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:

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

CASEY HOUSE HOSPICE INC (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 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, 2017.

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.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:

[redacted]
Angela Ferrante, Chair

April 6/16
Date

And by:

[redacted]
Susan Fitzpatrick, CEO

6/16
Date

CASEY HOUSE HOSPICE INC

[redacted]
Gillian Stacey, Chair

March 30, 2016
Date

And by:

[redacted]
Victoria Van Hemert, CEO

March 30, 2016
Date

Hospital Sector Accountability Agreement 2016-2017

Facility #:	910
Hospital Name:	Casey House
Hospital Legal Name:	Casey House Hospice Inc

2016-2017 Schedule A Funding Allocation

Section 1: FUNDING SUMMARY	2016-2017 [1] Estimated Funding Allocation	
LHIN FUNDING	[2] Base	[2] Incremental/One-Time
LHIN Global Allocation	$4,930,548	
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)	$0	$0
Sub-Total LHIN Funding	$4,930,548	$0
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	$0	
Recoveries and Misc. Revenue	$789,095	
Amortization of Grants/Donations Equipment	$0	
OHIP Revenue and Patient Revenue from Other Payors	$55,000	
Differential & Copayment Revenue	$0	
Sub-Total Non-LHIN Funding	$844,095	
Total 16/17 Estimated Funding Allocation (All Sources)	$5,774,643	$0

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	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

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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 #:	910
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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	$0	
Paymaster	$0	
Sub-Total Other Non-HSFR Funding	$0	$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)	$975	$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	$0	$0
Sub-Total Other Funding	$975	$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 Sector Accountability Agreement 2016-2017

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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 #:	910
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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		
90th percentile ED Length of Stay for Minor/Uncomplicated 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	<= 0.24

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

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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	4.07	0.8- 4.28
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	0.00%	>=0.00%

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	N/A	

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

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2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits		
Complex Continuing Care	Weighted Patient Days		
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		
Acute Rehabilitation Patient Days	Patient Days		
Total Inpatient Acute	Weighted Cases	565	>= 480

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule C3: LHIN Local Indicators and Obligations

TC LHIN Tables:

- Participate in applicable initiatives endorsed by the Sector and Cross-Sector Tables, and approved by TC LHIN.

TC LHIN's Strategic Plan:

Support the implementation of TC LHIN's 2015-2018 Strategic Plan. In addition to the multiple initiatives underway related to Strategic Plan 2015-2018, TC LHIN looks to its Health Service Providers (HSPs) for a commitment to the specific initiatives outlined below:

Participate in the following TC LHIN specific initiatives related to:

- Planning and implementation of the primary care strategy including complex patients.
- Implementation of a regional palliative care program.

Continue to actively support TC LHIN Health Equity initiatives through:

- Support approaches to service planning and delivery that: a) improve existing health disparities and, b) actively seek new opportunities to reduce health disparities.
- Collect and submit demographic/equity data with the goal of covering more than 75% of patients in the system by March 2017. The expectation is that this data is linked to clinical outcomes and is made available for clinical application by health care professionals.
- Apply the Health Equity Impact Assessment (HEIA) tool and its supplement(s) in program and service planning

Participate in the Quality Table initiatives, including compliance with reporting requirements and participation in sector specific and cross-sector quality improvement efforts. As a subset of the work to support the Quality Table, it is required that the following activities related to the measurement of patient experience be conducted:

- Measure patient, client, resident, and family experience at a minimum annually.
- Measure patient experience in a comparable manner to peers, as applicable.
- Report on patient experience results to clients and/or to the public.

Participation in the Indigenous and Francophone Cultural Competency Initiatives

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Participation in French Language Service (FLS) planning:

- For identified HSPs that provide services in French, develop a FLS plan and demonstrate yearly progress towards meeting designation criteria.
- HSPs that are not identified for the provision of FLS, the expectation is to identify their French-speaking clients. This information is to be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive.

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:

- Completion of the Standardized Discharge Summary
- Submission of data to Integrated Decision Support tool (IDS) and/or Community Business Intelligence (CBI)
- Implementation of Hospital Report Manager and Connecting GTA.

Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall, including those guided by the TC LHIN Emergency Management Implementation Committee.

All health service providers will provide an annual attestation that an internal patient and / or client complaints policy and procedure is in place, and followed. The attestation will be submitted at Q4 consistent with the time of reports contained in Schedule C – Reports.