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2008-16 H-SAA AMENDING AGREEMENT

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

BETWEEN:

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

St. Mary's General Hospital a division of St. Joseph's Health System
(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

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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.

WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK

By:


Joan S. Fisk, Chair

March 31, 2015
Date

And by:


Bruce Lauckner, CEO

March 31, 2015
Date

St. Mary's General Hospital a division of St. Joseph's Health System

By:


Christine Henhoefter, Chair

Feb. 25, 2015.
Date

And by:


Don Shilton, President

Feb 26, 2015
Date

Hospital Sector Accountability Agreement 2015-2016

Facility #: 699
 Hospital Name: St. Mary's General Hospital
 Hospital Legal Name: St. Mary's General Hospital

2015-2016 Schedule A Funding Allocation

2015-2016	
[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY LHIN FUNDING LHIN Global Allocation Health System Funding Reform: HBAM Funding Health System Funding Reform: QBP Funding (Sec. 2) Post Construction Operating Plan (PCOP) Wait Time Strategy Services ("WTS") (Sec. 3) Provincial Program Services ("PPS") (Sec. 4) Other Non-HSFR Funding (Sec. 5) TOTAL LHIN FUNDING	
[2] Base \$35,108,094 \$43,472,438 \$9,401,998 \$0 \$0 \$28,812,562 \$4,850,398 \$121,645,490	
[2] Incremental/One-Time \$448,400 \$411,500 \$0 \$859,900	

Hospital Sector Accountability Agreement 2015-2016

Facility #: 699
 Hospital Name: St. Mary's General Hospital
 Hospital Legal Name: St. Mary's General Hospital

2015-2016 Schedule A Funding Allocation

2015-2016		
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	2	\$7,214
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	471	\$3,596,926
Aortic Valve Replacement	0	\$0
Coronary Artery Disease	0	\$0
Acute Inpatient Stroke Hemorrhage	3	\$18,812
Acute Inpatient Stroke Ischemic or Unspecified	21	\$150,297
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	7	\$23,979
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	3,250	\$1,622,710

Hospital Sector Accountability Agreement 2015-2016

Facility #:	699
Hospital Name:	St. Mary's General Hospital
Hospital Legal Name:	St. Mary's General Hospital

2015-2016 Schedule A Funding Allocation

2015-2016		
Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Bilateral Cataract Day Surgery	0	\$0
Retinal Disease	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	0	\$0
Acute Inpatient Tonsillectomy	32	\$32,361
Acute Inpatient Chronic Obstructive Pulmonary Disease	392	\$2,623,244
Acute Inpatient Pneumonia	203	\$1,326,455
Endoscopy	0	\$0
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	\$0
Sub-Total Quality Based Procedure Funding	4,381	\$9,401,998

Hospital Sector Accountability Agreement 2015-2016

Facility #: 699
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2015-2016 Schedule A Funding Allocation

		2015-2016	
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incremental/One-Time
General Surgery		\$0	\$348,400
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	\$100,000
Other WTS Funding		\$0	\$0
Sub-Total Wait Time Strategy Services Funding		\$0	\$448,400
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		\$13,269,205	\$0
Other Cardiac Services		\$13,977,057	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
Other Provincial Programs (Type Details here)		\$892,500	\$0
2014-15 additional cardiac base		\$673,800	\$411,500
Sub-Total Provincial Priority Program Services Funding		\$28,812,562	\$411,500
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$2,013,844	\$0
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		(\$892,500)	
Other Revenue from MOHLTC		\$5,085,213	
Paymaster		(\$1,356,159)	
Sub-Total Other Non-HSFR Funding		\$4,850,398	\$0

Hospital Sector Accountability Agreement 2015-2016

Facility #:	699
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Hospital Legal Name:	St. Mary's General Hospital

2015-2016 Schedule A Funding Allocation

Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>		2015-2016	
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		[2] Base	[2] Incremental/One-Time
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$25,660
Sub-Total Other Funding		\$0	\$0
		\$0	\$25,660
<p>* Targets for Year 3 of the agreement will be determined during the annual refresh process.</p> <p>[1] Estimated funding allocations.</p> <p>[2] Funding allocations are subject to change year over year.</p> <p>[3] Funding provided by Cancer Care Ontario, not the LHIN.</p> <p>[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.</p>			

Hospital Sector Accountability Agreement 2015-2016

Facility #: 699

Hospital Name:

St. Mary's General Hospital

Hospital Legal Name:

St. Mary's General Hospital

2015-2016 Schedule B: Reporting Requirements

1. MIS Trial Balance

	Due Date 2015-2016
Q2 – April 01 to September 30	31 October 2015
Q3 – October 01 to December 31	31 January 2016
Q4 – January 01 to March 31	30 May 2016

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

	Due Date 2015-2016
Q2 – April 01 to September 30	07 November 2015
Q3 – October 01 to December 31	07 February 2016
Q4 – January 01 to March 31	30 June 2016
Year End	30 June 2016

3. Audited Financial Statements

	Due Date 2015-2016
Fiscal Year	30 June 2016

4. French Language Services Report

	Due Date 2015-2016
Fiscal Year	30 April 2016

Hospital Sector Accountability Agreement 2015-2016

Facility #:	699
Hospital Name:	St. Mary's General Hospital
Hospital Legal Name:	St. Mary's General Hospital
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	8.0	≤ 8.8
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	7.0	≤ 7.7
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	4.0	≤ 4.4
Cancer Surgery: % Priority 4 cases completed within Target	Percent	0.0%	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	0.0%	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	0.0%	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	0.0%	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	0.0%	
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	0.0%	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.44	≤ 0.5

Explanatory Indicators

	Measurement Unit
Percent of Stroke/Isa 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
Central Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

Hospital Sector Accountability Agreement 2015-2016

Facility #:	699
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Hospital Legal Name:	St. Mary's General Hospital
Site Name:	TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENT, K 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	0.59	>= 0.56
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	>=0%

Explanatory Indicators

Measurement Unit
Total Margin (Hospital Sector Only)
Adjusted Working Funds/ Total Revenue %

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

*Performance Indicators

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	TBD	TBD

Explanatory Indicators

Measurement Unit
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.
 *Refer to 2016-2016 H-SAA Indicator Technical Specification for further details.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	699
Hospital Name:	St. Mary's General Hospital
Hospital Legal Name:	St. Mary's General Hospital

2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Ambulatory Care	Visits	93,266	>= 74,612.8
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	4,650	>= 4185. and <= 5115.
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	2,500	>= 2250. and <= 2750.
Emergency Department and Urgent Care	Visits	48,800	>= 39,040.
Inpatient Mental Health	Weighted Patient Days	0	-
Inpatient Mental Health	Patient Days	0	-
Acute Rehabilitation Patient Days	Patient Days	0	-
Acute Rehabilitation Separations	Separations	0	-
Total Inpatient Acute	Weighted Cases	14,100	>= 13254. and <= 14946.

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	980	

Part III - Wait Time Volumes

	Measurement Unit	Base 2015-2016	One-time 2015-2016
General Surgery	Cases	719	153
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	2,500	400

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2015-2016 Schedule C2 Service Volumes

Part IV - Provincial Programs

	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cardiac Surgery	Cases	795	0
Cardiac Services - Catheterization	Cases	3,256	
Cardiac Services- Interventional Cardiology	Cases	1,165	
Cardiac Services- Permanent Pacemakers	Cases	366	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	110	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
Number of Forensic Beds- Secure	Beds	0	
Number of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment Cases	Cases	0	

Hospital Sector Accountability Agreement 2015-2016

Facility #:	699
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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	2
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	471
Aortic Valve Replacement	Volume	0
Coronary Artery Disease	Volume	0
Acute Inpatient Stroke Hemorrhage	Volume	3
Acute Inpatient Stroke Ischemic or Unspecified	Volume	21
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	7
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	3,250
Bilateral Cataract Day Surgery	Volume	0
Retinal Disease	Volume	0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	0
Acute Inpatient Tonsillectomy	Volume	32
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	392
Acute Inpatient Pneumonia	Volume	203
Endoscopy	Volume	0

Hospital Sector Accountability Agreement 2015-2016

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2015-2016 Schedule C3: L HIN Local Indicators and Obligations

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