

## H-SAA AMENDING AGREEMENT

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

**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, 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.

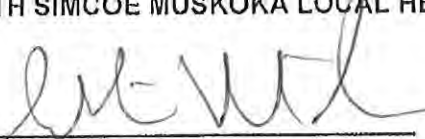
“**Schedule**” means any one of, and “**Schedules**” means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:

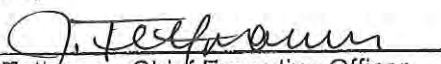
- Schedule A: Funding Allocation
- Schedule B: Reporting
- Schedule C: Indicators and Volumes
  - C.1. Performance Indicators
  - C.2. Service Volumes
  - C.3. LHIN Indicators and Volumes
  - C.4. PCOP Targeted Funding and Volumes

- 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 SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK**

By:  Apr. 6, 2017  
 Robert Morton, Board Chair Date

And by:  APRIL 6, 2017  
 Jill Tetymann, Chief Executive Officer Date

**WAYPOINT CENTRE FOR MENTAL HEALTH CARE**

By:  March 2, 2017  
 Betty Valentine, Board Chair Date

And by:  March 2, 2017  
 Carol Lambie, President and Chief Executive Officer Date

# Hospital Service Accountability Agreements 2017-2018

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

## 2017-2018 Schedule A Funding Allocation

		2017-2018	
<b>Section 1: FUNDING SUMMARY</b>		<b>[1] Estimated Funding Allocation</b>	
<b>LHIN FUNDING</b>		<b>[2] Base</b>	
LHIN Global Allocation (Includes Sec. 3)		\$117,138,090	
Health System Funding Reform: HBAM Funding		\$0	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$6,039,400	
Provincial Program Services ("PPS") (Sec. 4 )		\$0	[2] Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		(\$134,977)	\$0
<b>Sub-Total LHIN Funding</b>		<b>\$123,042,513</b>	<b>\$0</b>
<b>NON-LHIN FUNDING</b>			
[3] Cancer Care Ontario and the Ontario Renal Network		\$0	
Recoveries and Misc. Revenue		\$3,403,873	
Amortization of Grants/Donations Equipment		\$2,395,108	
OHIP Revenue and Patient Revenue from Other Payors		\$711,750	
Differential & Copayment Revenue		\$0	
<b>Sub-Total Non-LHIN Funding</b>		<b>\$6,510,731</b>	
<b>Total 16/17 Estimated Funding Allocation (All Sources)</b>		<b>\$129,553,244</b>	<b>\$0</b>
<b>Section 2: HSFR - Quality-Based Procedures</b>		<b>Volume</b>	<b>[4] Allocation</b>
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
<b>Sub-Total Quality Based Procedure Funding</b>		<b>0</b>	<b>\$0</b>

# Hospital Service Accountability Agreements 2017-2018

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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	
<b>Sub-Total Wait Time Strategy Services Funding</b>		<b>\$0</b>	
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
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$0</b>	<b>\$0</b>
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		\$496,632	
Paymaster		(\$631,609)	
<b>Sub-Total Other Non-HSFR Funding</b>		<b>(\$134,977)</b>	<b>\$0</b>

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	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$0</b>

\* 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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## 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

# Hospital Service Accountability Agreements 2017-2018

Facility #:	972
Hospital Name:	Waypoint Centre for Mental Health Care
Hospital Legal Name:	Waypoint Centre for Mental Health Care
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	0.00	

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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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	1.61	>= 1.45
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.34%	>=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	7.30%	<= 8.03%

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	Performance Standard
		2017-2018	2017-2018
<b>Clinical Activity and Patient Services</b>			
Ambulatory Care	Visits	19,378	>= 14,534 and <= 24,223
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	Patient Days	103,557	>= 97,344 and <= 109,770
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

### 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 Refresh”).

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 Service 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
- coordination and collaboration within NSM LHIN geographic sub-regions, where applicable.

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to provide input, where requested, on the content of strategic directions and plans for the geographic sub-regions of the NSM LHIN. Further the Health Service Provider agrees 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 of the Health Service Provider 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).

### 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.

# Hospital Service Accountability Agreements 2017-2018

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

### **Satisfaction Survey Results Reporting to the LHIN**

All NSM LHIN funded Health Service Providers (HSP) are required to provide a report annually to the LHIN outlining the efforts made to collect information on the experience of persons receiving services from the organization and/or to solicit views about the quality of care provided by the HSP.

If the Health Service Provider is mandated under regulations in the Excellent Care for All Act, 2010 or Ministry of Health and Long-Term Care directive to conduct annual satisfaction surveys, the Health Service Providers will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of, at minimum:

- 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.

Reporting is due to the NSM LHIN by April 30, 2018.

### **Indigenous Report Submission**

Health Service Providers (HSPs) are required to complete the Indigenous, Métis Cultural Awareness Annual Report for the period of April 1, 2017 to March 31, 2018. The NSM LHIN will provide a separate communication to HSPs with a link to the Survey Monkey report template. The report will be used to:

- identify and track opportunities for Indigenous Cultural Safety and Aboriginal Cross Cultural Awareness training
- support HSPs with voluntary self-identification.

Reporting is due to the NSM LHIN by April 30, 2018.

### **Additional Hospital Specific Obligations and Requirements for Waypoint Centre for Mental Health Care**

- The Hospital will operate 301 beds and maintain a hospital-wide occupancy level of greater than 90%.
- The Hospital will continue to pursue a French Language Services (FLS) designation.