

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2016

B E T W E E N:

**HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION
NETWORK** (the "LHIN")

AND

Niagara 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, 2016;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further 12 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.

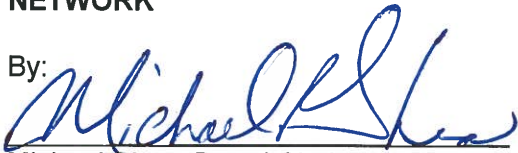
"Schedule" means any one of, and **"Schedules"** means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:


- 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, 2017 or as of the date that a new provincial H-SAA is reached.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2016. 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.

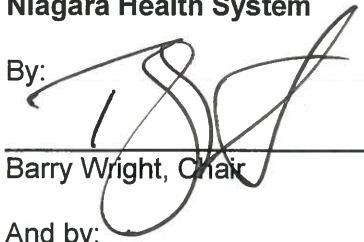
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.


HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By:  30/MAR/16
Michael Shea, Board Chair Date

And by:  March 30, 2016
Donna Cripps, Chief Executive Officer Date

Niagara Health System

By:  march 23 2016
Barry Wright, Chair Date

And by:  March 9/16
Suzanne Johnston, President Date

Hospital Sector Accountability Agreement 2016-2017

Facility #: 962
 Hospital Name: Niagara Health System
 Hospital Legal Name: Niagara Health System

2016-2017 Schedule A 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)

Sub-Total LHIN Funding

NON-LHIN FUNDING

[3] Cancer Care Ontario and the Ontario Renal Network
 Recoveries and Misc. Revenue
 Amortization of Grants/Donations Equipment
 OHIP Revenue and Patient Revenue from Other Payors
 Differential & Copayment Revenue

Sub-Total Non-LHIN Funding

Total 16/17 Estimated Funding Allocation (All Sources)

2016-2017

[1] Estimated Funding Allocation

[2] Base

\$171,902,150

\$118,625,500

\$42,380,500

\$35,112,000

[2] Incremental/One-Time

\$1,631,500

\$0

\$4,687,900

\$0

\$12,464,000

\$2,308,300

\$386,803,550

\$2,308,300

\$47,530,900

\$12,278,200

\$13,699,000

\$34,530,000

\$3,952,800

\$111,990,900

\$498,794,450

\$2,308,300

Section 2: HSFR - Quality-Based Procedures

Rehabilitation Inpatient Primary Unilateral Hip Replacement
 Acute Inpatient Primary Unilateral Hip Replacement
 Rehabilitation Inpatient Primary Unilateral Knee Replacement
 Acute Inpatient Primary Unilateral Knee Replacement
 Acute Inpatient Hip Fracture
 Knee Arthroscopy
 Elective Hips - Outpatient Rehab for Primary Hip Replacement
 Elective Knees - Outpatient Rehab for Primary Knee Replacement
 Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)
 Rehab Inpatient Primary Bilateral Hip/Knee Replacement
 Rehab Outpatient Primary Bilateral Hip/Knee Replacement
 Acute Inpatient Congestive Heart Failure
 Aortic Valve Replacement
 Coronary Artery Disease- CABG
 Coronary Artery Disease - PCI
 Coronary Artery Disease - Catheterization
 Acute Inpatient Stroke Hemorrhage
 Acute Inpatient Stroke Ischemic or Unspecified
 Acute Inpatient Stroke Transient Ischemic Attack (TIA)
 Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway
 Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease

Volume

[4] Allocation

0

\$0

363

\$3,094,910

0

\$0

822

\$6,391,720

522

\$6,314,810

1,165

\$1,696,170

0

\$0

0

\$0

25

\$325,165

0

\$0

0

\$0

785

\$5,706,460

0

\$0

0

\$0

0

\$0

0

\$0

37

\$385,970

425

\$3,619,870

60

\$225,370

28

\$752,210

110

\$948,690

Hospital Sector Accountability Agreement 2016-2017

Facility #: 962
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2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral Cataract Day Surgery	5,645	\$2,827,070
Retinal Disease	0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	140	\$354,075
Acute Inpatient Tonsillectomy	510	\$601,630
Acute Inpatient Chronic Obstructive Pulmonary Disease	813	\$6,540,210
Acute Inpatient Pneumonia	448	\$2,896,170
Bilateral Cataract Day Surgery	0	\$0
Shoulder Surgery – Osteoarthritis Cuff	0	\$0
Paediatric Asthma	0	\$0
Sickle Cell Anemia	0	\$0
Cardiac Devices	0	\$0
Cardiac Prevention Rehab in the Community	0	\$0
Neck and Lower Back Pain	0	\$0
Schizophrenia	0	\$0
Major Depression	0	\$0
Dementia	0	\$0
Corneal Transplants	0	\$0
C-Section	0	\$0
Hysterectomy	0	\$0
Sub-Total Quality Based Procedure Funding	11,898	\$42,380,500

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
General Surgery	\$0	\$0
Paediatric Surgery	\$0	\$0
Hip & Knee Replacement - Revisions	\$0	\$0
Magnetic Resonance Imaging (MRI)	\$1,518,900	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$15,600	\$0
Computed Tomography (CT)	\$97,000	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Other WTS Funding	\$0	\$0
Sub-Total Wait Time Strategy Services Funding	\$1,631,500	\$0

Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Time
Cardiac Surgery	\$3,040,000	\$0
Other Cardiac Services	\$1,647,900	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
Sub-Total Provincial Priority Program Services Funding	\$4,687,900	\$0

Hospital Sector Accountability Agreement 2016-2017

Facility #:	962
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2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	\$2,308,300
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$12,464,000	
Paymaster		\$0	
Sub-Total Other Non-HSFR Funding		\$12,464,000	\$2,308,300
Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>		[2] Base	[2] Incremental/One-Time
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		\$0	\$111,075
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$0	\$111,075
<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 2016-2017

Facility #:	962
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2016-2017 Schedule B: Reporting Requirements

1. MIS Trial Balance

**Due Date
2016-2017**

Q2 – April 01 to September 30	31 October 2016
Q3 – October 01 to December 31	31 January 2017
Q4 – January 01 to March 31	31 May 2017

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

**Due Date
2016-2017**

Q2 – April 01 to September 30	07 November 2016
Q3 – October 01 to December 31	07 February 2017
Q4 – January 01 to March 31	7 June 2017
Year End	30 June 2017

3. Audited Financial Statements

**Due Date
2016-2017**

Fiscal Year	30 June 2017
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4. French Language Services Report

**Due Date
2016-2017**

Fiscal Year	30 April 2017
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Hospital Sector Accountability Agreement 2016-2017

Facility #:	962
Hospital Name:	Niagara Health System
Hospital Legal Name:	Niagara Health System
Site Name:	TOTAL ENTITY

2016-2017 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	8.0	<= 8.8
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	4.0	<= 4.4
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90.0%	>= 90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	15.5%	<=17.1%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	0%

Explanatory Indicators	Measurement Unit
Percent of Stroke/Tia Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Hospital Sector Accountability Agreement 2016-2017

Facility #:	962
Hospital Name:	Niagara Health System
Hospital Legal Name:	Niagara Health System
Site Name:	TOTAL ENTITY

2016-2017 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.30	>= 0.29
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.56%	>=0.56%
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 2016-2017	Performance Standard 2016-2017
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<= 13.97%
Explanatory Indicators	Measurement Unit		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	Percentage		

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

Targets for future years of the Agreement will be set during the Annual Refresh process.
*Refer to 2016-2017 H-SAA Indicator Technical Specification for further details.

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule C2 Service Volumes

		Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services				
Ambulatory Care	Visits		200,230	>= 180,207 and <= 220,253
Complex Continuing Care	Weighted Patient Days		67,760	>= 62,339 and <= 73,181
Day Surgery	Weighted Cases		7,200	>= 6,624 and <= 7,776
Elderly Capital Assistance Program (ELDCAP)	Patient Days		0	0
Emergency Department	Weighted Cases		10,830	>= 10,180 and <= 11,480
Emergency Department and Urgent Care	Visits		191,600	>= 185,852 and <= 197,348
Inpatient Mental Health	Patient Days		29,950	>= 28,153 and <= 31,747
Acute Rehabilitation Patient Days	Patient Days		0	0
Total Inpatient Acute	Weighted Cases		39,000	>= 37,440 and <= 40,560

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2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2016-17 by March 31, 2017. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and involvement in decisions about care. HSPs should report on the questions that are most similar to the following:

- Overall satisfaction: **"Overall, how would you rate the care and services you received?"**
- Involvement in decisions about care: **"Were you involved in decisions about your care as much as you wanted to be?"**

Develop a Quality Improvement Plan (QIP) for 2016-17 with guidance from Health Quality Ontario (HQP) quality framework and templates for submission by the Hospital to HQO on/before March 31, 2016. Hospitals will also provide the HNHB LHIN with a copy of their QIP by June 1, 2016.

Participate in applicable initiatives or strategies related to the health system transformation agendas of Patients First and/or HNHB LHIN Strategic Health System Plan. This includes, but is not limited to, actively working with Health Links lead organizations to support and advance Health Links performance objectives in Hamilton Niagara Haldimand Brant LHIN.

Strive to meet the targets for health system performance indicators. Engage in activities, including LHIN-wide initiatives, which result in the demonstrated improving performance trends on relevant MLAA indicators.

The Hospital shall provide all Hospital Services that are essential mental health services in accordance with the specific designation for the Hospital and shall only make any material changes to the delivery models or service levels for those essential mental health services in consultations with, and the approval of the MOHLTC.

**Schedule C4: Post Construction Operating Plans
2016-2017**

Health Service Provider: Niagara Health System

Post-Construction Operating Plan (PCOP) funding and related performance requirements will be communicated in separate funding letters and are subject to the Terms and Conditions applicable to the overall HSAA.