

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:

NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK (the “LHIN”)

AND

WAYPOINT CENTRE FOR MENTAL HEALTH CARE (the “Hospital”)

WHEREAS effective December 15, 2008, the Ministry of Health and Long-Term Care (the “Ministry”) divested its program called the Mental Health Centre Penetanguishene to the Hospital;

AND WHEREAS as part of the divestment the Ministry entered into a service accountability agreement with the Hospital effective December 15, 2008, for a term ending March 31, 2010 (the “H-SAA”);

AND WHEREAS effective December 19, 2008 the Ministry assigned its rights, duties and obligations under the H-SAA to the LHIN except as otherwise set out in Article 15.5 of the H-SAA and subject to the conditions contained in Article 5.1 of 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:

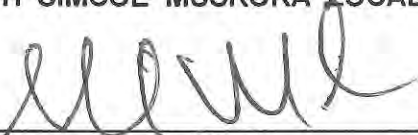
- Schedule A: Funding Allocation
- Schedule B: Reporting
- Schedule C: Indicators and Volumes
 - C.1. Performance Indicators
 - C.2. Service Volumes
 - C.3. LHIN Indicators and Volumes
 - C.4. PCOP Targeted Funding and Volumes

- 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.

NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK

By:



Robert Morton, Board Chair

FEB. 12, 2016

Date

And by:



Jill Tettmann, Chief Executive Officer

Feb 9, 2016

Date

WAYPOINT CENTRE FOR MENTAL HEALTH CARE

By:



Betty Valentine, Board Chair

Feb 4/16

Date

And by:



Carol Lambie,
President and Chief Executive Officer

Feb 4/16

Date

Hospital Service Accountability Agreement 2015-2016

Facility #:	972
Hospital Name:	Waypoint Centre for Mental Health Care
Hospital Legal Name:	Waypoint Centre for Mental Health Care

2015-2016 Schedule A Funding Allocation

		2015-2016	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation		\$114,486,405	
Health System Funding Reform: HBAM Funding		\$0	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$6,039,400	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time \$0
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$0
Other Non-HSFR Funding (Sec. 5)		(\$622,287)	\$0
Sub-Total LHIN Funding		\$119,903,518	\$0
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$0	
Recoveries and Misc. Revenue		\$2,406,731	
Amortization of Grants/Donations Equipment		\$2,096,684	
OHIP Revenue and Patient Revenue from Other Payors		\$1,052,000	
Differential & Copayment Revenue		\$0	
Sub-Total Non-LHIN Funding		\$5,555,415	
Total 15/16 Estimated Funding Allocation (All Sources)		\$125,458,933	\$0

Hospital Service Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	2015-2016	
	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 Rehabilitation for Primary Hip	0	\$0
Elective Knees - Outpatient Rehabilitation for Primary Knee	0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	\$0
Acute Inpatient Congestive Heart Failure	0	\$0
Aortic Valve Replacement	0	\$0
Coronary Artery Disease	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

Hospital Service Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

		2015-2016	
		Volume	[4] Allocation
Section 2: HSFR - Quality-Based Procedures			
Bilateral Cataract Day Surgery		0	\$0
Retinal Disease		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
Endoscopy		0	\$0
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		0	\$0
Sub-Total Quality Based Procedure Funding		0	\$0

Hospital Service Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

		2015-2016	
		[2] Base	[2] Incremental/One-Time
Section 3: Wait Time Strategy Services ("WTS")			
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
Sub-Total Wait Time Strategy Services Funding		\$0	\$0
Section 4: Provincial Priority Program Services ("PPS")			
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			
LHIN One-time payments		\$0	\$0
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$0	
Paymaster		(\$622,287)	
Sub-Total Other Non-HSFR Funding		(\$622,287)	\$0

Hospital Service Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>	2015-2016	
	[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 Agreement 2015-2016

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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

Hospital Service Accountability Agreement 2015-2016

Facility #:	972
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Site Name:	TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	N/A	
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	N/A	
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	N/A	
Cancer Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	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	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Cental Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

Hospital Service Accountability Agreement 2015-2016

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Site Name:	TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENT, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE			
*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.78	>= 1.69
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.60%	>=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 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	6.40%	<= 7.04%
Explanatory Indicators		Measurement Unit	
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage		

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3	
Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process. *Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.	

Hospital Service Accountability Agreement 2015-2016

Facility #:	972
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2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes

	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
Ambulatory Care	Visits	18,840	>= 14,130.
Complex Continuing Care	Weighted Patient Days	0	-
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	127,914	>= 120238.8 and <= 135588.4
Inpatient Mental Health	Patient Days	103,557	<= 99,149.4
Acute Rehabilitation Patient Days	Patient Days	0	-
Acute Rehabilitation Separations	Separations	0	-
Total Inpatient Acute	Weighted Cases	0	-

Part II - Hospital Specialized Services

	Measurement Unit	Primary	Revision
		2015-2016	2015-2016
Cochlear Implants	Cases	0	0
		Base	One-time
		2015-2016	2015-2016
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	0	

Part III - Wait Time Volumes

	Measurement Unit	Base	One-time
		2015-2016	2015-2016
General Surgery	Cases	0	0
Paediatric Surgery	Cases	0	0
Hip & Knee Replacement - Revisions	Cases	0	0
Magnetic Resonance Imaging (MRI)	Total Hours	0	0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	0	0

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2015-2016 Schedule C2 Service Volumes

Part IV - Provincial Programs

	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services- Interventional Cardiology	Cases	0	
Cardiac Services- Permanent Pacemakers	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
Number of Forensic Beds- Secure	Beds	0	
Number of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment Cases	Cases	0	

Hospital Service Accountability Agreement 2015-2016

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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	0
Rehabilitation Inpatient Primary Unilateral Knee Replacement	Volume	0
Acute Inpatient Primary Unilateral Knee Replacement	Volume	0
Acute Inpatient Hip Fracture	Volume	0
Knee Arthroscopy	Volume	0
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	0
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	0
Acute Inpatient Congestive Heart Failure	Volume	0
Aortic Valve Replacement	Volume	0
Coronary Artery Disease	Volume	0
Acute Inpatient Stroke Hemorrhage	Volume	0
Acute Inpatient Stroke Ischemic or Unspecified	Volume	0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	0
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	0
Unilateral Cataract Day Surgery	Volume	0
Bilateral Cataract Day Surgery	Volume	0
Retinal Disease	Volume	0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	0
Acute Inpatient Tonsillectomy	Volume	0
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	0
Acute Inpatient Pneumonia	Volume	0
Endoscopy	Volume	0

Hospital Service Accountability Agreement 2015-2016

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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

LHIN-SPECIFIC PERFORMANCE OBLIGATIONS

1. System Collaboration on Health Systems Planning and Design

Health Service Providers are required to collaborate with system partners to support the development of an integrated system of health services that provides person-centred, timely, equitable, accessible, high quality, and evidence-based services in an efficient, effective and sustainable manner. (Referred to as “Care Connections - Partnering for Healthy Communities” and “Care Connections Second Curve”).

To ensure optimal alignment across the region, the Health Service Provider agrees that the development and submission of organizational plans and proposals to the LHIN will incorporate, where applicable, the following considerations:

- the needs of patients, clients and/or residents
- NSM LHIN System priorities (as outlined in the NSM LHIN Integrated Health Services Plan (IHSP), NSM LHIN Annual Business Plans, and NSM LHIN Annual CEO deliverables as posted on the NSM LHIN website)
- Feedback from LHIN Leadership Council and relevant Coordinating Councils

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to participate in the work and initiatives of all Coordinating Councils and Project Steering Committees, to the extent that it is able without impacting its capacity to meet its other obligations under this agreement. Such initiatives include, but are not limited to:

- Participation and collaboration of a LHIN-approved senior executive as a member of the oversight council (“referred to as the “Leadership Council”), a Coordinating Council and/or a Project Steering Committee to implement such recommendations as are agreed to by the Leadership Council and NSM LHIN Board of Directors
- Identification of Coordinating Council project leads and/or project champions
- Participation in regional/provincial planning and implementation groups
- Specific obligations as may be specified as a condition of participation in Council initiatives (outlined in the Project Charter for the initiative)

2. Risk Management Reporting to the LHIN

HSP Boards will ensure that:

- The health service provider has an organization-specific policy related to the management of risks;
- Significant and major risks are identified and reported promptly to the LHIN in the manner outlined in the “NSM LHIN Risk Management Reporting Guidelines and Manual” (available on the NSM LHIN website);
- All significant and major risks are assigned action plans to mitigate likelihood and/or impact, and that status updates for unmitigated risks are provided to the LHIN periodically until the risk is no longer significant.

3. HQO-associated reporting to the LHIN

In accordance with the Excellent Care for All Act 2010, the Health Service Provider will prepare a Quality Improvement Plan (QIP) for submission to Health Quality Ontario (HQO) in a form prescribed by HQO on timelines established by that agency.

In addition to meeting this statutory obligation, the Health Service Provider agrees:

- To provide the LHIN with a draft copy of the QIP, upon request and in advance of its submission to HQO and posting to its website.
- To provide a copy of the organization’s progress against the previous fiscal year’s QIP priorities and targets (where applicable) in advance of its submission to HQO

In those few instances where a QIP may be egregiously out of alignment with LHIN direction, the LHIN would provide feedback to the organization as appropriate.

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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

4. Satisfaction Survey Results Reporting to the LHIN

Health Service Providers will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of at least:

- Total Number of Patients/Clients/Family Members surveyed for Client Satisfaction
- Total Number of Patients/Clients/Family Members responding positively in response to one of the following questions*:
 - o “If you needed to be treated again, would you choose to come back to this organization/facility?”;
 - o “Would you recommend this organization/facility to your friends and family?”; or
 - o “Overall, how would you rate the care and services you received at this organization/facility?”

* actual wording and definitions of “positive” may vary slightly based on survey design.

5. Other Hospital Specific

- The Hospital will operate 301 beds and maintain a hospital-wide occupancy level of greater than 90%.
- The Hospital will maintain its accredited status with Accreditation Canada.
- The Hospital will maintain medical staff compensation levels at, or greater than 80% of medical staff remuneration budget of \$9,256,103 to ensure appropriate service levels are present to address the complex needs of patient served.
- The Hospital will continue to pursue a French Language Services (FLS) designation and will develop a first FLS plan by the end of 2016/17.