

H-SAA AMENDING AGREEMENT

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

B E T W E E N:

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

AND

North Shore Health Network / Réseau Santé Rive Nord (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, 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 EAST LOCAL HEALTH INTEGRATION NETWORK

By: 

 Rick Cooper, Interim Chair

Date: 29 / 8 / 17

And by: 

 Louise Paquette, Chief Executive Officer

Date: June 12 2017

North Shore Health Network / Réseau Santé Rive Nord

By: 

 Roger A. Boyer II, Chair

Date: Apr 12 / 2017

And by: 

 Connie Lee, Interim Chief Executive Officer

Date: Apr 12 / 2017

Hospital Service Accountability Agreements 2017-2018

| | |
|----------------------|----------------------------|
| Facility #: | 611 |
| Hospital Name: | North Shore Health Network |
| Hospital Legal Name: | North Shore Health Network |

2017-2018 Schedule A Funding Allocation

| | | 2017-2018 | |
|---|--|---|------------------------------|
| Section 1: FUNDING SUMMARY | | [1] Estimated Funding Allocation | |
| LHIN FUNDING | | [2] Base | |
| LHIN Global Allocation (Includes Sec. 3) | | \$12,172,765 | |
| Health System Funding Reform: HBAM Funding | | \$0 | |
| Health System Funding Reform: QBP Funding (Sec. 2) | | \$0 | |
| Post Construction Operating Plan (PCOP) | | \$0 | |
| Provincial Program Services ("PPS") (Sec. 4) | | \$105,000 | [2] Incremental/One-Time \$0 |
| Other Non-HSFR Funding (Sec. 5) | | \$1,486,330 | \$200,000 |
| Sub-Total LHIN Funding | | \$13,764,095 | \$200,000 |
| NON-LHIN FUNDING | | | |
| [3] Cancer Care Ontario and the Ontario Renal Network | | \$0 | |
| Recoveries and Misc. Revenue | | \$1,834,772 | |
| Amortization of Grants/Donations Equipment | | \$118,082 | |
| OHIP Revenue and Patient Revenue from Other Payors | | \$512,240 | |
| Differential & Copayment Revenue | | \$582,185 | |
| Sub-Total Non-LHIN Funding | | \$3,047,279 | |
| Total 16/17 Estimated Funding Allocation (All Sources) | | \$16,811,374 | \$200,000 |
| 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 | | 96 | \$0 |
| Acute Inpatient Stroke Hemorrhage | | 10 | \$0 |
| Acute Inpatient Stroke Ischemic or Unspecified | | 15 | \$0 |
| Acute Inpatient Stroke Transient Ischemic Attack (TIA) | | 25 | \$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 | | 254 | \$0 |
| Acute Inpatient Pneumonia | | 250 | \$0 |
| Non-Routine and Bilateral Cataract Day Surgery | | 0 | \$0 |
| Sub-Total Quality Based Procedure Funding | | 650 | \$0 |

Hospital Service Accountability Agreements 2017-2018

| | |
|----------------------|----------------------------|
| Facility #: | 611 |
| Hospital Name: | North Shore Health Network |
| Hospital Legal Name: | North Shore Health Network |

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 | | \$105,000 | \$0 |
| Section 5: Other Non-HSFR | | [2] Base | [2] Incremental/One-Time |
| LHIN One-time payments | | \$0 | \$200,000 |
| MOH One-time payments | | \$1,486,330 | \$0 |
| LHIN/MOH Recoveries | | \$0 | |
| Other Revenue from MOHLTC | | \$0 | |
| Paymaster | | \$0 | |
| Sub-Total Other Non-HSFR Funding | | \$1,486,330 | \$200,000 |

| Section 6: Other Funding | | [2] Base | | [2] Incremental/One-Time | |
|--|--|------------|--|--------------------------|--|
| <i>(Info. Only. Funding is already included in Sections 1-4 above)</i> | | | | | |
| Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1) | | \$0 | | \$3,825 | |
| [3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4) | | \$0 | | \$0 | |
| Sub-Total Other Funding | | \$0 | | \$3,825 | |

* 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

| | |
|----------------------|----------------------------|
| Facility #: | 611 |
| Hospital Name: | North Shore Health Network |
| Hospital Legal Name: | North Shore Health Network |

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 #: | 611 |
| Hospital Name: | North Shore Health Network |
| Hospital Legal Name: | North Shore Health Network |
| 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 | 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% | <= 0.171 |
| 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

| | |
|----------------------|----------------------------|
| Facility #: | 611 |
| Hospital Name: | North Shore Health Network |
| Hospital Legal Name: | North Shore Health Network |
| 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 | 2.11 | >= 2 |
| 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% | <= 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 2017-2018 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements 2017-2018

| | |
|----------------------|----------------------------|
| Facility #: | 611 |
| Hospital Name: | North Shore Health Network |
| Hospital Legal Name: | North Shore Health Network |

2017-2018 Schedule C2 Service Volumes

| | Measurement Unit | Performance Target | Performance Standard |
|---|-----------------------|--------------------|-------------------------|
| | | 2017-2018 | 2017-2018 |
| Clinical Activity and Patient Services | | | |
| Ambulatory Care | Visits | 850 | >= 638 and <= 1,063 |
| Complex Continuing Care | Weighted Patient Days | 3,388 | >= 2,880 and <= 3,896 |
| Day Surgery | Weighted Cases | 0 | - |
| Elderly Capital Assistance Program (ELDCAP) | Patient Days | 3,650 | >= 3,103 and <= 4,198 |
| Emergency Department | Weighted Cases | 0 | - |
| Emergency Department and Urgent Care | Visits | 19,000 | >= 18,050 and <= 19,950 |
| Inpatient Mental Health | Patient Days | 0 | - |
| Acute Rehabilitation Patient Days | Patient Days | 0 | - |
| Total Inpatient Acute | Weighted Cases | 1,190 | >= 1,071 and <= 1,309 |