## 2008-16 H-SAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1st day of April, 2015

**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** pursuant to various amending agreements the term of the H-SAA has been extended to March 31, 2015;

**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 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.

**"Post-Construction Operating Plan (PCOP) Funding"** and **"PCOP Funding"** means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

"**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, 2016.

**3.0 Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2015. 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.

**CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK**

By:

**ORIGINAL SIGNATURE ON FILE**

Wayne Gladstone, Chair — Date: MAR 2 6 2015

And by

**ORIGINAL SIGNATURE ON FILE**

Deborah Hammons, CEO — Date: MAR 2 6 2015

**CAMPBELLFORD MEMORIAL HOSPITAL**

By:

**ORIGINAL SIGNATURE ON FILE**

Tim Chennette, Board Chair — Date: 3-23-2015

And by:

**ORIGINAL SIGNATURE ON FILE**

Brad Hilker, President & CEO — Date: Mar. 24/15

# Hospital Sector Accountability Agreement 2015-2016

| | |
|---|---|
| Facility #: | 624 |
| Hospital Name: | Campbellford Memorial Hospital |
| Hospital Legal Name: | Campbellford Memorial Hospital |

## 2015-2016 Schedule A Funding Allocation*

| Section 1: FUNDING SUMMARY | 2015-2016 [1] Estimated Funding Allocation | |
|---|---|---|
| **LHIN FUNDING** | [2] Base | |
| LHIN Global Allocation | $13,475,161 | |
| Health System Funding Reform: HBAM Funding | $0 | |
| Health System Funding Reform: QBP Funding (Sec. 2) | $0 | |
| Post Construction Operating Plan (PCOP) | $0 | [2] Incremental/One-Time |
| Wait Time Strategy Services ("WTS") (Sec. 3) | $0 | $61,140 |
| Provincial Program Services ("PPS") (Sec. 4 ) | $0 | $0 |
| Other Non-HSFR Funding (Sec. 5) | $2,138,255 | $339,300 |
| **Sub-Total LHIN Funding** | $15,613,416 | $400,440 |
| **NON-LHIN FUNDING** | | |
| [3] Cancer Care Ontario and the Ontario Renal Network | $61,120 | |
| Recoveries and Misc. Revenue | $972,169 | |
| Amortization of Grants/Donations Equipment | $435,497 | |
| OHIP Revenue and Patient Revenue from Other Payors | $1,535,793 | |
| Differential & Copayment Revenue | $272,160 | |
| **Sub-Total Non-LHIN Funding** | $3,276,739 | |
| **Total 15/16 Estimated Funding Allocation (All Sources)** | $18,890,155 | $400,440 |

| Section 2: HSFR - Quality-Based Procedures | 2015-2016 Volume | [4] Allocation |
|---|---|---|
| Rehabilitation Inpatient Primary Unlilateral Hip Replacement | 0 | $0 |
| Acute Inpatient Primary Unilateral Hip Replacement | 0 | $0 |
| Rehabilitation Inpatient Primary Unlilateral 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 Rehabilitation for Primary Hip | 0 | $0 |
| Elective Knees - Outpatient Rehabilitation for Primary Knee | 0 | $0 |
| Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) | 0 | $0 |
| Acute Inpatient Congestive Heart Failure | 0 | $0 |
| Aortic Valve Replacement | 0 | $0 |
| Coronary Artery Disease | 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 |

*Funding is (or volumes are) based on 2014/15 approvals and will be adjusted once 2015/16 confirmation is received from MOHLTC.

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## 2015-2016 Schedule A Funding Allocation*

| Section 6: Other Funding *(Info. Only. Funding is already included in Sections 1-4 above)* | 2015-2016 [2] Base | 2015-2016 [2] Incremental/One-Time |
|---|---|---|
| Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1) | $0 | $5,625 |
| [3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4) | $0 | $0 |
| **Sub-Total Other Funding** | $0 | $5,625 |

* Targets for Year 3 of the agreement will be determined during the annual refresh process.

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

[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.

*Funding is (or volumes are) based on 2014/15 approvals and will be adjusted once 2015/16 confirmation is received from MOHLTC.

# Hospital Sector Accountability Agreement 2015-2016

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| Site Name: | TOTAL ENTITY |

## 2015-2016 Schedule C1 Performance Indicators

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

| *Performance Indicators | Measurement Unit | Performance Target 2015-2016 | Performance Standard 2015-2016 |
|---|---|---|---|
| 90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients | Hours | 15.0 | <= 16.5 |
| 90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients | Hours | 6.20 | <= 6.8 |
| 90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients | Hours | 3.80 | <= 4.2 |
| Cancer Surgery: % Priority 4 cases completed within Target | Percent | 0.0% | |
| Cardiac Bypass Surgery: % Priority 4 cases completed within Target | Percent | N/A | |
| Cataract Surgery: % Priority 4 cases completed within Target | Percent | 0.0% | |
| Joint Replacement (Hip): % Priority 4 cases completed within Target | Percent | N/A | |
| Joint Replacement (Knee): % Priority 4 cases completed within Target | Percent | N/A | |
| Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target | Percent | 0.0% | |
| Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target | Percent | 90.0% | >= 90% |
| Rate of Hospital Acquired Clostridium Difficile Infections | Rate | 0.29 | <= 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 |
| Readmissions Within 30 Days for Selected Case Mix Groups | Percentage |
| Rate of Ventilator-Associated Pneumonia | Rate |
| Cental Line Infection Rate | Rate |
| Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia | Rate |
| Rate of Hospital Acquired Methicillin Resisteant Staphylococcus Aureus Bacteremia | Rate |

### Part II - ORGANIZATION HEALTH - EFFICIENT, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

| *Performance Indicators | Measurement Unit | Performance Target 2015-2016 | Performance Standard 2015-2016 |
|---|---|---|---|
| Current Ratio (Consolidated - All Sector Codes and fund types | Ratio | 0.60 | >= 0.57 |
| Total Margin (Consolidated - All Sector Codes and fund types | Percentage | 0.16% | >=0% |

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

**Peformance on Schedule C3 - Local Indicators and Obligations.

# Hospital Sector Accountability Agreement 2015-2016

**Facility #:** 624
**Hospital Name:** Campbellford Memorial Hospital
**Hospital Legal Name:** Campbellford Memorial Hospital

## 2015-2016 Schedule C2 Service Volumes

### Part I - Global Volumes

| | Measurement Unit | Performance Target 2015-2016 | Performance Standard 2015-2016 |
|---|---|---|---|
| Ambulatory Care | Visits | 4,300 | >= 3,225. |
| Complex Continuing Care | Weighted Patient Days | 0 | - |
| Day Surgery | Weighted Cases | 230 | >= 172.5 and <= 287.5 |
| Elderly Capital Assistance Program (ELDCAP) | Patient Days | N/A | N/A |
| Emergency Department | Weighted Cases | 840 | >= 714. and <= 966. |
| Emergency Department and Urgent Care | Visits | 20,500 | >= 15,375. |
| Inpatient Mental Health | Weighted Patient Days | 0 | - |
| Inpatient Mental Health | Patient Days | 0 | - |
| Acute Rehabilitation Patient Days | Patient Days | 0 | - |
| Rehab Inpatient | Weighted Cases | 0 | - |
| Total Inpatient Acute | Weighted Cases | 1,680 | >= 1512. and <= 1848. |

### Part II - Hospital Specialized Services

| | Measurement Unit | Primary 2015-2016 | Revision 2015-2016 |
|---|---|---|---|
| Cochlear Implants | Cases | 0 | 0 |

| | | Base 2015-2016 | One-time 2015-2016 |
|---|---|---|---|
| Cleft Palate | Cases | 0 | 0 |
| HIV Outpatient Clinics | Visits | 0 | |
| Sexual Assault/Domestic Violence Treatment Clinics | # of Patients | 0 | |

### Part III - Wait Time Volumes

| | Measurement Unit | Base 2015-2016 | One-time 2015-2016 |
|---|---|---|---|
| General Surgery | Cases | 124 | 42 |
| 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 | 1,715 | 175 |

***not negotiated; explanatory only.

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## 2015-2016 Schedule C2 Service Volumes

### Part V - Quality Based Procedures

| | Measurement Unit | Volume 2015-2016 |
|---|---|---|
| Rehabilitation Inpatient Primary Unilateral Hip Replacement | Volume | 0 |
| Acute Inpatient Primary Unilateral Hip Replacement | Volume | 0 |
| Rehabilitation Inpatient Primary Unilateral Knee Replacement | Volume | 0 |
| Acute Inpatient Primary Unilateral Knee Replacement | Volume | 0 |
| Acute Inpatient Hip Fracture | Volume | 0 |
| Knee Arthroscopy | Volume | 0 |
| Elective Hips - Outpatient Rehabilitation for Primary Hip | Volume | 0 |
| Elective Knees - Outpatient Rehabilitation for Primary Knee | Volume | 0 |
| Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) | Volume | 0 |
| Acute Inpatient Congestive Heart Failure | Volume | 0 |
| Aortic Valve Replacement | Volume | 0 |
| Coronary Artery Disease | Volume | 0 |
| Acute Inpatient Stroke Hemorrhage | Volume | 0 |
| Acute Inpatient Stroke Ischemic or Unspecified | Volume | 0 |
| Acute Inpatient Stroke Transient Ischemic Attack (TIA) | Volume | 0 |
| Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway | Volume | 0 |
| Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease | Volume | 0 |
| Unilateral Cataract Day Surgery | Volume | 0 |
| Bilateral Cataract Day Surgery | Volume | 0 |
| Retinal Disease | Volume | 0 |
| Inpatient Neonatal Jaundice (Hyperbilirubinemia) | Volume | 0 |
| Acute Inpatient Tonsillectomy | Volume | 0 |
| Acute Inpatient Chronic Obstructive Pulmonary Disease | Volume | 0 |
| Acute Inpatient Pneumonia | Volume | 0 |
| Endoscopy | Volume | 0 |

***not negotiated; explanatory only.

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## 2015-2016 Schedule C3: LHIN Local Indicators and Obligations

| LHIN Priority Performance Obligation | |
|---|---|
| Resource Matching and Referral (RM&R) Initiative | The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&R) pathways by April 2015 including Acute to Community Care Access Centre (CCAC), Acute to Long-term Care, Acute to Rehabilitation and Acute to Complex Continuing Care. 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 the provincial standards for referral for the 4 care pathways from sender to receiver to help the receiver make an acceptance decision for accepting a patient in their program/service. A standardized referral process will be followed utilizing existing systems where possible across the health care sector for Rehabilitation and Complex Continuing Care in the fiscal 14/15. The Definitions Task Group of the Rehab Alliance has developed standardized definitions for bedded levels of rehabilitative care (i.e. hospital based inpatient beds that are not coded as acute care as well as convalescent/restorative care beds within LTCH). This will be used as standards for rehabilitative levels of care across the continuum.<br><br>Within the Central East LHIN, implementation of RM&R standardization includes enabling the CECCAC to assume responsibility for monitoring and ensuring post-acute care referrals are initiated, completed and submitted in a specified timeframe.<br><br>CCAC coordinated access will be enabled by the following standardized policies and processes:<br><br>• CCAC confirms patient eligibility inclusion/exclusion criteria and initiates application with the Interprofessional Team (IPT).<br>• An established prioritization framework for processing referrals (e.g. waitlisted date).<br>• A standard method for management of the waiting list for rehabilitation and complex care beds.<br>• A standardized discharge planning approach. |

| LHIN Priority Performance Indicator | Performance Target | Performance Standard | |
|---|---|---|---|
| Palliative Care Patients Discharged Home (%) | 90.0 | | Proportion of patients identified as palliative in hospitla who are discharged home from hospital with support. |