H-SAA AMENDING AGREEMENT

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

B E T W E E N:

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Windsor Regional 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 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 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.

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK

By:

Martin Girash, Board Chair — Date: Oct. 18, 2016

And by:

Ralph Ganter, Acting Chief Executive Officer — Date: October 17/2016

Windsor Regional Hospital

By:

Board Chair — Date: October 6, 2016.

And by:

David Musyj, President &Chief Executive Officer — Date: October 6, 2016

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

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	$179,677,201	
Health System Funding Reform: HBAM Funding	$97,021,877	
Health System Funding Reform: QBP Funding (Sec. 2)	$40,532,493	
Post Construction Operating Plan (PCOP)	$0	$0
Wait Time Strategy Services ("WTS") (Sec. 3)	$0	$0
Provincial Program Services ("PPS") (Sec. 4)	$0	$5,000,000
Other Non-HSFR Funding (Sec. 5)	$317,231,571	$5,000,000
Sub-Total LHIN Funding		
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	$44,062,664	
Recoveries and Misc. Revenue	$36,508,000	
Amortization of Grants/Donations Equipment	$2,345,000	
OHIP Revenue and Patient Revenue from Other Payors	$30,671,000	
Differential & Copayment Revenue	$4,067,000	
Sub-Total Non-LHIN Funding	$117,653,664	
Total 16/17 Estimated Funding Allocation (All Sources)	$434,885,235	$5,000,000

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	0	$71,627
Acute Inpatient Primary Unilateral Hip Replacement	430	$3,623,616
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	0	$86,928
Acute Inpatient Primary Unilateral Knee Replacement	743	$5,684,405
Acute Inpatient Hip Fracture	386	$6,115,187
Knee Arthroscopy	685	$1,067,704
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)	1	$11,604
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	$0
Acute Inpatient Congestive Heart Failure	625	$4,889,508
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	47	$660,343
Acute Inpatient Stroke Ischemic or Unspecified	356	$3,699,289
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	56	$201,692
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	26	$451,526
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	37	$617,410

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Unilateral Cataract Day Surgery	4,830	$2,299,338
Retinal Disease	0	$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	77	$302,890
Acute Inpatient Tonsillectomy	490	$555,675
Acute Inpatient Chronic Obstructive Pulmonary Disease	748	$6,731,324
Acute Inpatient Pneumonia	416	$3,462,427
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	9,953	$40,532,493

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 #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule A Funding Allocation

Section 5: Other Non-HSFR	[2] Base	[2] Incremental/One-Time
LHIN One-time payments	$0	$5,000,000
MOH One-time payments	$0	$0
LHIN/MOH Recoveries	$0	
Other Revenue from MOHLTC	$0	
Paymaster	$0	
Sub-Total Other Non-HSFR Funding	**$0**	**$5,000,000**

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)	$0	$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	$0	$0
Sub-Total Other Funding	**$0**	**$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

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

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 #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital
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	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	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	90.0%	>= 90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	90.0%	>= 90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	15.5%	<= 0.155
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	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 #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital
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	0.45	>= 0.42
Total Margin (Consolidated - All Sector Codes and fund types	Percentage	0.07%	>=0.066240739119697 1%

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	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 2016-2017 H-SAA Indicator Technical Specification for further details.

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2016-2017	Performance Standard 2016-2017
Clinical Activity and Patient Services			
Ambulatory Care	Visits	308,046	>= 283,402 and <= 332,690
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	8,557	>= 7,872 and <= 9,241
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	7,410	>= 6,817 and <= 8,003
Emergency Department and Urgent Care	Visits	125,053	>= 121,301 and <= 128,805
Inpatient Mental Health	Patient Days	25,237	>= 23,723 and <= 26,751
Acute Rehabilitation Patient Days	Patient Days	750	>= 638 and <= 863
Total Inpatient Acute	Weighted Cases	43,641	>= 42,332 and <= 44,950

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

All HSPs will provide annually a report on the number of patients/clients by mother tongue, official language and Indigenousl identity.

HSPs will develop a mechanism to track the language characteristics of their patients/clients to understand opportunities for culturally sensitive services, using the following questions:

1. Report on number of patients/clients by mother tongue and official language.
   a) Mother Tongue:
      - English
      - French
      - Other (specify what other language is)

   b) Official Language (if mother tongue is not English or French):
      - English
      - French

2. Report on number of patients/clients that identify themselves as Indigenous:
   - First Nation
   - Inuit
   - Metis
   - Non-Status
   - Urban

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Responsiveness to Francophone community needs

As an HSP identified or designated to provide services in French to serve the Francophone population, you will continue to actively participate in activities designed to support the implementation and delivery of services in French. You will complete the work undertaken in the first two years of the current agreement, that is:

The HSP is responsible for implementing and delivering its services in French. To that end, the HSP will work with the Erie St. Clair LHIN to achieve designation under the French Language Services Act by the end of Q2 2015.

The HSP will work with the Erie St. Clair LHIN FLS Coordinator and/or the French Language Health Planning Entity to meet its French language obligations and to develop its designation plan. The HSP will:

- initiate contact with the FLS Coordinator to understand purpose, process and requirements of FLS by Q1 2014;
- set up a FLS working group, with participation from the FLS Coordinator by Q1 2014;
- develop a workplan to include actions required to develop designation plan by Q2 2014;
- submit annually a progress report in Q4;
- submit its designation plan to the LHIN by Q2 2015;
- complete annually the FLS report in SRI (date to be determined).

The HSP will also achieve the following actions:

- implement or update key elements of an active offer of FLS, in particular:
- bilingual greetings (switchboard/reception and automated greeting) by Q2 2014;
- identification of bilingual staff by Q2 2014;
- written material by Q3 2014;
- identification of French-speaking patients/clients by Q2 2014;
- develop or update policies regarding French language services, and integrate where possible into existing organizational policies by Q4 2015;
- develop or update the Human Resource Plan, which includes the designation of positions requiring proficiency in French by Q4 2015.

Please note that for reporting purpose, you will submit a progress report to the LHIN FLS Coordinator by **September 30, 2016.** All other FLS reports are eliminated for 2016-2017.

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Health Equity

The Ministry of Health and Long-Term Care (MOHLTC) has identified equity as a key component of quality care, including the reduction of avoidable health disparities between population groups . The Erie St. Clair LHIN is currently developing a health equity strategy, whereas we would expect each provider to meaningfully engage in this process. We are striving towards a culturally competent and safe health system that respectfully and adequately responds to inequities, diverse values and beliefs of the residents in the Erie St. Clair LHIN in order to improve their health outcomes and patient experience.

As part of the service accountability agreement with the Erie St. Clair LHIN, all HSPs need to take specific action to positively impact the health status of all residents by giving consideration to the determinants of health, with focus on Indigenous people, Francophones, newcomers/immigrants and vulnerable populations.

Therefore, health program/service providers are required to detail their planned efforts to address area population needs and service gaps by providing an annual summary on the following questions:

1. What specific processes or intentional steps has yours organization has taken this year to address health equity and the determinants of health to improve health outcomes of the residents you serve?
2. What specific outcomes has your organization achieved in improving access and/or effectiveness of your programs/services through attention to health equity and the determinants of health?
3. What are your policies and procedures related to self-identification for the vulnerable populations, Francophone and Indigenous residents you serve?
4. What plans does your organization have to address health equity and the determinants of health in the delivery of programs/services in the coming year?

Annual reports to be submitted on or before **June 30th** of each year and sent to: **EC.performance@lhins.on.ca**

Hospital Sector Accountability Agreement 2016-2017

Facility #:	933
Hospital Name:	Windsor Regional Hospital
Hospital Legal Name:	Windsor Regional Hospital

2016-2017 Schedule C3: LHIN Local Indicators and Obligations

Pediatric Diabetes Education Program

The HSP will submit a Program Description and Proposed Annual Work Plan (Schedule A) by April 30th 2016 to the Erie St. Clair LHIN in Microsoft Word format. As part of the proposed annual work plan, the HSP is required to submit a signed copy of the proposed financial annual budget (Schedule B) and activity targets (Schedule C), as well as complete the Update Program Contact Information form.

The HSP will provide the LHIN with quarterly status reports by completing Schedule A and Schedule B. It will also communicate any changes to the program and/or Program Contact Information.

The quarterly reporting dates will follow and align with the Supplementary Reporting (SRI) dates found on Schedule C: Reports found in this HSAA. As such, the HSP is required to report on fiscal 2016/17 progress by the following dates:

Q1 and Q2 update – report due to the LHIN on November 7th, 2016
Q3 update – report due to the LHIN on February 7th, 2017
Q4 update – report due to the LHIN on June 7th, 2017
YE update – report due to the LHIN on June 30th, 2017

The Annual Work Plan and Quarterly Status reports should be sent to the Erie St. Clair LHIN by way of electronic copy to ec.performance@lhins.on.ca.