

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:

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

AND

WEST PARK HEALTHCARE CENTRE (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.

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:

Angela Ferrante, Chair

Date

And by:

Camille Orridge, CEO

Date

WEST PARK HEALTHCARE CENTRE

By:

Chris Henley, Chair

Date

And by:

Anne-Marie Malek, President & CEO

Date

Hospital Service Accountability Agreement 2015-2016

Facility #:	613
Hospital Name:	West Park Healthcare Centre
Hospital Legal Name:	West Park Healthcare Centre

2015-2016 Schedule A: Funding Allocation		
	2015-2016	
	Estimated Funding Allocation ¹	
Section 1: FUNDING SUMMARY	Base ²	Incremental/ One-Time ²
LHIN FUNDING		
LHIN Global Allocations ⁵	\$36,688,847	
Health System Funding Reform (HSFR) HBAM Funding	\$24,238,572	
Health System Funding Reform (HSFR) QBP Funding ³	\$235,552	
Post Construction Operating Plan (PCOP)	\$0	
Wait Time Strategy Services ("WTS")	\$0	\$0
Provincial Program Services ("PPS")	\$0	\$0
Other Non-HSFR LHIN Funding	\$727,300	\$0
Sub-Total LHIN Funding	\$61,890,271	\$0
NON-LHIN FUNDING		
Cancer Care Ontario and the Ontario Renal Network ⁴	\$0	
Recoveries and Misc. Revenue	\$3,348,972	
Amortization of Grants/Donations Equipment	\$288,540	
OHIP Revenue and Patient Revenue from Other Payors	\$988,795	
Differential & Copayment Revenue	\$2,161,911	
SubTotal Non-LHIN Funding	\$6,788,218	\$0
TOTAL 15/16 Estimated Funding Allocation (All Sources)	\$68,678,489	\$0

[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] QBP Funding is recoverable in accordance with Section 5.6 of the H-SAA and is not base funding for the purposes of the BOND policy.

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

[5] Global Allocation for WPHC includes an assumption of \$1.15M from C LHIN for dedicated program

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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

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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	Hours	0.0	
90th Percentile ER Length of Stay for Non-Admitted Complex	Hours	0.0	
90th Percentile ER Length of Stay for Non-Admitted Minor	Hours	0.0	
Cancer Surgery: % Priority 4 cases completed within Target	Percentage	0.0%	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percentage	0.0%	
Cataract Surgery: % Priority 4 cases completed within Target	Percentage	0.0%	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percentage	0.0%	
Joint Replacement (Knee): % Priority 4 cases completed within	Percentage	0.0%	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4	Percentage	0.0%	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases	Percentage	0.0%	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	≤ 0.08
Explanatory Indicators	Measurement Unit		
Percent of Stroke/tia Patients Admitted to a Stroke Unit During their	Percentage		
Hospital Standardized Mortality Ratio (HSMR)	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	Rate		
Rate of Hospital Acquired Methicillin Resistant Staphylococcus	Rate		

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2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated – all sector codes and fund types)	Ratio	0.70	0.63-2.0
Total Margin (Consolidated – all sector codes and fund types)	Percentage	0.00%	0.00%
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 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate - Acute	Percentage		
ALC Rate - Complex Continuing Care	Percentage	1.00%	≤ 3.00%
ALC Rate - Rehabilitation	Percentage	2.00%	≤ 3.50%
ALC Rate - Mental Health	Percentage		
Explanatory Indicators	Measurement Unit		
Repeat Unscheduled Emergency Visits Within 30 Days For Mental	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For	Percentage		
Percentage of Acute Alternate Level of Care (ALC) Days (closed	Percentage		

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

* Refer to 2015-16 H-SAA Indicator Technical Specification for further details.

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2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Total Inpatient Acute	Weighted Cases		
Complex Continuing Care	Weighted Patient Days	56,711	≥ 52,174
Day Surgery	Weighted Visits		
Acute Rehabilitation	Weighted Cases	1,290	≥ 1,161
Inpatient Mental Health	Weighted Patient Days		
Emergency Department	Weighted Cases		
Ambulatory Care	Visits	11,195	≥ 8,956
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days		

Part II - Hospital Specialized Services

	Measurement Unit	Primary 2015-2016	Revision 2015-2016
Cochlear Implants	Cases		
	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cleft Palate	Cases		
HIV Outpatient Clinics	Visits		
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients		

Part III - Wait Time Volumes

	Measurement Unit	Base 2015-2016	One-Time 2015-2016
General Surgery	Cases		
Paediatric Surgery	Cases		
Hip & Knee Replacement - Revisions	Cases		
Magnetic Resonance Imaging (MRI)	Total Hours		
Ontario Breast Screening Magnetic Resonance Imaging (OBSP)	Total Hours		
Computed Tomography (CT)	Total Hours		

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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		
Rehabilitation Inpatient Primary Unilateral Knee Replacement	Volume	0	
Acute Inpatient Primary Unilateral Knee Replacement	Volume		
Acute Inpatient Hip Fracture	Volume		
Knee Arthroscopy	Volume		
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	84	
Elective Knees - Outpatient Rehabilitation for Primary Knees	Volume	159	
Acute Inpatient Congestive Heart Failure	Volume		
Aortic Valve Replacement	Volume		
Coronary Artery Disease	Volume		
Acute Inpatient Stroke Hemorrhage	Volume		
Acute Inpatient Stroke Ischemic or Unspecified	Volume		
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume		
Acute Inpatient Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volume		
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive	Volume		
Unilateral Cataracts Day Surgery	Volume		
Bilateral Cataracts Day Surgery	Volume		
Retinal Disease	Volume		
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume		
Acute Inpatient Tonsillectomy	Volume		
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume		
Acute Inpatient Pneumonia	Volume		
Endoscopy	Volume		
Chemotherapy Systemic Treatment	Volume		
Cancer- Surgery	Volume		
CKD: Chronic Kidney Disease	Volume		
Cancer - Colposcopy	Volume		
Acute Primary Bilateral Joint Replacement	Volume		
Rehab Primary Bilateral Joint Replacement	Volume	8	
Short stay Post-hospital discharge homecare: Surgical discharge	Volume		

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2015-2016 Schedule C3: Local Indicators and Obligations

- Participate in applicable initiatives endorsed by the Sector Table and approved by TC LHIN.
- Adopt eHealth and Information Management initiatives, where applicable, that encompass both provincial and local level priorities as identified by TC LHIN.
 - TC LHIN Priorities include: Continued implementation of the Standardized Discharge Summary, submission of data to Integrated Decision Support tool (IDS), and participation in Community Business Intelligence, and all Resource Matching and Referral initiatives.
 - Provincial and Regional Priority Projects: Implementation of Hospital Report Manager and Connecting GTA, as well as the Emergency Management Communications Tool.
- Participate in the TC LHIN Quality Table initiatives, including compliance with reporting requirements and participating in sector specific quality improvement efforts. In support of the TC LHIN quality indicator of measuring patient experience, all HSPs shall:
 - Measure patient, client, resident, and family experience at a minimum annually.
 - Measure patient experience in a comparable manner to peers, as applicable.
 - Where possible and applicable, measure patient experience along the nine domains articulated in the TC LHIN Patient Experience Measurement Report.
 - Report on patient experience results to clients and/or to the public.
- Participate in TC LHIN initiatives related to the development and implementation of both local and regional Health Link initiatives.
- Continue to actively support the TC LHIN Health Equity Priorities by:
 - Continuing to rollout collection of demographic/equity variables with the goal of covering more than 75% of patients in the system by March 2016. Continue the submission of equity data and undertaking improvement efforts to advance health equity.
 - Supporting the implementation of the Health Equity Impact Assessment tool.
 - Participating in cultural competency initiatives' such as Aboriginal Cultural Competency Initiative and the cultural competency eLearning modules developed through Children and Youth Advisory Table.
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall, including those guided by the TC LHIN Emergency Management Implementation Committee.