## HSAA AMENDING AGREEMENT

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

**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, 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 Definitions.** 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 Amendments.**

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.

"**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 HSAA will terminate on March 31, 2020.

# Hospital Service Accountability Agreements

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

## 2019-2020 Schedule A Funding Allocation

| Section 1: FUNDING SUMMARY | 2019-2020 [1] Estimated Funding Allocation | |
|---|---|---|
| **LHIN FUNDING** | [2] Base | |
| LHIN Global Allocation (Includes Sec. 3) | $177,499,913 | |
| Health System Funding Reform: HBAM Funding | $100,540,454 | |
| Health System Funding Reform: QBP Funding (Sec. 2) | $46,655,702 | |
| Post Construction Operating Plan (PCOP) | $0 | [2] Incremental/One-Time |
| Wait Time Strategy Services ("WTS") (Sec. 3) | $5,879,357 | $2,048,560 |
| Provincial Program Services ("PPS") (Sec. 4 ) | $10,035,820 | $0 |
| Other Non-HSFR Funding (Sec. 5) | $34,845,248 | $0 |
| **Sub-Total LHIN Funding** | $375,456,494 | $2,048,560 |
| **NON-LHIN FUNDING** | | |
| [3] Cancer Care Ontario and the Ontario Renal Network | $67,186,046 | |
| Recoveries and Misc. Revenue | $40,957,000 | |
| Amortization of Grants/Donations Equipment | $2,460,000 | |
| OHIP Revenue and Patient Revenue from Other Payors | $30,066,000 | |
| Differential & Copayment Revenue | $3,823,000 | |
| **Sub-Total Non-LHIN Funding** | $144,492,046 | |

# Hospital Service Accountability Agreements

Facility #: 933
Hospital Name: Windsor Regional Hospital
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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 | 51 | $1,131,832 |
| Acute Inpatient Stroke Ischemic or Unspecified | 377 | $3,350,400 |
| Acute Inpatient Stroke Transient Ischemic Attack (TIA) | 58 | $191,796 |
| Stroke Endovascular Treatment (EVT) | 30 | $888,990 |
| Hip Replacement BUNDLE (Unilateral) | 380 | $387,076 |
| Knee Replacement BUNDLE (Unilateral) | 845 | $811,432 |
| Acute Inpatient Primary Unilateral Hip Replacement | 380 | $3,269,900 |
| Rehabilitation Inpatient Primary Unlilateral Hip Replacement | 0 | $0 |
| Elective Hips - Outpatient Rehab for Primary Hip Replacement | 0 | $0 |
| Acute Inpatient Primary Unilateral Knee Replacement | 845 | $6,477,770 |
| Rehabilitation Inpatient Primary Unlilateral Knee Replacement | 0 | $0 |
| Elective Knees - Outpatient Rehab for Primary Knee Replacement | 0 | $0 |
| Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) | 1 | $13,159 |
| Rehab Inpatient Primary Bilateral Hip/Knee Replacement | 0 | $0 |
| Rehab Outpatient Primary Bilateral Hip/Knee Replacement | 0 | $0 |
| Acute Inpatient Hip Fracture | 400 | $5,951,892 |
| Knee Arthroscopy | 550 | $809,229 |
| Acute Inpatient Congestive Heart Failure | 632 | $5,496,406 |
| Acute Inpatient Chronic Obstructive Pulmonary Disease | 758 | $6,329,826 |
| Acute Inpatient Pneumonia | 416 | $4,020,119 |
| Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathv | 28 | $601,164 |
| Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease | 38 | $607,106 |
| Acute Inpatient Tonsillectomy | 515 | $497,370 |
| Unilateral Cataract Day Surgery | 5,151 | $2,680,796 |
| Retinal Disease | 0 | $0 |
| Non-Routine and Bilateral Cataract Day Surgery | 157 | $112,954 |
| Corneal Transplants | 25 | $37,168 |
| Non-Emergent Spine (Non-Instrumented - Day Surgery) | 59 | $164,616 |
| Non-Emergent Spine (Non-Instrumented - Inpatient Surgery) | 104 | $525,378 |
| Non-Emergent Spine (Instrumented - Inpatient Surgery) | 139 | $1,309,757 |
| Shoulder (Arthroplasties) | 36 | $282,285 |
| Shoulder (Reverse Arthroplasties) | 10 | $114,256 |
| Shoulder (Repairs) | 193 | $536,567 |
| Shoulder (Other) | 26 | $56,458 |
| **Sub-Total Quality Based Procedure Funding** | 12,204 | $46,655,702 |

# Hospital Service Accountability Agreements

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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 | $1,040,344 | $0 |
| Pediatric Surgery | $993,905 | $0 |
| Hip & Knee Replacement - Revisions | $422,208 | $0 |
| Magnetic Resonance Imaging (MRI) | $1,606,800 | $1,623,960 |
| Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI) | $15,600 | $48,100 |
| Computed Tomography (CT) | $1,800,500 | $376,500 |
| **Sub-Total Wait Time Strategy Services Funding** | $5,879,357 | $2,048,560 |
| **Section 4: Provincial Priority Program Services ("PPS")** | **[2] Base** | **[2] Incremental/One-Time** |
| Cardiac Surgery | $0 | $0 |
| Other Cardiac Services | $8,774,320 | $0 |
| Organ Transplantation | $0 | $0 |
| Neurosciences | $1,261,500 | $0 |
| Bariatric Services | $0 | $0 |
| Regional Trauma | $0 | $0 |
| **Sub-Total Provincial Priority Program Services Funding** | $10,035,820 | $0 |
| **Section 5: Other Non-HSFR** | **[2] Base** | **[2] Incremental/One-Time** |
| LHIN One-time payments | $11,259,300 | $0 |
| MOH One-time payments | $0 | $0 |
| LHIN/MOH Recoveries | $0 | |
| Other Revenue from MOHLTC | $23,775,948 | |
| Paymaster | ($190,000) | |
| **Sub-Total Other Non-HSFR Funding** | $34,845,248 | $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) | $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 Quartery 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 |

### 4. French Language Services Report

| | |
|---|---|
| Fiscal Year | 30 April 2020 |

# Hospital Service Accountability Agreements

| | |
|---|---|
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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 2019-2020 | Performance Standard 2019-2020 |
|---|---|---|---|
| 90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients | Hours | 8.0 | <= 8.8 |
| 90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) 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% | <= 17.1% |
| Rate of Hospital Acquired Clostridium Difficile Infections | Rate | 0.00 | <=0.3 |

| 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 |

# Hospital Service Accountability Agreements

| | |
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| Site Name: | TOTAL ENTITY |

## 2019-2020 Schedule C1 Performance Indicators

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

| *Performance Indicators | Measurement Unit | Performance Target 2019-2020 | Performance Standard 2019-2020 |
|---|---|---|---|
| Current Ratio (Consolidated - All Sector Codes and fund types) | Ratio | 0.41 | >= 0.39 |
| Total Margin (Consolidated - All Sector Codes and fund types) | Percentage | 0.89% | >=0.89% |

| 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 2019-2020 | Performance Standard 2019-2020 |
|---|---|---|---|
| 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 | 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 2019-2020 H-SAA Indicator Technical Specification for further details.

# Hospital Service Accountability Agreements

| | |
|---|---|
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## 2019-2020 Schedule C2 Service Volumes

| | Measurement Unit | Performance Target 2019-2020 | Performance Standard 2019-2020 |
|---|---|---|---|
| **Clinical Activity and Patient Services** | | | |
| Ambulatory Care | Visits | 282,344 | >= 254,110 and <= 310,578 |
| Complex Continuing Care | Weighted Patient Days | 0 | - |
| Day Surgery | Weighted Cases | 6,990 | >= 6,431 and <= 7,549 |
| Elderly Capital Assistance Program (ELDCAP) | Patient Days | 0 | - |
| Emergency Department | Weighted Cases | 5,607 | >= 5,158 and <= 6,056 |
| Emergency Department and Urgent Care | Visits | 106,706 | >= 90,700 and <= 122,712 |
| Inpatient Mental Health | Patient Days | 23,602 | >= 22,186 and <= 25,018 |
| Inpatient Rehabilitation Days | Patient Days | 12 | >= 10 and <= 14 |
| Total Inpatient Acute | Weighted Cases | 43,175 | >= 41,880 and <= 44,470 |

## Hospital Service Accountability Agreements

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### 2019-2020 Schedule C3: LHIN Local Indicators and Obligations

**ESC LHIN Discharge Policy**

With the oversight and approval of the ESC LHIN CNE & VP Advisory Council, the ESC LHIN Patient Access and Flow leadership forum will develop an integrated ESSC LHIN Discharge Policy that will be implemented by all hospitals within the ESC LHIN.

**French Language Services - Identified Agencies - Hospital sector**

As a FLS provider, the HSP is responsible for implementing and delivering its services in French. To that end, the HSP will actively participate in activities designed to support the implementation and delivery of services in French, and to ensure that the Francophone population has access to their services in French in a timely fashion. The HSP will develop a French Language Services plan and will demonstrate yearly progress towards meeting designation criteria. The plan will identify specific milestones and target dates to achieve improvements in the next three years, with full compliance expected by **March 31, 2020**. You will submit the plan for approval to the LHIN FLS Coordinator no later than **June 30, 2019**. Progress will be monitored quarterly. The LHIN will be moving to publish this information on its website.

As per schedule B, the HSP will submit yearly a FLS report to the LHIN, using the template provided by the LHIN.

**Diabetes Education Program (DEP) - (ADEPs and PDEPs) - HSAAs**

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, 2019Q3 update – report due to the LHIN on February 7th, 2020Q4 update – report due to the LHIN on June 7th, 2020YE update – report due to the LHIN on June 30th, 2020The Annual Work Plan and Quarterly Status reports should be sent to the Erie St. Clair LHIN by way of electronic copy to **esc.reporting@lhins.on.ca**.

**Language and Indigenous Identity Report - all HSPs**

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

**Health Equity - All HSPs**

The Erie St. Clair LHIN is striving towards a culturally competent and safe health system that respectfully and adequately responds to inequities, diverse values and beliefs of all residents in the Erie St. Clair LHIN in order to improve their health outcomes and experience. As part of the service accountability agreement with the Erie St. Clair LHIN, all Health Service Providers will demonstrate action to positively impacting the health status of all residents, including consideration for social determinants of health and specific focus on Indigenous people, Francophones, newcomers/immigrants and vulnerable populations.

The Health Equity report is submitted annually by HSPs to the ESC LHIN, outlining results of planned strategic efforts to address area population needs and service gaps in the last fiscal year, as well as planned activities for the upcoming year.

Annual reports are to be submitted no later than April 30, of each year and sent to: **esc.reporting@lhins.on.ca**

**Client Complaints Policy and Procedure**

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, June 30th of each year to **esc.reporting@lhins.on.ca**.

**3.0** **Effective Date.** 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** **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: _____ May 22, 2020

**Nicole Robinson** Date
VP, Integrated Delivery Systems
Ontario Health, West Region

And by: _____ May 18, 2020

**Zeynep Danis,** Date
Vice President Finance & Corporate Services,
Ontario Health, West Region

**WINDSOR REGIONAL HOSPITAL**

By: _____ _____

Board Chair Date

And by: _____ _____

David Musyj, President & CEO Date