

PH-SAA AMENDING AGREEMENT

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

BETWEEN:

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

AND

Homewood Health Centre (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a private hospital service accountability agreement that took effect April 1, 2008 (the "PH-SAA");

AND WHEREAS pursuant to various amending agreements the term of the PH-SAA has been extended to March 31, 2017;

AND WHEREAS the LHIN and the Hospital have agreed to extend the PH-SAA for a further twelve month period to permit the LHIN and the Hospital to continue to work toward a new multi-year private 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 PH-SAA. References in this Agreement to the PH-SAA mean the PH-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The PH-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

2.3 Term. This Agreement and the PH-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 PH-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 30, 2017
Date

And by:


Bruce Lauckner, CEO

March 30/17
Date

Homewood Health Centre

By:


James Schlegel, Chair

March 10/17
Date

And by:


Jagoda Pike, CEO

March 3/17
Date

Private Hospital Service Accountability Agreements 2017-2018

Facility #: 601

Hospital Name: Homewood Health Centre

Hospital Legal Name: Homewood Health Centre

2017-2018 Schedule A Funding Allocation

		2017-2018	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$30,642,050	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4)		\$0	[2] Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		\$214,431	\$0
Sub-Total LHIN Funding		\$30,856,481	\$0
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		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
Sub-Total Quality Based Procedure Funding		0	\$0

Private Hospital Service Accountability Agreements 2017-2018

Facility #:	601
Hospital Name:	Homewood Health Centre
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2017-2018 Schedule A Funding Allocation

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	\$0
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$180,423	
Paymaster		\$34,008	
Sub-Total Other Non-HSFR Funding		\$214,431	\$0
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
<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>			

Private Hospital Service Accountability Agreements 2017-2018

Facility #:	601
Hospital Name:	Homewood Health Centre
Hospital Legal Name:	Homewood Health Centre

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 Quarterly 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

Private Hospital Service Accountability Agreements 2017-2018

Facility #:	601
Hospital Name:	Homewood Health Centre
Hospital Legal Name:	Homewood Health Centre
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	Performance Standard
		2017-2018	2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	N/A	N/A
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	N/A
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	N/A
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	N/A	N/A

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

Private Hospital Service Accountability Agreements 2017-2018

Facility #:	601
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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	0.35	>= 0.33
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%	<= 12.70%

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.

Private 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		4,000	>= 3,000
Ambulatory Care	Group Visits		5,500	>= 4,675
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	Weighted Patient Days		87,663	>= 82,403
Acute Rehabilitation Patient Days	Patient Days		0	-
Total Inpatient Acute	Weighted Cases		0	-

Hospital Service Accountability Agreements 2017-2018

Facility #:	601
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2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Local Indicators and Obligations to follow as amendment.