H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2016

B E T W E E N:

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Sensenbrenner Hospital (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 March 31, 2016;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six 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

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 September 30, 2016.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2016. 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.

The Parties have executed this Agreement on the dates set out below.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

Signed By:

Danielle Bélanger-Corbin, Chair, on May 4, 2016

And by:

Louise Paquette, Chief Executive Officer, on May 10, 2016

Sensenbrenner Hospital

Signed By:

Gary Fortin, Chair, on March 30, 2016

I have authority to bind the HSP

And by:

Al Yarush, Chief Executive Officer, on March 30, 2016

I have authority to bind the HSP

Hospital Sector Accountability Agreement 2016-2017

Facility #:	687
Hospital Name:	Sensenbrenner Hospital
Hospital Legal Name:	Sensenbrenner Hospital

2016-2017 Schedule A Funding Allocation

	2016-2017	
	[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	[2] Base	[2] Incremental/One-Time
LHIN Global Allocation	$15,629,227	
Health System Funding Reform: HBAM Funding	$0	
Health System Funding Reform: QBP Funding (Sec. 2)	$0	
Post Construction Operating Plan (PCOP)	$0	
Wait Time Strategy Services ("WTS") (Sec. 3)	$0	$0
Provincial Program Services ("PPS") (Sec. 4)	$0	$0
Other Non-HSFR Funding (Sec. 5)	$885,678	$0
Sub-Total LHIN Funding	$16,514,905	$0
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	$308,600	
Recoveries and Misc. Revenue	$587,925	
Amortization of Grants/Donations Equipment	$67,307	
OHIP Revenue and Patient Revenue from Other Payors	$799,850	
Differential & Copayment Revenue	$670,000	
Sub-Total Non-LHIN Funding	$2,433,682	
Total 16/17 Estimated Funding Allocation (All Sources)	$18,948,587	$0

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	0	$0
Acute Inpatient Primary Unilateral Hip Replacement	0	$0
Rehabilitation Inpatient Primary Unlilateral 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
Aortic Valve Replacement	0	$0
Coronary Artery Disease- CABG	0	$0
Coronary Artery Disease - PCI	0	$0
Coronary Artery Disease - Catheterization	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

Hospital Sector Accountability Agreement 2016-2017

Facility #:	687
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2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral 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
Bilateral Cataract Day Surgery	0	$0
Shoulder Surgery – Osteoarthritis Cuff	0	$0
Paediatric Asthma	0	$0
Sickle Cell Anemia	0	$0
Cardiac Devices	0	$0
Cardiac Prevention Rehab in the Community	0	$0
Neck and Lower Back Pain	0	$0
Schizophrenia	0	$0
Major Depression	0	$0
Dementia	0	$0
Corneal Transplants	0	$0
C-Section	0	$0
Hysterectomy	0	$0
Sub-Total Quality Based Procedure Funding	**0**	**$0**

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
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
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$0	$0
Other WTS Funding	$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**

Hospital Sector Accountability Agreement 2016-2017

Facility #:	687
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2016-2017 Schedule A Funding Allocation

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	$754,278	
Paymaster	$131,400	
Sub-Total Other Non-HSFR Funding	**$885,678**	**$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	$5,850
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	$0	$0
Sub-Total Other Funding	**$0**	**$5,850**

* 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 Sector Accountability Agreement 2016-2017

Facility #:	687
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2016-2017 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2016-2017
Q2 – April 01 to September 30	31 October 2016
Q3 – October 01 to December 31	31 January 2017
Q4 – January 01 to March 31	31 May 2017

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2016-2017
Q2 – April 01 to September 30	07 November 2016
Q3 – October 01 to December 31	07 February 2017
Q4 – January 01 to March 31	7 June 2017
Year End	30 June 2017

3. Audited Financial Statements	Due Date 2016-2017
Fiscal Year	30 June 2017

4. French Language Services Report	Due Date 2016-2017
Fiscal Year	30 April 2017

Hospital Sector Accountability Agreement 2016-2017

Facility #:	**687**
Hospital Name:	**Sensenbrenner Hospital**
Hospital Legal Name:	**Sensenbrenner Hospital**
Site Name:	**TOTAL ENTITY**

2016-2017 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	**8.0**	**<= 8.8**
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	**4.0**	**<= 4.4**
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	**15.5%**	**<= 0.155**
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	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 Sector Accountability Agreement 2016-2017

Facility #:	687
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Hospital Legal Name:	Sensenbrenner Hospital
Site Name:	TOTAL ENTITY

2016-2017 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	0.83	>= 0.75
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	(3.48%)	>=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 2016-2017	Performance Standard 2016-2017
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 2016-2017 H-SAA Indicator Technical Specification for further details.**

Hospital Sector Accountability Agreement 2016-2017

Facility #: 687
Hospital Name: Sensenbrenner Hospital
Hospital Legal Name: Sensenbrenner Hospital

2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	**7,578**	**>= 5,684 and <= 9,473**
Complex Continuing Care	Weighted Patient Days	**3,810**	**>= 3,239 and <= 4,382**
Day Surgery	Weighted Cases	**80**	**>= 60 and <= 100**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**0**	**-**
Emergency Department and Urgent Care	Visits	**16,700**	**>= 15,865 and <= 17,535**
Inpatient Mental Health	Patient Days	**0**	**-**
Acute Rehabilitation Patient Days	Patient Days	**0**	**-**
Total Inpatient Acute	Weighted Cases	**1,810**	**>= 1,629 and <= 1,991**

Schedule C4: Post Construction Operating Plans
2016-2017

Health Service Provider: Sensenbrenner Hospital