

## H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2017

BETWEEN:

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

AND

NIPIGON 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:

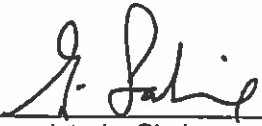
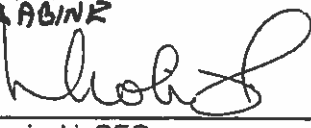
- Schedule A: Funding Allocation
- Schedule B: Reporting
- Schedule C: Indicators and Volumes
  - C.1. Performance Indicators
  - C.2. Service Volumes
  - C.3. LHIN Indicators and Volumes
  - C.4. PCOP Targeted Funding and Volumes

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.

**NORTH WEST LOCAL HEALTH INTEGRATION NETWORK**

By:  Mar. 29, 2017.  
 Dan Levesque, Interim Chair Date  
 GIL LABINK  
 And by:  April 5, 2017  
 Laura Kokocinski, CEO Date

**NIPIGON DISTRICT MEMORIAL HOSPITAL**

By:  Feb 27, 2017  
 Kal Prifanski, Chair Date  
 And by:  Feb 27, 2017  
 Rhonda Crocker Ellacott, President & CEO Date

2017-18 Hospital Service Accountability Agreement

Facility # 739  
 Hospital Name Hipligon District Memorial Hospital

Schedule A 2017-18  
 Funding Allocation

Intended Purpose or Use of Funding	Estimated <sup>1</sup> Funding Allocation	
<b>Funding Summary</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Global Funding (opening)	\$6,422,480	
HSFR - QBP Funding (Section 1 below)	\$0	
Wait Time Strategy Services Funding (Section 2 below)	\$0	\$0
Provincial Program Services (Section 3 below)	\$0	\$0
Other Funding (Section 4 below)	\$2,775	\$325,000
<b>Total Funding</b>	<b>\$6,425,255</b>	<b>\$325,000</b>
<b>Section 1: Health System Funding Reform - Quality Based Procedures<sup>3</sup></b>	<b>Rate</b>	<b>Allocation<sup>1,2</sup></b>
Cataracts - Bilateral and Non-Routine	\$0	\$0
Cataracts - Unilateral	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	\$0	\$0
Hip Replacement - Unilateral Primary	\$0	\$0
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary	\$0	\$0
Knee Replacement - Unilateral Primary	\$0	\$0
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	\$0	\$0
Joint Replacement - Bilateral Primary	\$0	\$0
Orthopaedics - Hip Fracture	\$0	\$0
Orthopaedics - Knee Arthroscopy	\$0	\$0
Paediatric - Neonatal Jaundice (Hyperbilirubinemia)	\$0	\$0
Paediatric - Tonsillectomy	\$0	\$0
Respiratory - Pneumonia	\$0	\$0
Stroke - Hemorrhage	\$0	\$0
Stroke - Ischemic or Unspecified	\$0	\$0
Stroke - Transient Ischemic Attack (TIA)	\$0	\$0
<b>Total QBP Funding</b>		<b>\$0</b>
<b>Section 2: Wait Time Strategy Services ("WTS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
General Surgery	\$0	\$0
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	\$0
Other WTS Funding	\$0	\$0
<b>Total WTS Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 3: Provincial Program Services ("PPS")</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
<b>Total PPS Funding</b>	<b>\$0</b>	<b>\$0</b>
<b>Section 4: Other Funding</b>	<b>Base<sup>2</sup></b>	<b>One-Time<sup>2</sup></b>
Grant in Lieu of Taxes	\$2,775	\$0
Working Capital Pressures Funding (amended Feb 12, 2016)	\$0	\$325,000
<b>Total Other Funding</b>	<b>\$2,775</b>	<b>\$325,000</b>

[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHM  
 [2] Funding allocations are subject to change year over year  
 [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.

**2017-18 Hospital Service Accountability Agreement**

Facility # **739**  
 Hospital Name **Nipigon District Memorial Hospital**

**Schedule B 2017-18  
 Reporting Requirements**

**1. MIS Trial Balance  
 Reporting Period**

Reporting Period	Due Date
2017-18	
Q2 – Apr 01-17- to Sept 30-17	31-Oct-2017
Q3 – Apr 01-17- to Dec 31-17	31-Jan-2018
Q4 – Apr 01-17- to March 31-18	31-May-2018

**2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary  
 Reporting Period**

Reporting Period	Due Date
2017-18	
Q2 – Apr 01-17- to Sept 30-17	07-Nov-2017
Q3 – Apr 01-17- to Dec 31-17	07-Feb-2018
Q4 – Apr 01-17- to March 31-18	30-Jun-2018

**3. Audited Financial Statements  
 Fiscal Year**

Fiscal Year	Due Date
2017-18	30-Jun-2018

**4. French Language Services Report  
 Fiscal Year**

Fiscal Year	Due Date
2017-18	30-Apr-2018

**5. Declaration of Compliance  
 Fiscal Year**

Fiscal Year	Due Date
2017-18	30-Jun-2018

2017-18 Hospital Service Accountability Agreement

Facility # 229  
 Hospital Name Paragon District Memorial Hospital

Schedule C1 2017-18  
 Performance Indicators

Performance Indicators			Explanatory Indicators		
	Measurement Unit	* 2017-18 Performance Target	* 2017-18 Performance Standard	Measurement Unit	
<b>Part I - PERSON EXPERIENCE: Access, Effective, Safe, Person-Centered</b>					
90th Percentile ED Length of Stay for Complex Patients	Hours	8.0	8.0	Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
90th Percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	3.3	3.8	Hospital Standardized Mortality Ratio	Ratio
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Hip Replacements	Percentage			Rate of Ventilator-Associated Pneumonia	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Knee Replacements	Percentage			Central Line Infection Rate	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for MRI	Percentage			Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for CT Scans	Percentage			Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cardiac Bypass Surgery	Percentage
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	0.15	Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cancer Surgery	Percentage
Readmissions to Own Facility within 30 Days for Selected HBAH Inpatient Groupers (HIC) Conditions	Percentage			Percent of Priority 2, 3, and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage
<b>Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance</b>					
Current Ratio (Consolidated - all sector codes and fund types)	Ratio	1.83	> 1.30	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated - all sector codes and fund types)	Percentage	0.50%	> 0.00%	Adjusted Working Funds / Total Revenue	Percentage
<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>					
Alternate Level of Care (ALC) Rate - Acute & Post Acute	Percentage	12.7%	14.0%	Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	Percentage
				Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	Percentage
				Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage
<b>Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3</b>					
*Refer to 2017-18 H-SAA Indicator Technical Specification for further details.					

2017-18 Hospital Service Accountability Agreement

North York # 729  
 Hospital Name: Niagara District Hospital

Measurement Unit			
<b>Part I - GLOBAL VOLUMES</b>		<b>* 2017-18 Performance Target</b>	<b>* 2017-18 Performance Standard</b>
Ambulatory Care	Visits		
Complex Continuing Care	Weighted Patient Days	1,900	≥ 1,615
Day Surgery	Weighted Cases		
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	5,240	≥ 5,135
Emergency Department	Weighted Cases	220	≥ 165
Emergency Department and Urgent Care	Visits	5,500	≥ 4,125
Inpatient Mental Health	Inpatient Days		
Inpatient Rehabilitation	Inpatient Days		
Total Inpatient Acute	Weighted Cases	450	≥ 338
<b>Part II - HOSPITAL SPECIALIZED SERVICES</b>		<b>2017-18 Primary</b>	<b>2017-18 Revision</b>
Cochlear Implants	Cases		
Cleft Palate	Cases	<b>2017-18 Base</b>	<b>2017-18 Incremental</b>
HIV Outpatient Clinics	Visits		
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients		
<b>Part III - WAIT TIME VOLUMES</b>		<b>2017-18 Base</b>	<b>2017-18 Incremental</b>
General Surgery	Cases		
Paediatric Surgery	Cases		
Hip & Knee Replacement - Revisions	Cases		
Magnetic Resonance Imaging (MRI)	Total Hours		
Ontario Breast Screening Program Magnetic Resonance Imaging (OBSP MRI)	Total Hours		
Computed Tomography	Total Hours		
<b>Part IV - PROVINCIAL PROGRAMS</b>		<b>2017-18 Base</b>	<b>2017-18 Incremental</b>
Automatic Implantable Cardiac Defib's - New Implants	# of New Implants		
Automatic Implantable Cardiac Defib's - Replacements	# of Replacements		
Automatic Implantable Cardiac Defib's - Replacements done at Supplier's Request	# of Replacements		
Automatic Implantable Cardiac Defib's - Manufacturer Requested ICD Replacement Procedures	Procedures		
Bariatric Surgery	Procedures		
Cardiac Surgery	Cases		
Cardiac Services - Catheterization	Cases		
Cardiac Services- Interventional Cardiology	Cases		
Cardiac Services- Permanent Pacemakers	Procedures		
Medical and Behaviour Treatment	Cases		
Neurosciences	Procedures		
Number of Forensic Beds - General	Number		
Number of Forensic Beds - Secure	Number		
Number of Forensic Beds - Assessment	Number		
Organ Transplantation	Cases		
Regional Trauma	Cases		

\*Refer to 2017-18 H-SAA Indicator Technical Specification for further details.

		Measurement Unit	
<b>Part V - QUALITY BASED PROCEDURES</b>			<b>2017-18 Volume (Note 1)</b>
Cardiac - Aortic Valve Replacement	Volumes		
Cardiac - Coronary Artery Disease	Volumes		
Cataracts - Bilateral and Non-Routine	Volumes		
Cataracts - Unilateral	Volumes		
Chronic Obstructive Pulmonary Disease	Volumes		
Congestive Heart Failure	Volumes		
Endoscopy	Volumes		
Hip Replacement - Inpatient Rehabilitation for Unilateral Primary	Volumes		
Hip Replacement - Unilateral Primary	Volumes		
Knee Replacement - Inpatient Rehabilitation for Unilateral Primary	Volumes		
Knee Replacement - Unilateral Primary	Volumes		
Joint Replacement - Inpatient Rehabilitation for Bilateral Primary	Volumes		
Joint Replacement - Bilateral Primary	Volumes		
Non-Cardiac Vascular - Aortic Aneurysm (AA) excluding Advanced Pathway	Volumes		
Non-Cardiac Vascular - Lower Extremity Occlusive Disease (LEOD)	Volumes		
Orthopaedics - Hip Fracture	Volumes		
Orthopaedics - Knee Arthroscopy	Volumes		
Paediatric - Neonatal Jaundice (Hyperbilirubinemia)	Volumes		
Paediatric - Tonsillectomy	Volumes		
Respiratory - Pneumonia	Volumes		
Stroke - Hemorrhage	Volumes		
Stroke - Ischemic or Unspecified	Volumes		
Stroke - Transient Ischemic Attack (TIA)	Volumes		
Vision Care - Retinal Disease	Volumes		

Note 1 - Volume is estimated for 2017-18 and confirmed to writing by the LHM subsequent to the Annual HSPR election provided by the Ministry of Health and Long-Term Care.

2017-18 Hospital Service Accountability Agreement

Identification #: 739  
 Hospital Name: Nipigon District Memorial Hospital

Schedule C3 2017-18  
 LHIN Indicators &  
 Obligations

<p><b>Performance Obligation</b>                  Client Experience requirement</p>	<p>The HSP will continue to conduct a patient satisfaction survey for the major departments of the hospital. Within three (3) months after year-end, the HSP will report the annual results of the patient satisfaction survey, broken down by those major departments and for the hospital as a whole. This report to the LHIN will include 4 questions measuring the patients care experience, substantially similar to:</p> <ul style="list-style-type: none"> <li>• "Overall care received" (for those hospitals that use NCR Picker &gt; from All Dimensions and Overall Ratings);</li> <li>• "Respect for Patient preferences" (for those hospitals that use NCR Picker &gt; from All Dimensions and Overall Ratings);</li> <li>• "Enough say about treatment" (for those hospitals that use NCR Picker &gt; from Respect for Patient Preference), and</li> <li>• "Treated you with respect/dignity" (for those hospitals that use NCR Picker &gt; from Respect for Patient Preference).</li> </ul>
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<p><b>Performance Obligation</b>                  Health Services Blueprint requirement</p>	<p>The North West LHIN is implementing the North West LHIN Health Services Blueprint (the Blueprint), a ten-year plan to reshape the health care system in the North West LHIN. The provincial Health Link initiative is aligned to this local plan and is being implemented in conjunction with the Blueprint at the Integrated District Network level. More details about the Blueprint and Health Links in the North West LHIN are available at <a href="http://www.northwestlhin.on.ca/">http://www.northwestlhin.on.ca/</a>.</p> <p>To advance the implementation of the Blueprint, the HSP will:</p> <ul style="list-style-type: none"> <li>- Align its strategic and operating activities with the Blueprint and Health Link objectives and local priorities;</li> <li>- Continue to collaborate with stakeholders with planning, implementation and reporting related to the implementation of the Blueprint and Health Links, and formalize this commitment to collaboration through a Collaboration Agreement (e.g. providing human resource expertise, information, data and analysis to the North West LHIN, Health Link Steering Committees or Working Groups, or Local, District and Regional Planning Tables as necessary to inform and support planning and implementation activities);</li> <li>- Play an active role in the implementation of the Blueprint and Health Links through:                         <ul style="list-style-type: none"> <li>o Actively leading and championing Blueprint and Health Links implementation;</li> <li>o Formalizing planning tables at the Local Health Hub and Integrated District Network levels;</li> <li>o Initiating partnerships across both LHIN-funded and non LHIN-funded providers;</li> <li>o Initiate planning and implementation activities with a focus on system level improvement across the continuum of care;</li> <li>o Identifying and promoting innovative approaches to integrated health care delivery with a focus on improving the client experience through improved transitions in care across the continuum, improving access to care, and improving value for health care dollars;</li> <li>o Providing ongoing education to staff, partner and public stakeholders;</li> <li>o Participation in knowledge exchange forums, channels and value stream mapping sessions;</li> <li>o Realignment of services and related delivery as necessary;</li> <li>o Coordination of implementation activity, including stakeholder analysis, communications and change initiatives; and</li> <li>o Implementation of standardized, quality based care pathways, processes and associated standardized costings.</li> </ul> </li> </ul>
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<p><b>Performance Obligation</b>                  Home First Philosophy requirement</p>	<p>To contribute to an improved health system, the HSP will align its strategic and operating activities with, and proactively adopt the North West LHIN's "Home First" philosophy. As requested by the North West LHIN, the HSP will collaborate with stakeholders with planning, implementation and reporting related to adoption of the Home First philosophy.</p>
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<p><b>Performance Obligation</b>                  Behavioural Supports Ontario (BSO) Action Plan requirement</p>	<p>The Health Service Provider will work with the North West LHIN and partners to:</p> <ul style="list-style-type: none"> <li>• Implement the Behavioural Supports Ontario Action Plan and participate in quality improvement training related to the Behavioural Support Ontario Strategy;</li> <li>• Integrate care for the target population through the creation of common care pathways and commit to training of front-line staff as it relates to this strategy.</li> </ul>
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2017-18 Hospital Service Accountability Agreement

Identification #: 739  
Hospital Name: Nipigon District Memorial Hospital

Schedule C3 2017-18  
LHIN Indicators & Obligations

<b>Performance Obligation</b> Emergency Preparedness Plans requirement	To minimize risks to the North West health system, the HSP will develop or review and update its emergency preparedness plan annually and include in the plan the process for communication with the North West LHIN in the event of an emergency situation.
<b>Performance Obligation</b> Diversity Planning requirement	The HSP will implement its LHIN approved cross-cultural competency plan. In cases where the plan has not been endorsed by the LHIN, the HSP will work with the LHIN to amend the plan as necessary. The HSP will report back on progress made on implementation as requested by the LHIN.
<b>Performance Obligation</b> e-Health requirement	The HSP will participate in the development and implementation of a harmonized North West LHIN eHealth Strategic Plan and subsequent iterations of that plan.
<b>Performance Obligation</b> Information Technology requirement	The HSP will ensure that any information Technology/information System implementations material to provincial (eHealth Ontario) and local (North West LHIN) eHealth Strategic and Tactical Plans will be aligned with and contribute to the advancement of these Plans.
<b>Performance Obligation</b>	
<b>Performance Obligation</b>	
<b>Performance Obligation</b>	