## H-SAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1st day of July, 2017

**B E T W E E N:**

**CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK** (the "LHIN")

**AND**

**Bruyere Continuing Care** (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 June 30, 2017;

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

**CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK**

By: _____ _____
Jean-Pierre Boisclair, Chair — Date: July 18, 2017

And by: _____ _____
Chantale LeClerc, CEO — Date: July 14, 2017

**Bruyere Continuing Care**

By: _____ _____
Barbara Kieley, Chair — Date: July 14, 2017

And by: _____ _____
Daniel Levac, President & CEO — Date: July 14, 2017

# Hospital Service Accountability Agreements 2017-2018

| | |
|---|---|
| Facility #: | 932 |
| Hospital Name: | Bruyère Continuing Care |
| Hospital Legal Name: | Bruyère Continuing Care |

## 2017-2018 Schedule A Funding Allocation

| | 2017-2018 [1] Estimated Funding Allocation | |
|---|---|---|
| **Section 1: FUNDING SUMMARY** | | |
| **LHIN FUNDING** | **[2] Base** | |
| LHIN Global Allocation (Includes Sec. 3) | **$57,562,547** | |
| Health System Funding Reform: HBAM Funding | **$36,151,021** | |
| Health System Funding Reform: QBP Funding (Sec. 2) | **$151,132** | |
| Post Construction Operating Plan (PCOP) | **$0** | **[2] Incremental/One-Time** |
| Provincial Program Services ("PPS") (Sec. 4 ) | **$0** | **$0** |
| Other Non-HSFR Funding (Sec. 5) | **($1,617,207)** | **$1,054,500** |
| **Sub-Total LHIN Funding** | **$92,247,493** | **$1,054,500** |
| **NON-LHIN FUNDING** | | |
| [3] Cancer Care Ontario and the Ontario Renal Network | **$0** | |
| Recoveries and Misc. Revenue | **$9,576,761** | |
| Amortization of Grants/Donations Equipment | **$1,409,890** | |
| OHIP Revenue and Patient Revenue from Other Payors | **$4,456,257** | |
| Differential & Copayment Revenue | **$9,360,000** | |
| **Sub-Total Non-LHIN Funding** | **$24,802,908** | |
| **Total 16/17 Estimated Funding Allocation (All Sources)** | **$117,050,401** | **$1,054,500** |

| **Section 2: HSFR - Quality-Based Procedures** | **Volume** | **[4] Allocation** |
|---|---|---|
| Rehabilitation Inpatient Primary Unlilateral Hip Replacement | **8** | **$106,281** |
| Acute Inpatient Primary Unilateral Hip Replacement | **0** | **$0** |
| Rehabilitation Inpatient Primary Unlilateral Knee Replacement | **6** | **$44,851** |
| Acute Inpatient Primary Unilateral Knee Replacement | **0** | **$0** |
| Acute Inpatient Hip Fracture | **0** | **$0** |
| Knee Arthroscopy | **0** | **$0** |
| Elective Hips - Outpatient Rehab for Primary Hip Replacement | **0** | **$0** |
| Elective Knees - Outpatient Rehab for Primary Knee Replacement | **0** | **$0** |
| Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) | **0** | **$0** |
| Rehab Inpatient Primary Bilateral Hip/Knee Replacement | **0** | **$0** |
| Rehab Outpatient Primary Bilateral Hip/Knee Replacement | **0** | **$0** |
| Acute Inpatient Congestive Heart Failure | **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** |
| Inpatient Neonatal Jaundice (Hyperbilirubinemia) | **0** | **$0** |
| Acute Inpatient Tonsillectomy | **0** | **$0** |
| Acute Inpatient Chronic Obstructive Pulmonary Disease | **0** | **$0** |
| Acute Inpatient Pneumonia | **0** | **$0** |
| Non-Routine and Bilateral Cataract Day Surgery | **0** | **$0** |

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## 2017-2018 Schedule A Funding Allocation

| | | |
|---|---|---|
| **Sub-Total Quality Based Procedure Funding** | **14** | **$151,132** |

| **Section 3: Wait Time Strategy Services ("WTS")** | **[2] Base** |
|---|---|
| General Surgery | **$0** |
| Pediatric Surgery | **$0** |
| Hip & Knee Replacement - Revisions | **$0** |
| Magnetic Resonance Imaging (MRI) | **$0** |
| Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI) | **$0** |
| Computed Tomography (CT) | **$0** |
| Other WTS Funding | **$0** |
| Other WTS Funding | **$0** |
| Other WTS Funding | **$0** |
| Other WTS Funding | **$0** |
| Other WTS Funding | **$0** |
| Other WTS Funding | **$0** |
| **Sub-Total Wait Time Strategy Services Funding** | **$0** |

| **Section 4: Provincial Priority Program Services ("PPS")** | **[2] Base** | **[2] Incremental/One-Time** |
|---|---|---|
| Cardiac Surgery | **$0** | **$0** |
| Other Cardiac Services | **$0** | **$0** |
| Organ Transplantation | **$0** | **$0** |
| Neurosciences | **$0** | **$0** |
| Bariatric Services | **$0** | **$0** |
| Regional Trauma | **$0** | **$0** |
| **Sub-Total Provincial Priority Program Services Funding** | **$0** | **$0** |

| **Section 5: Other Non-HSFR** | **[2] Base** | **[2] Incremental/One-Time** |
|---|---|---|
| LHIN One-time payments | **$0** | **$1,054,500** |
| MOH One-time payments | **$453,900** | **$0** |
| LHIN/MOH Recoveries | **($121,207)** | |
| Other Revenue from MOHLTC | **$0** | |
| Paymaster | **($1,949,900)** | |
| **Sub-Total Other Non-HSFR Funding** | **($1,617,207)** | **$1,054,500** |

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

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

[1] Estimated funding allocations.

[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.

# Hospital Service Accountability Agreements 2017-2018

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|---|---|
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## 2017-2018 Schedule B: Reporting Requirements

| 1. MIS Trial Balance | Due Date 2017-2018 |
|---|---|
| Q2 – April 01 to September 30 | 31 October 2017 |
| Q3 – October 01 to December 31 | 31 January 2018 |
| Q4 – January 01 to March 31 | 31 May 2018 |

| 2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary | Due Date 2017-2018 |
|---|---|
| Q2 – April 01 to September 30 | 07 November 2017 |
| Q3 – October 01 to December 31 | 07 February 2018 |
| Q4 – January 01 to March 31 | 7 June 2018 |
| Year End | 30 June 2018 |

| 3. Audited Financial Statements | Due Date 2017-2018 |
|---|---|
| Fiscal Year | 30 June 2018 |

| 4. French Language Services Report | Due Date 2017-2018 |
|---|---|
| Fiscal Year | 30 April 2018 |

# Hospital Service Accountability Agreements 2017-2018

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| Site Name: | **TOTAL ENTITY** |

## 2017-2018 Schedule C1 Performance Indicators

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

| *Performance Indicators | Measurement Unit | Performance Target 2017-2018 | Performance Standard 2017-2018 |
|---|---|---|---|
| 90th Percentile Emergency Department (ED) length of stay for Complex Patients | Hours | **N/A** | |
| 90th percentile ED Length of Stay for Minor/Uncomplicated Patients | Hours | **N/A** | |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements | Percent | **N/A** | |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements | Percent | **N/A** | |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI | Percent | **N/A** | |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans | Percent | **N/A** | |
| Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions | Percent | **N/A** | |
| Rate of Hospital Acquired Clostridium Difficile Infections | Rate | **N/A** | |

| Explanatory Indicators | Measurement Unit |
|---|---|
| Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay | Percent |
| Hospital Standardized Mortality Ratio (HSMR) | 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 Service Accountability Agreements 2017-2018

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|---|---|
| Facility #: | **932** |
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| Site Name: | **TOTAL ENTITY** |

## 2017-2018 Schedule C1 Performance Indicators

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

| *Performance Indicators | Measurement Unit | Performance Target 2017-2018 | Performance Standard 2017-2018 |
|---|---|---|---|
| Current Ratio (Consolidated - All Sector Codes and fund types | Ratio | **0.50** | **>=0.49** |
| Total Margin (Consolidated - All Sector Codes and fund types | Percentage | **0.00%** | **>=0%** |

| 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 2017-2018 | Performance Standard 2017-2018 |
|---|---|---|---|
| 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 2017-2018 H-SAA Indicator Technical Specification for further details.**

# Hospital Service Accountability Agreements 2017-2018

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## 2017-2018 Schedule C2 Service Volumes

| | Measurement Unit | Performance Target 2017-2018 | Performance Standard 2017-2018 |
|---|---|---|---|
| **Clinical Activity and Patient Services** | | | |
| Ambulatory Care | Visits | **35,700** | **>= 28,560 and <= 42,840** |
| Complex Continuing Care | Weighted Patient Days | **140,400** | **>= 131,976 and <= 148,824** |
| Day Surgery | Weighted Cases | **0** | - |
| Elderly Capital Assistance Program (ELDCAP) | Patient Days | **0** | - |
| Emergency Department | Weighted Cases | **0** | - |
| Emergency Department and Urgent Care | Visits | **0** | - |
| Inpatient Mental Health | Patient Days | **0** | - |
| Acute Rehabilitation Patient Days | Patient Days | **0** | - |
| Total Inpatient Acute | Weighted Cases | **0** | - |

**Hospital Service Accountability Agreements 2017-2018**

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**2017-2018 Schedule C3: LHIN Local Indicators and Obligations**

Ottawa Model of Smoking Cessation: The Hospital will ensure that the Ottawa Model of Smoking Cessation (OMSC) is implemented and provided to Hospital inpatients, working toward reaching 80% of inpatient smokers. [Reach= number of individuals provided OMSC and entered into centralized database divided by number of expected smokers.] The Hospital will implement the OMSC in outpatients clinics where applicable; targets will be set in partnership with UOHI.

Senior Friendly: Hospitals will continue to spread and increase the uptake of functional decline and delirium quality improvement programs to promote adoption throughout the hospital. Hospitals will also work towards the implementation of the recommendations included in their self-assessment report provided to them by the Regional Geriatric Program of Toronto (Feb. 2015). Hospitals will submit their current Senior Friendly Hospital QIP with year-end outcomes and accomplishments concurrent with the Hospital Quarterly SRI Report for Q4, using the SharePoint/LHINWorks portal. Hospitals will also submit their Senior Friendly Hospital QIP for the upcoming year.

Life or Limb Policy and Repatriation Agreement: The Hospital will comply with the Life or Limb Policy and the Champlain LHIN Hospital Patient Repatriation Policy. The Hospital is expected to use the online Repatriation Tool hosted by CritiCall Ontario for all repatriations. The Hospital will collect and submit information that will support on-going monitoring and performance measurement as required. Hospitals are expected to review and improve their performance relative to the provincial Life or Limb and Repatriation policies and are expected to achieve and maintain a rate of 90% of patients repatriated within 48 hours.

Integrated Decision Support: The HSP will collaborate in the planning of a Regional Integrated Decision Support System as required.

Ancillary Activities for Revenue Generation and Investment: In compliance with the BOND policy, hospitals contemplating significant new or expanded ancillary activities will consult with the LHIN prior to making contractual commitments; the LHIN may request a business case and conduct a risk assessment prior to providing support or endorsement for such activities.

**Hospital Service Accountability Agreements 2017-2018**

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**2017-2018 Schedule C3: LHIN Local Indicators and Obligations**

Corporate Reporting: Hospitals will report audited consolidated corporate financial results and inter-company arrangements within 90 days of fiscal year-end.

Indigenous Cultural Awareness: The HSP will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2018 and should be submitted using the subject line: 2017-18 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Executive Succession: The HSP must inform the LHIN prior to undertaking a recruitment or appointment process for a CEO or Executive Director.

Health Links: The Health Service Provider, in collaboration with the Health Link lead and partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, and as appropriate, delivery of coordinated care to achieve the 2017-18 target number of coordinated care plans.

The HSP will contact the primary care provider to make a follow-up appointment within 7 days of discharge for Health Link patients for whom it is appropriate.

Long-Term (LT) Rehabilitation: To supplement Schedule C2 Service Volumes (Part 1-Global Volumes), LT Rehabilitation targets are: Weighted Cases: Target=1,441, Performance Standard≥1355; Patient Days: Target=27,421, Performance Standard≥25,775; Separations: Target=909, Performance Standard≥854

**Hospital Service Accountability Agreements 2017-2018**

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**2017-2018 Schedule C3: LHIN Local Indicators and Obligations**

Quality Based Procedures: The Hospital will maintain awareness, and continue to implement and reinforce, the best practices contained in new and existing Quality Based Procedure (QBP) clinical handbooks to support optimal patient care.

Sub-region Planning: The Champlain LHIN has established five sub-regions in order to improve patient and client health outcomes through population health planning and integrated service delivery. HSPS are expected to collaborate in the development of sub-region planning, and to contribute to more coordinated care for sub-regional populations across the continuum of primary, home, community, and long-term care and to improve transitions from hospital to community care. This will require close collaboration and partnership with primary care providers in each sub-region in meeting the needs of their patients.

Shared Non-clinical Services: The Health Service Provider will participate in the development of a region-wide strategic plan and implementation plan for shared non-clinical services. This will include, but will not be limited to, engagement with the Champlain LHIN Shared Services Regionalization Committee and consideration of the emerging recommendations of the Province of Ontario Healthcare Sector Supply Chain Strategy.

Sub-acute Care Plan Implementation: The Health Service Provider will maintain an awareness of the Champlain LHIN Sub-acute Care Plan and participate in implementation as requested by the LHIN. For the purpose of implementation planning, the Health Service Provider's 2015-16 rehabilitation and complex continuing care bed capacity and associated financial capacity will be the basis for the plan's capacity and resource assumptions. Baseline 2015-16 capacity is defined as: 2015-16 approved HAPS bed numbers, 2015-16 Ontario Cost Distribution Methodology (OCDM) costs for the respective inpatient services, and associated ambulatory activity.

Palliative Care: The Health Service Provider agrees to leverage materials developed by Champlain Hospice Palliative Care Program and Hospice Care Ontario to provide education for staff, volunteers and service recipients on advance care planning/ health care consent and to incorporate regionally developed tools to support standardized documentation of patient/resident goals of care.

**Hospital Service Accountability Agreements 2017-2018**

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**2017-2018 Schedule C3: LHIN Local Indicators and Obligations**

French Language Services – Designated: Using the template to be provided by the LHIN, the HSP will submit a Human Resources plan to the LHIN, by April 30, 2018.

Current Ratio: The Hospital will implement a plan to replenish working capital and achieve a minimum current ratio of 0.8 by 2023.

Electronic Patient Record: The Hospital will continue investment in electronic medical records in order to maintain connectivity to Champlain Association of Meditech Partners as well as to provide sufficient content for the Connecting Ontario project.

Occupancy Rate: The Hospital will ensure that no more than 5 Complex Continuing Care beds are vacant for more than seven consecutive days, excluding beds that are temporarily vacant and being held for patients that have been transferred to an acute care hospital for medical intervention. The Hospital is required to report the number of vacant Complex Continuing Care beds to the Champlain LHIN via email on a daily basis.