

HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2019

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, 2018 (the "HSAA");

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 . Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.

2.0

2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

The following terms have the following meanings.

" " means any one of, and " " 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 HSAA will terminate on March 31, 2020.

3.0 . The amendments set out in Article 2 shall take effect on April 1, 2019. All other terms of the HSAA shall remain in full force and effect.

4.0 . 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 . 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.

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6.0

. 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:

Andrew Chunilall, Acting Board Chair

And by:

Renato Discenza, Interim Chief Executive Officer

LONDON HEALTH SCIENCES CENTRE

By:

_____  _____ 

Ramona Robinson, Board Chair

And by:

_____  _____ 

Paul Woods, President and Chief Executive Officer

Hospital Service Accountability Agreements

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

2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$492,792,668	
Health System Funding Reform: QBP Funding (Sec. 2)		\$243,558,000	
Post Construction Operating Plan (PCOP)		\$56,018,416	
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		\$5,956,000	\$14,397,000
		\$800,746,000	\$14,397,000
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$139,128,000	
Recoveries and Misc. Revenue		\$111,261,000	
Amortization of Grants/Donations Equipment		\$9,156,000	
OHIP Revenue and Patient Revenue from Other Payors		\$60,341,000	
Differential & Copayment Revenue		\$10,200,000	
Sub-Total Non-LHIN Funding		\$330,086,000	

Hospital Service Accountability Agreements

Facility #: 936
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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Acute Inpatient Stroke Hemorrhage		74	\$983,318
Acute Inpatient Stroke Ischemic or Unspecified		445	\$4,354,612
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		77	\$300,517
Stroke Endovascular Treatment (EVT)		83	\$2,459,539
Hip Replacement BUNDLE (Unilateral)		0	\$0
Knee Replacement BUNDLE (Unilateral)		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		654	\$5,164,947
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Elective Hips - Outpatient Rehab for Primary Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		1,002	\$7,369,240
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement		0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)		22	\$277,457
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Hip Fracture		512	\$7,233,292
Knee Arthroscopy		888	\$1,953,254
Acute Inpatient Congestive Heart Failure		873	\$7,882,317
Acute Inpatient Chronic Obstructive Pulmonary Disease		765	\$5,137,483
Acute Inpatient Pneumonia		660	\$4,093,502
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		182	\$3,143,456
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		179	\$1,575,451
Acute Inpatient Tonsillectomy		113	\$237,278
Unilateral Cataract Day Surgery		0	\$0
Retinal Disease		0	\$0
Non-Routine and Bilateral Cataract Day Surgery		1	\$851
Corneal Transplants		0	\$0
Non-Emergent Spine (Non-Instrumented - Day Surgery)		55	\$164,482
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)		136	\$650,637
Non-Emergent Spine (Instrumented - Inpatient Surgery)		264	\$2,638,485
Shoulder (Arthroplasties)		11	\$79,479
Shoulder (Reverse Arthroplasties)		3	\$50,927
Shoulder (Repairs)		73	\$199,783
Shoulder (Other)		30	\$68,109
Sub-Total Quality Based Procedure Funding		7,102	\$56,018,416

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2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incremental Base
General Surgery		\$107,760	\$0
Pediatric Surgery		\$184,750	\$0
Hip & Knee Replacement - Revisions		\$1,898,000	\$0
Magnetic Resonance Imaging (MRI)		\$204,397	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$26,009	\$0
Computed Tomography (CT)		\$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
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	\$4,610,000
MOH One-time payments		\$0	\$9,787,000
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$8,979,000	
Paymaster		(\$3,023,000)	
Sub-Total Other Non-HSFR Funding		\$5,956,000	\$14,397,000
Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>		[2] Base	[2] Incremental/One-Time
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
[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

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2019-2020 Schedule B: Reporting Requirements

1. MIS Trial Balance

Q2 – April 01 to September 30	31 October 2019
Q3 – October 01 to December 31	31 January 2020
Q4 – January 01 to March 31	31 May 2020

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

Q2 – April 01 to September 30	07 November 2019
Q3 – October 01 to December 31	07 February 2020
Q4 – January 01 to March 31	7 June 2020
Year End	30 June 2020

3. Audited Financial Statements

Fiscal Year	30 June 2020
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4. French Language Services Report

Fiscal Year	30 April 2020
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Hospital Service Accountability Agreements

Facility #:	936
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Site Name:	TOTAL ENTITY

2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	7.7	<= 8.5
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	5.8	<= 6.4
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	44.5%	>= 40.1%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	36.0%	>= 32.4%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	62.5%	>= 56.1%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	77.8%	>= 69.9%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	14.1%	<= 15.5%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<= 0.31

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
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

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Site Name:	TOTAL ENTITY

2018-2019 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2018-2019	2018-2019
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.76	>= 1.58
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	-0.7%	>=-0.7%

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	Performance Standard
		2018-2019	2018-2019
Alternate Level of Care (ALC) Rate	Percentage	5.90%	<= 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	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	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 2018-2019 H-SAA Indicator Technical Specification for further details.

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2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
Clinical Activity and Patient Services			
Ambulatory Care	Visits	788,688	>= 741,367 and <= 836,009
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	9,634	>= 8,863 and <= 10,405
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	9,524	>= 8,762 and <= 10,286
Emergency Department and Urgent Care	Visits	146,794	>= 124,775 and <= 168,813
Inpatient Mental Health	Patient Days	43,580	>= 40,965 and <= 46,195
Inpatient Rehabilitation Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	94,217	>= 91,390 and <= 97,044

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

Indicator	Baseline (4-Quarters): Q3-Q2	F19/20 Target	Target Description	Corridor (Target + 10%)
Percentage of Conservable Bed Days **	36.8%	27.6%	25% Improvement	30%
The percentage of unplanned acute inpatient readmissions to own facility within 30 days of discharge.	7.8%	7.0%	10% Improvement	N/A

** ICES definition: Conservable Bed Days has been defined by ICES as "the number of days that might be conserved if a hospital decreased the adjusted average length of stay (LOS) from existing levels to the benchmark levels"

** Percentage of Conservable Bed Days Calculation:
 (# of discharges where actual length of stay exceeds expected length of stay / total # of discharges) over a defined period of time