

HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2019
BETWEEN:

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

(the "LHIN")

AND

BAYCREST HOSPITAL

(the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a hospital service accountability agreement that took effect April 1, 2018 (the "HSAA");

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 HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

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 HSAA will terminate on March 31, 2020.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2019. All other terms of the HSAA 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.

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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.

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:  April 3, 2019

 DATE
 Sheila Banks-Switzer
 Vice-President
 Quality Performance and Accountability

And by:  April 5, 2019

 DATE
 Susan Fitzpatrick, CEO

BAYCREST HOSPITAL

By:  28/03/19

 DATE
 Dale H. Lastman, Chair

And by:  28/03/19

 DATE
 Dr. William Reichman, CEO

Hospital Service Accountability Agreements

Facility #:	827
Hospital Name:	Baycrest Hospital
Hospital Legal Name:	Baycrest Hospital

2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$40,357,768	
Health System Funding Reform: QBP Funding (Sec. 2)		\$24,201,593	
Post Construction Operating Plan (PCOP)		\$0	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$0
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
Sub-Total LHIN Funding		\$1,345,003	\$0
		\$65,904,364	\$0
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$0	
Recoveries and Misc. Revenue		\$7,239,691	
Amortization of Grants/Donations Equipment		\$95,670	
OHIP Revenue and Patient Revenue from Other Payors		\$45,200	
Differential & Copayment Revenue		\$2,511,654	
Sub-Total Non-LHIN Funding		\$9,892,214	

Hospital Service Accountability Agreements

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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incremental Base
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
Sub-Total Wait Time Strategy Services Funding		\$0	\$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		\$229,819	
Paymaster		\$1,115,184	
Sub-Total Other Non-HSFR Funding		\$1,345,003	\$0
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)		\$22,500	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$22,500	\$0
<p>[1] Estimated funding allocation. Where actual allocation of revenues may differ from estimated funding revenues, amendments may be made to service volumes and performance targets, as necessary.</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>			

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2019-2020 Schedule B: Reporting Requirements

1. MIS Trial Balance

Q2 – April 01 to September 30	31 October 2019
Q3 – October 01 to December 31	31 January 2020
Q4 – January 01 to March 31	31 May 2020

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

Q2 – April 01 to September 30	07 November 2019
Q3 – October 01 to December 31	07 February 2020
Q4 – January 01 to March 31	7 June 2020
Year End	30 June 2020

3. Audited Financial Statements

Fiscal Year	30 June 2020
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4. French Language Services Report

Fiscal Year	30 April 2020
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Hospital Service Accountability Agreements

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Site Name:	TOTAL ENTITY

2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	
		2019-2020	Performance Standard 2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours		
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent		
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent		
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent		
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.17

Explanatory Indicators

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
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

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Site Name:	TOTAL ENTITY

2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.57	0.8-2.0
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 2019-2020	Performance Standard 2019-2020
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	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	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 2019-2020 H-SAA Indicator Technical Specification for further details.

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2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
Clinical Activity and Patient Services			
Ambulatory Care	Visits	23,992	>= 17,994
Complex Continuing Care	Weighted Patient Days	73,901	>= 67,989
Day Surgery	Weighted Cases		
Elderly Capital Assistance Program (ELDCAP)	Patient Days		
Emergency Department	Weighted Cases		
Emergency Department and Urgent Care	Visits		
Inpatient Mental Health	Patient Days	13,190	>= 12,399
Inpatient Mental Health Weighted Patient Days	Weighted Patient Days	16,468	>= 15,480
Inpatient Rehabilitation Days	Patient Days	11,087	>= 9,961
Inpatient Rehabilitation Weighted Cases	Weighted Cases	490	>= 417
Total Inpatient Acute	Weighted Cases		

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Coordinated Community and Primary Care Close to Home

Participate in all aspects of the Health Links initiative, including identification of patients, coordinated care planning, participation in care planning activities with health system partners, information transfers, and electronic reporting and report generation.

Measure: Demonstrated compliance with above

Completion Date: Q4

Excellence in Specialized Care & Continuous Improvement

Participate in the planning and implementation of regional palliative care quality improvement initiatives:

- Active participation in a range of palliative care initiatives such as, but not limited to, hospice redesign, and PCU analysis.

Measure: Demonstrated compliance with above

Completion Date: Q4

All Health Service Providers will:

- 1) Review and maintain Emergency Management and Business Continuity Plans to include processes for providing greater health system situational awareness, impact to operations and clear requests for assistance through official channels by June 2019
- 2) Complete a Hazard Identification and Risk Assessment (HIRA) Summary Report and proposed plan to mitigate risk and impacts to operations and confirmation of Emergency/Continuity of Operations Plan (with clarification of how to communicate and/or request assistance externally to health system partners)

Measure: Report and plan submitted

Completion Date: Q4

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Population Health & Equity

Continue to actively support Toronto Central LHIN Health Equity initiatives through supporting approaches to service planning and delivery that: identify health inequities, actively seek new opportunities to address health inequities, and reduce existing health inequities.

Collect demographic/equity data and report on the two LHIN specific indicators, as outlined in the Hospital Equity Data Collection Technical Specifications:

- 1) Hospital Equity Data Collection Participation Rate,
- 2) Missing Equity Data Rates for the eight questions.

The expectation is that this data is also used for hospital program planning, linked to clinical outcomes and is made available for clinical application by health care professionals.

Submit demographic/equity data to Institute for Clinical Evaluative Sciences (ICES) to link equity data and health outcomes with the aim to link data to other administrative databases.

Measure: Reports submitted to LHIN and ICES

Completion Date: Q2

Apply the Health Equity Impact Assessment (HEIA) tool and its supplement(s) in program and service planning

Measure: Demonstrated compliance with above

Completion Date: Q4

Participation in appropriate TC LHIN Indigenous and Francophone Cultural Competency Initiatives.

Measure: Demonstrated compliance with above

Completion Date: Q4

As part of the Indigenous Health strategy HSPs are expected to:

- Identify the Indigenous population as a priority in strategic / program plans,
- Ensure all health care spaces are welcoming, accessible and inclusive of Indigenous people.

Measure: Demonstrated compliance with above

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Participate in French Language Service (FLS) planning:

- Identified HSPs are required to complete and submit their Readiness Assessment survey as well as their Plan towards Designation
 - All funded HSPs are required to report their French Language Health Services activities into the Provincial Reporting Tool (Ozi)
- Measure: Demonstrated compliance with above as seen through registration rosters, submitted plans, and reporting
Completion Date: Q4

Integrated Health Care

Participate in TC LHIN integration opportunities such as, but not limited to: local collaborative, local advisory tables, neighbourhood care teams, service/program integrations, integrated community care, completion of the Integration Opportunity Screening Tool, etc.

Measure: Completion of survey and screening tool that will be distributed
Completion Date: Q4

Adopt Digital Health and Information Management initiatives that encompass both provincial and local level priorities as identified by TC LHIN. This specifically includes, where applicable:

- Contribution of priority clinical data types to ConnectingOntario in adherence to the specified requirements as defined within participatory and other applicable program agreements
Measure: Confirmation from delivery partner as completed
Completion Date: Q4
- Successful implementation of the ConnectingOntario viewer according to the implementation schedule agreed to among eHealth Ontario, Toronto Central LHIN, and the delivery agent.
Measure: Confirmation from delivery partner as completed
Completion Date: Q4
- Implementation of Hospital Report Manager (HRM), and eNotification by the end fiscal. If unable to meet obligation, the HSP must notify Toronto Central LHIN in writing and provide a mitigation plan that confirms implementation within an agreed upon time.
Measure: Confirmation from delivery partner as completed
Completion Date: Q4

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

- Data contribution to the Integrated Decision Support tool (IDS) in adherence to the specified requirements as defined within participatory and other applicable program agreements.
Measure: Report provided by data asset owner.
Completion Date: Q4
 - Implementation of the electronic Coordinated Care Plan (eCCP) by the end fiscal, according to the implementation schedule agreed to between Toronto Central LHIN and participants. If unable to meet obligation, the HSP must notify Toronto Central LHIN in writing and provide a mitigation plan that confirms implementation within an agreed upon time.
Measure: Confirmation from delivery partner as completed
Completion Date: Q4
 - If planning to undertake an upgrade or migration (or other form of change, including purchase a new system) to an existing Health Information System (HIS) system, the HSP must notify Toronto Central LHIN prior to engaging in planning to ensure broader alignment with Ministry and/or Regional directives.
Measure: To be reported on by Hospital
Completion Date: Q4
 - Transition all referrals submitted to Toronto Central LHIN, including hospital outpatient clinics, to the Resource Matching and Referral (RM&R) system.
Measure: Transition to electronic referrals complete, no longer received by fax.
Completion Date: Q3
- Hospitals Designated Psychiatric Facilities under the Mental Health Act:** The Hospitals 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 the those essential mental health services in consultation with, and the approval of the MOHLTC