontario acute hospitals.

LHIN Priority Performance Obligation	
Resource Matching and Referral (RM&R) Initiative	All Central East LHIN hospitals will work in conjunction with the Central East LHIN, the Central East Community Care Access Centre (CECCAC) and other hospitals in implementing a common referral process, service and reporting standards and tools across the health care sector (starting with Rehabilitation, Complex Continuing Care, Long-Term Care and Home Care). These standards will be identified through the provincial and Central East LHIN Resource Matching and Referral Business Transformation Initiative. Within the Central East LHIN, implementation of RM&R standardization includes enabling the enhanced role of the CECCAC, whereby the CECCAC will assume responsibility for monitoring and ensuring post-acute care referrals are (at the request of the hospital) initiated, completed and submitted in specified timeframe.

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules