



H-SAA AMENDING AGREEMENT

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

BETWEEN:

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

London Health Sciences Centre (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 six month period to permit the LHIN and the Hospital to continue to work toward a new multi-year hospital service accountability agreement and to complete new Schedules for the 2016-17 fiscal year;

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 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 October 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.

SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK

By:

Original Copy Signed
Jeff Low, Board Chair

Date Jan 13/17

And by:

Original Copy Signed
Michael Barrett, CEO

Date JAN 13 2017

London Health Sciences Centre

By:

Original Copy Signed
Tom Gergely
Board Chair

Date Oct 26/16

And by:

Original Copy Signed
Murray Glendining
President and Chief Executive Officer

Date Oct 26/16

Hospital Sector Accountability Agreement 2016-2017

Facility #:	936
Hospital Name:	London Health Sciences Centre
Hospital Legal Name:	London Health Sciences Centre

2016-2017 Schedule A Funding Allocation

		2016-2017	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation		[2] Base	
Health System Funding Reform: HBAM Funding		\$452,533,084	
Health System Funding Reform: QBP Funding (Sec. 2)		\$243,078,000	
Post Construction Operating Plan (PCOP)		\$51,167,000	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$0	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$2,420,916	\$0
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
Sub-Total LHIN Funding		\$6,221,000	\$13,150,000
NON-LHIN FUNDING		\$755,420,000	\$13,150,000
[3] Cancer Care Ontario and the Ontario Renal Network		\$124,375,000	
Recoveries and Misc. Revenue		\$114,436,000	
Amortization of Grants/Donations Equipment		\$14,529,000	
OHIP Revenue and Patient Revenue from Other Payors		\$52,095,000	
Differential & Copayment Revenue		\$14,351,000	
Sub-Total Non-LHIN Funding		\$319,786,000	
Total 16/17 Estimated Funding Allocation (All Sources)		\$1,075,206,000	\$13,150,000
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$5,219,158
Acute Inpatient Primary Unilateral Hip Replacement		591	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$7,092,668
Acute Inpatient Primary Unilateral Knee Replacement		911	\$0
Acute Inpatient Hip Fracture		489	\$7,272,097
Knee Arthroscopy		888	\$1,974,520
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)		21	\$241,861
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		828	\$8,021,521
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		69	\$1,013,849
Acute Inpatient Stroke Ischemic or Unspecified		422	\$4,554,211
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		72	\$286,243
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		0	\$3,322,523
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		170	\$1,523,084

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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)	120	\$397,371
Acute Inpatient Tonsillectomy	111	\$275,855
Acute Inpatient Chronic Obstructive Pulmonary Disease	723	\$5,618,724
Acute Inpatient Pneumonia	629	\$4,352,640
Bilateral Cataract Day Surgery	1	\$675
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	6,045	\$51,167,000

Section 3: Wait Time Strategy Services ("WTS")	[2] Base	[2] Incremental/One-Time
General Surgery	\$26,009	\$0
Pediatric Surgery	\$204,397	\$0
Hip & Knee Replacement - Revisions	\$107,760	\$0
Magnetic Resonance Imaging (MRI)	\$1,898,000	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$0	\$0
Computed Tomography (CT)	\$184,750	\$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	\$2,420,916	\$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

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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	(\$72,000)
MOH One-time payments		\$0	\$13,222,000
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$8,971,000	
Paymaster		(\$2,750,000)	
Sub-Total Other Non-HSFR Funding		\$6,221,000	\$13,150,000
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	\$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
Sub-Total Other Funding		\$0	\$0
<p>* Targets for Year 3 of the agreement will be determined during the annual refresh process.</p> <p>[1] Estimated funding allocations.</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>			

Hospital Sector Accountability Agreement 2016-2017

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2016-2017 Schedule B: Reporting Requirements

	Due Date 2016-2017
1. MIS Trial Balance	
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 Quarterly SRI Reports and Supplemental Reporting as Necessary	
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	
Fiscal Year	30 June 2017
4. French Language Services Report	
Fiscal Year	30 April 2017

Hospital Sector Accountability Agreement 2016-2017

Facility #:	936
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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	Performance Standard
		2016-2017	2016-2017
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	10.9	<=11.9
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	4.7	<=5.2
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	80.0%	>=72%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	79.0%	>=71%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	38.0%	>=35%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	72.6%	>=65%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	15.21%	<=16.73%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.30

Explanatory Indicators

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 #:	936
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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	1.47	>= 1.32
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 2016-2017	Performance Standard 2016-2017
Alternate Level of Care (ALC) Rate	Percentage	8.47%	<=12.7%
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.	

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2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2016-2017	2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	769,654	>= 723,475 and <= 815,833
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	9,500	>= 8,740 and <= 10,260
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	8,714	>= 8,017 and <= 9,411
Emergency Department and Urgent Care	Visits	152,895	>= 148,308 and <= 157,482
Inpatient Mental Health	Patient Days	30,470	>= 28,642 and <= 32,298
Acute Rehabilitation Patient Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	90,000	>= 87,300 and <= 92,700

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2016-2017 Schedule C3: LHIN Local Indicators and Obligations

1. The healthline.ca

South West LHIN HSPs agree to regularly update, and annually review April 1st, site-specific programs and services information, as represented within the healthline.ca website

2. Integrated Hospice Palliative Care

Annual reporting (via Survey Monkey) on the most significant contribution to advancing or improving integrated hospice palliative care in the past 12 months and plans for next year.

Examples could include:

- Implementing best practices;
- Adopting early identification tools
- Advanced care planning;
- Participating in HPC network meetings;
- Reviewing regional scorecard;
- Training staff in Fundamentals/APCE/CAPCE;
- Accessing Secondary Level Consultation teams

3. Indigenous Cultural Safety Training

Hospitals to establish an annual training plan to identify and track the # of staff that register and complete the Indigenous Cultural Safety (ICS) training course.

Reporting Obligations: submit a tracking sheet annually on the number of staff that have taken ICS training by June 30, 2016 (for 15/16 progress) and June 30, 2017 (for 16/17 progress)

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2016-2017 Schedule C3: LHIN Local Indicators and Obligations

4. Local Performance Indicators

Indicator	Target	Corridor
Repeat unscheduled emergency visits within 30 days for Mental Health	16.30	<= 17.93
Repeat unscheduled emergency visits within 30 days for Substance Abuse	22.40	<= 24.64
% of stroke/TIA patients admitted to a stroke unit during for any proportion of their inpatient stay	93.8%	>= 84.4%