

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of October, 2013

B E T W E E N:

CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

STEVENSON MEMORIAL 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 September 30, 2013;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further six-month period with the joint intention of finalizing and executing an H-SAA for the period April 1, 2014 – March 31, 2017;

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 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

“**Schedule A**” means Schedule A: Funding Allocation.

“**Schedule B**” means Schedule B: Reporting.

(b) The following definitions in the H-SAA are amended as follows.

In the defined term “**Indicator Technical Specifications**” and “**2012 -13 H-SAA Indicator Technical Specifications**”, the term “**2012 -13 H-SAA Indicator Technical Specifications**” is deleted and replaced with the term “**H-SAA Indicator Technical Specifications**”.

The defined terms “**Accountability Indicator**” and “**Accountability Indicators**” are deleted and replaced by the terms “**Performance Indicator**” and “**Performance Indicators**” respectively.

The definition of “**Explanatory Indicator**” is amended by deleting the term “**Accountability Indicators**” and replacing it with “**Performance Indicators**”.

The definition of “**Post-Construction Operating Plan (PCOP) Funding**” and “**PCOP Funding**” is amended by deleting “**Schedule C (2012 – 2013) (Hospital One-Year Funding Allocation)** and further detailed in **Schedule F (2012 – 2013) (Post-Construction Operating Plan Funding and Volume)**” and replacing it with “**Schedule A: Funding Allocation and further detailed in Schedule C.4. PCOP**”.

- 2.4 Term. The reference to “September 30, 2013” in Article 3.2 is deleted and replaced with “March 31, 2014”.
- 2.5 Annual Funding. Section 5.1 is amended by deleting “Schedule C” and replacing it with “Schedule A”.
- 2.6 Planning Allocation and Revisions. Sections 5.2 and 5.3 are deleted and replaced by the following:

Estimated Funding Allocations.

- (a) The Hospital’s receipt of any Estimated Funding Allocation in Schedule A is subject to subsection (d) below and subsequent written confirmation from the LHIN.
- (b) In the event the Funding confirmed by the LHIN is less than the Estimated Funding Allocation, the LHIN will have no obligation to adjust any related performance requirements unless and until the Hospital demonstrates to the LHIN’s satisfaction that the Hospital is unable to achieve the expected performance requirements with the confirmed Funding. In such circumstances the gap between the Estimated Funding and the confirmed Funding will be deemed to be material.

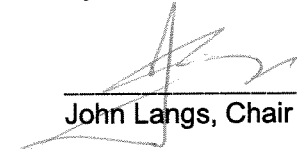
- (c) In the event of a material gap in funding the LHIN and the Hospital will adjust the related performance requirements.
- (d) Appropriation. Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement.
- 2.7** Balanced Budget. Section 6.1.3 (Balanced Budget) of the H-SAA is amended by deleting "Schedule E1 (2012 – 2013) LHIN Specific Indicators and Targets" and replacing it with "Schedule C.3".
- 2.8** Planning Cycle. Section 7.1 (Planning Cycle) of the H-SAA is amended by replacing the words "the timing requirements of Schedule A (2012 – 2013) Planning and Reporting" with the words "the timing requirements of Schedule B".
- 2.9** Process System Planning. Section 7.4 (Process System Planning) is amended by deleting "Schedule C" in the last sentence and replacing it with "Schedule A".
- 2.10** Timely Response. Section 7.6.1 (Timely Response) of the H-SAA is amended by deleting both occurrences of "Schedule A (2012 – 2013) Planning and Reporting" and replacing these with "Schedule B".
- 2.11** Specific Reporting Obligations. Section 8.2 (Specific Reporting Obligations) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" and replacing it with "Schedule B".
- 2.13** Planning Cycle. Section 12.1 (Planning Cycle) of the H-SAA is amended by deleting "Schedule A (2012 – 2013) Planning and Reporting" in (i) and replacing it with "Schedule B".
- 3.0** **Effective Date.** The amendments set out in Article 2 shall take effect on October 1, 2013. 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 together with the Schedules 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.

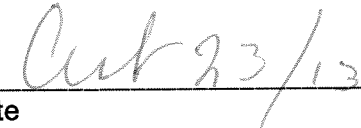
IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

CENTRAL LOCAL HEALTH INTEGRATION NETWORK

By:



John Langs, Chair

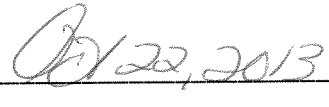


Date

And by:



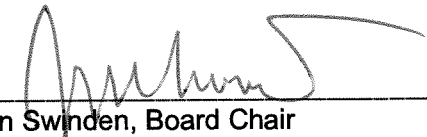
Kim Baker, CEO



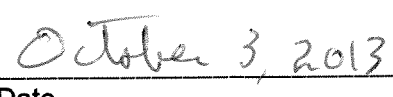
Date

STEVENSON MEMORIAL HOSPITAL

By:



John Swinden, Board Chair




Date

And by:



Annette Jones, CEO



Date

Hospital Sector 2013-14 HAPS

Identification #:

Facility # 0596

Hospital Name

Stevenson Memorial Hospital

Hospital Legal Name

The Stevenson Memorial Hospital Corporation

Site Name:

Schedule A 2013-14
Planning Assumptions

2013/14 Planning Assumption		
	Base	
Operating Funding (Net of Carve Out)	\$0	
Global Funding (Note 1)	\$18,449,200	
HBAM Allocation	\$0	
PCOP (Reference Schedule C.4)	\$0	
Wait Time Strategy:	Base	One-Time
General Surgery	N/A	\$24,500
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)	N/A	\$82,800
Other WTS Funding ()	\$0	\$0
Provincial Programs	Base	One-Time
Cardiac Surgery	\$0	\$0
Other Cardiac Services	\$0	\$0
Organ Transplantation	\$0	\$0
Neurosciences	\$0	\$0
Bariatric Surgery	\$0	\$0
Regional Trauma	\$0	\$0
Quality-Based Procedures	Allocation	Rate
Unilateral Primary Hip Replacement	\$0	\$0
Unilateral Primary Knee Replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary hip replacement	\$0	\$0
Inpatient Rehabilitation for unilateral primary knee replacement	\$0	\$0
Unilateral Cataracts	\$217,600	\$725
Bilateral Cataracts	\$0	\$0
Chemotherapy Systemic Treatment	\$0	\$0
Chronic Obstructive Pulmonary Disease	\$0	\$0
Non-Cardiac Vascular - Aortic Aneurysm	\$0	\$0
Non-Cardiac Vascular - Lower Extremity Occlusive Disease	\$0	\$0
Congestive Heart Failure	\$0	\$0
Stroke Hemorrhage	\$0	\$0
Stroke Ischemic or Unspecified	\$0	\$0
Stroke Transient Ischemic Attack	\$0	\$0
Endoscopy	\$0	\$0
Other Funding	Base	One-Time
Grant in Lieu of Taxes	\$0	\$5,775
ORN Funding	\$0	\$0
ED Pay for Results	\$0	\$871,500
Prior Years' Payments	\$0	\$0
	Base	One-Time
Total 13/14 Funding	\$18,666,800	\$984,575

Note 1 - Includes Global Volumes, Provincial Interest Programs, Base Wait Time and Base Provincial Program Volumes, and QBP Carve Out

Hospital Sector 2013-14 HAPS

Identification #:	Facility # 0598
Hospital Name:	Stevenson Memorial Hospital
Hospital Legal Name:	The Stevenson Memorial Hospital Corporation
Site Name:	

Schedule C1 2013-14 Indicators

Accountability Indicators			Explanatory Indicators	
Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard	Measurement Unit	

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

Indicator	Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard	Explanatory Indicators	Measurement Unit
90th Percentile ER LOS for Admitted Patients	Hours	TBD	TBD		
90th Percentile ER LOS for Non-admitted Complex (CTAS I-III) Patients	Hours	TBD	TBD	30-day Readmission of Patients with Stroke or Transient Ischemic Attack (TIA) to Acute Care for All Diagnoses	Percentage
90th Percentile ER LOS for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	TBD	TBD	Percent of Stroke Patients Discharged to Inpatient Rehabilitation Following an Acute Stroke Hospitalization	Percentage
90th Percentile Wait Times for Cancer Surgery	Days	NA ^a	NA ^a	Percent of Stroke Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percentage
90th Percentile Wait Times for Cardiac Bypass Surgery	Days	NA ^a	NA ^a	Hospital Standardized Mortality Ratio	Percentage
90th Percentile Wait Times for Cataract Surgery	Days	NA ^a	NA ^a	Readmissions Within 30 Days for Selected CMGs	Ratio
90th Percentile Wait Times for Joint Replacement (Hip)	Days	NA ^a	NA ^a	** Adjusted Working Funds Including: > Adjusted Working Funds > Adjusted Working Funds as a % of Total Revenue > Current Ratio > Adjusted Working Funds Current Ratio > Debt Ratio	Funding Percentage Ratio Ratio Ratio
90th Percentile Wait Times for Joint Replacement (Knee)	Days	NA ^a	NA ^a		
90th Percentile Wait Times for Diagnostic MRI Scan	Days	NA ^a	NA ^a		
90th Percentile Wait Times for Diagnostic CT Scan	Days	NA ^a	NA ^a		
Rate of Ventilator-Associated Pneumonia	Rate	n/a	n/a		
Central Line Infection Rate	Cases/Days	n/a	n/a		
Rate of Hospital Acquired Cases of Clostridium Difficile Infections	Rate	0	<= 0.15		
Rate of Hospital Acquired Cases of Vancomycin Resistant Enterococcus Bacteremia	Rate	0	0		
Rate of Hospital Acquired Cases of Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0	0		

Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Indicator	Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard	Explanatory Indicators	Measurement Unit
Current Ratio (Consolidated)	Ratio	0.60	0.6-2.0	Total Margin (Hospital Sector Only)	Percentage
Total Margin (Consolidated)	Percentage	0.00%	0.00%	Percentage of Full-Time Nurses	Percentage
				Percentage of Paid Sick Time (Full-Time)	Percentage
				Percentage of Paid Overtime	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

Indicator	Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard	Explanatory Indicators	Measurement Unit
Percentage ALC Days (closed cases)	Days	TBD	TBD	Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	Visits
				Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	Visits

Part IV - LHIN Specific Indicators and Performance targets, see Schedule C1 (2013-2014)

*Refer to 2013-15 H-SAA Indicator Technical Specification for further details.
 ** Adjusted Working Capital: Under Consideration
^a The LHIN, through the Ministry-LHIN Performance Agreement, is no longer held accountable for 90th Percentile Wait Times. The LHIN is now accountable for Percent of Priority IV Cases Completed with Access Target.

Hospital Sector 2013-14 HAPS

Identification #:	Facility # 0595
Hospital Name:	Stevenson Memorial Hospital
Hospital Legal Name:	The Stevenson Memorial Hospital Corporation
Site Name:	

Schedule C2 2013-14
Service Volumes

		Measurement Unit	2013/14 Performance Target	2013/14 Performance Standard
Part I - GLOBAL VOLUMES				
Emergency Department		Weighted Cases	1,257	>= 1,131
Total Inpatient Acute		Weighted Cases	2,350	>= 2,115
Day Surgery		Weighted Visits	660	>= 561
Inpatient Mental Health		Weighted Patient Days	0	-
Inpatient Rehabilitation		Weighted Cases	0	-
Complex Continuing Care		Weighted Patient Days	0	-
Elderly Capital Assistance Program (ELDCAP)		Inpatient Days	0	-
Ambulatory Care		Visits	26,600	>= 19,950
Part II - HOSPITAL SPECIALIZED SERVICES				
Cochlear Implants		Cases	0	0
Cleft Palate		Cases	0	0
HIV Outpatient Clinics		Visits	0	0
Sexual Assault/Domestic Violence Treatment Clinics		Visits	0	0
Part III - WAIT TIME VOLUMES				
General Surgery		Cases	148	21
Paediatric Surgery		Cases	0	0
Hip & Knee Replacement - Revisions		Cases	0	0
Magnetic Resonance Imaging (MRI)		Total Hours	0	0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		Total Hours	0	0
Computed Tomography (CT)		Total Hours	1,308	331
Part IV - PROVINCIAL PROGRAMS				
Cardiac Surgery		Cases	0	0
Cardiac Services - Catheterization		Cases	0	0
Cardiac Services- Interventional Cardiology		Cases	0	0
Cardiac Services- Permanent Pacemakers		Cases	0	0
Organ Transplantation		Cases	0	0
Neurosciences		Cases	0	0
Regional Trauma		Cases	0	0
Part V - QUALITY BASED PROCEDURES				
Unilateral Primary Hip Replacement		Volumes		0
Unilateral Primary Knee Replacement		Volumes		0
Inpatient Rehabilitation for unilateral primary hip replacement		Volumes		0
Inpatient Rehabilitation for unilateral primary knee replacement		Volumes		0
Unilateral Cataracts		Volumes		300
Bilateral Cataracts		Volumes		0
Chemotherapy Systemic Treatment		Volumes		0
Chronic Obstructive Pulmonary Disease		Volumes		0
Non-Cardiac Vascular		Volumes		0
Congestive Heart Failure		Volumes		0
Stroke		Volumes		0
Endoscopy		Volumes		0

Hospital Sector 2013-14 H-SAA

Identification #:	Facility # 0596
Hospital Name	Stevenson Memorial Hospital
Hospital Legal Name	The Stevenson Memorial Hospital Corporation
Site Name:	

**Schedule C3 2013-14
Local Indicators LHIN Specific**

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
E-health	<p>In support of the Provincial e-Health strategy, the Hospital will comply with any technical and information management standards, including those related to architecture, technology, privacy and security. These are set for health service providers by the MOHLTC or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be. The Hospital will implement and use the approved provincial eHealth solutions identified in the LHIN eHealth plan, and implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN eHealth plan. The expectation is that any compliance requirements will be rolled out within reasonable implementation timelines. The level of available resources will be considered in any required implementations.</p> <p>eHealth-related discussions will take place at the Central LHIN eHealth Advisory Council. The Hospital is required to appoint a senior staff member responsible for eHealth decision-making as a committee member.</p>		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Quality	<p>Hospitals are required to submit a copy of their Quality Improvement Plan to the LHIN concurrently with or prior to the submission to Health Quality Ontario for information purposes and use in hospital service accountability agreement quality indicator target setting.</p>		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Community Engagement and Health Equity	<p>The Hospital will provide the LHIN an annual Community Engagement Plan by November 29, 2013 and a biennial Health Equity Plan by November 29, 2013.</p>		
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation			
Peer Accountability, Integration and Long-Term Solutions to Advance the Local Health System	<p>The Hospital will continue to work collaboratively with other hospitals, other health service providers and with the Central LHIN to advance the strategic direction of the local health system as outlined in the Integrated Health Service Plan. The Hospital will consult with the LHIN as appropriate when developing plans and setting priorities for the delivery of its health services. From time to time, the LHIN may establish special purpose committees or working groups to support the advancement of LHIN and provincial priorities for which equitable representation from the Hospital will be sought.</p>		

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Hospital Sector 2013-14 H-SAA

Identification #:	Facility # 0596
Hospital Name	Stevenson Memorial Hospital
Hospital Legal Name	The Stevenson Memorial Hospital Corporation
Site Name:	

**Schedule C3 2013-14
Local Indicators LHIN Specific**

LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
	-		-
Performance Obligation	When planning for capital initiatives, the Hospital will comply with the requirements outlined in the Ministry of Health & Long-Term Care's Capital Planning Manual (1996) and MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages (2010), as may be updated or amended from time to time. In this context, "capital initiatives" refer to initiatives of the Hospital in relation to the construction, renewal or renovation of a facility or site.		
Capital Initiatives			
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: CT	TBD		TBD
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Diagnostic CT Scan (Priority IV: 28 days)		
LHIN Priority			
Performance Indicator	Performance Target	2013-14	Performance Standard
Surgical & Diagnostic Wait Times: Cataract	95%		90% - 100%
Performance Obligation	Percent of Priority IV Cases Completed Within Access Target for Cataract Surgery (Priority IV: 182 days)		
Performance Indicator		Performance Target	Performance Standard
		2013-14	
Performance Obligation	The Local Partnership will support the successful implementation of Health System Funding Reform by encouraging a supportive change management environment locally and across Ontario. The Local Partnership will act as an advisory group, facilitating clinical, financial and decision support advice to and from the LHINs and Ministry. The hospital is required to appoint two representatives as members of the Local Partnership based on the following areas of expertise: Clinical and program leadership and change management; Financial leadership; Clinical health informatics and decision support; and Quality and process performance improvement.		
Local Partnership			

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in the Schedules

Hospital Sector 2013-14 HAPS

Identification #:	Facility # 0596
Hospital Name	Stevenson Memorial Hospital
Hospital Legal Name	The Stevenson Memorial Hospital Corporation
Site Name:	

**Schedule C4 2013-2014
Post-Construction Operating Plan Targeted Funding and Volume**

Base Year(s)	2000		2013-2014 Received from LHIN % Funding Received		2013-2014 Hospital Plan		
	Base Volume	Total Approved Volume	Funding Rate	2013-2014 Additional Volumes	Additional Volumes	New Beds	Funding
Inpatient Acute - Medicine/Surgery	0	0	0	0	0	0	\$0
Inpatient Acute -Obstetrics	0	0	0	0	0	0	\$0
Inpatient Acute - ICU	0	0	0	0	0	0	\$0
Inpatient Rehabilitation General	0	0	0	0	0	0	\$0
Inpatient Complex Continuing Care	0	0	0	0	0	0	\$0
Inpatient Acute - Mental Health	0	0	0	0	0	0	\$0
Day Surgery	0	0	0	0	0	0	\$0
Endoscopy (cases)	0	0	0	0	0	0	\$0
Emergency	0	0	0	0	0	0	\$0
Amb Care - Acute Mental Health	0	0	0	0	0	0	\$0
Amb Care - Diabetes	0	0	0	0	0	0	\$0
Amb Care - Palliative	0	0	0	0	0	0	\$0
Clinic - Med/Surg	0	0	0	0	0	0	\$0
Clinic - Metabolic	0	0	0	0	0	0	\$0
Other - ()	0	0	0	0	0	0	\$0
Other - ()	0	0	0	0	0	0	\$0
Other - ()	0	0	0	0	0	0	\$0
Facility Costs							\$0
Amortization							\$0
Total Funding							\$0

Funding provided in this Schedule is an additional in-year allocation contemplated by section 5.3 of the Agreement. Note 1 - Terms and conditions of PCOP funding are determined by the Ministry of Health and Long Term Care (MOHLTC). Incremental volumes required to be achieved by the Hospital as set out above are in addition to PCOP volumes provided in previous years. The MOHLTC may adjust funded volumes upon reconciliation. Note 2 - This amount must be the same as PCOP (Operating Base Funding) on Schedule A (2013-2014). Once negotiated, an amendment (Schedule C4 (2013-2014)) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in any other Schedule.