

2008-2012 H-SAA AMENDING AGREEMENT # 2

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2011

BETWEEN:

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

HORNEPAYNE COMMUNITY HOSPITAL (the "Hospital")

WHEREAS the LHIN and the Hospital entered into a hospital service accountability agreement that took effect April 1, 2008 and has been amended by agreements made as of April 1, 2010 and April 1, 2011 (the "H-SAA");

AND WHEREAS the Parties acknowledged, in the amending agreement made as of April 1, 2011, that further amendments would be required to the Schedules following the announcement of funding allocations by the Ministry of Health and Long Term Care.

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.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the H-SAA shall be amended as set out in this Article 2.

2.2 Schedules.

- (a) Schedule B-2 shall be deleted and replaced with Schedule B-3 attached to this Agreement.
- (b) Schedules C-2 shall be deleted and replaced with Schedule C-3 attached to this Agreement.
- (c) Schedules D-2 shall be deleted and replaced with Schedule D-3 attached to this Agreement.
- (d) Schedules E-2 shall be deleted and replaced with Schedule E-3 attached to this Agreement.
- (e) Schedules F-2 shall be deleted and replaced with Schedule F-3 attached to this Agreement.

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THIS AGREEMENT

- 3.0 Effective Date.** The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2011. All other terms of the H-SAA, those provisions in the Schedules not amended by s. 2.2, above, 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 Schedules B-3, C-3, D-3, E-3, F-3, G-3 and H-3, 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.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

By:

Randy Kapashesit
Board Chair

Date

And by: 

Louise Paquette
Chief Executive Officer

Oct. 25 2011

Date

* See attached Board resolution.

Resolution
North East Local Health Integration Network (the "Corporation")

Motion No.: 2011-BD045

Moved by: Leah Welk

Seconded by: Danielle Bélanger-Corbin

Thursday, October 13, 2011

RESOLVED THAT:

Whereas: The 2011/12 Amending HSAAs need to be negotiated and signed by the NE LHIN and the 25 hospitals by October 31, 2011;

Whereas: The North East LHIN does not meet again until November 28, 2011;

Therefore: The North East LHIN Board of Directors appoint a delegate, Louise Paquette to review/approve the H-SAAs in order to meet the Ministry deadlines and that the H-SAAs then be brought to Board for review at its November meeting.



Randy Kapashesit
Interim Chair

HORNEPAYNE COMMUNITY HOSPITAL

By:

Richard Kelly
Richard Kelly
Chair

Oct 14/11
Date

And by:

Lisa Verrino
Lisa Verrino
Chief Executive Officer

Oct 14/11
Date

Hospital Multi-Year Funding Allocation

Schedule C3 2011/12

Hospital	Fac #	2011/12 Planning Allocation	
		Base	One-Time
Homepayne Community Hospital	682		
Operating Base Funding		3,836,200	
Multi-Year Funding Incremental Adjustment		59,000	
Other Funding			
Funding adjustment 1 (Small Hospital Funding)		16,300	
Funding adjustment 2 (Excellent Care for All Act)			13,700
Funding adjustment 3 ()			
Funding adjustment 4 ()			
Funding Adjustment 5 (Incontinence Supplies)			
Funding Adjustment 6 ()			
Other Items			
Prior Years' Payments			
Critical Care Strategies Schedule E			
PCOP: Schedule F			
PCOP			
Stable Priority Services: Schedule G			
Chronic Kidney Disease			
Cardiac catheterization			
Cardiac surgery			
Provincial Strategies: Schedule G			
Organ Transplantation			
Endovascular aortic aneurysm repair			
Electrophysiology studies EPS/ablation			
Percutaneous coronary intervention (PCI)			
Implantable cardiac defibrillators (ICD)			
Daily nocturnal home hemodialysis			
Provincial peritoneal dialysis initiative			
Newborn screening program			
Specialized Hospital Services: Schedule G			
Cardiac Rehabilitation			
Visudyne Therapy			
Total Hip and Knee Joint Replacements (Non-WTS)			
Magnetic Resonance Imaging			
Regional Trauma			
Regional & District Stroke Centres			
Sexual Assault/Domestic Violence Treatment Centres			
Provincial Regional Genetic Services			
HIV Outpatient Clinics			
Hemophiliac Ambulatory Clinics			
Permanent Cardiac Pacemaker Services			
Provincial Resources			
Bone Marrow Transplant			
Adult Interventional Cardiology for Congenital Heart Defects			
Cardiac Laser Lead Removals			
Pulmonary Thromboendarterectomy Services			
Thoracoabdominal Aortic Aneurysm Repairs (TAA)			
Health Results (Wait Time Strategy): Schedule H			
Selected Cardiac Services			
Total Hip and Knee Joint Replacements			
Cataract Surgeries			
Magnetic Resonance Imaging (MRI)			
Computed Tomography (CT)			
Total Additional Base and One Time Funding		75,300	13,700
Total Allocation		3,925,200	

Allocations not provided in this schedule for 2011/12 will be provided to hospitals in subsequent planning cycles. Hospitals should assume, for planning purposes, funding for similar volumes (as in 2011/12) for Priority Services in out-years.

Performance Indicators

Schedule D3 2011/12

Hospital **Homepayne Community Hospital**

Fac # **682**

	Measurement Unit	2011/12 Performance Target	2011/12 Performance Standard**
PERSON EXPERIENCE: Access, Safe, Effective, Person-Centred			
Accountability Indicators			
90th Percentile ER LOS for Admitted Patients	Hours	TBD	TBD
90th Percentile ER LOS for Non-admitted Complex Patients	Hours	TBD	TBD
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	TBD	TBD
Explanatory Indicators			
Emergency Department Activity	Weighted Cases		
Emergency Department Vists	Visits	2,000	>1,700
30-day readmission of patients with stroke or transient ischemic attack (TIA) to acute care for all diagnoses	Percentage		
Percent of stroke patients discharged to rehabilitation	Percentage		
Percent of stroke patients managed on a designated stroke unit	Percentage		
Wait Time Volumes (Per Schedule H2)	Cases		
Rehabilitation Separations	Separations		
ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance			
Accountability Indicators			
Current Ratio (consolidated)	Ratio	3.76	0.8-2.0
Total Margin (Consolidated)	Percentage	0.45	>0
Explanatory Indicators			
Total Margin (Hospital Sector Only)	Percentage		
Percentage Full Time Nurses	Percentage	64.00	70.00
Percentage Paid Sick Time	Percentage	0.06	0.00 - 2.00
Percentage Paid Overtime	Percentage	0.09	0.00 - 2.00
SYSTEM INTEGRATION: Integration, Community Engagement, eHealth			
Explanatory Indicators			
Percentage ALC Days	Days	33.30	30.00
Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions	Visits		
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse Conditions	Visits		
GLOBAL VOLUMES			
Accountability Indicators			
Total Acute Activity, incl. Inpatient and Day Surgery*	Weighted Cases	200	150-250
Complex Continuing Care	RUG Weighted Patient Days		
Mental Health	Inpatient Days		
ELDCAP	Inpatient Days	5,110	5008-5212
Rehabilitation	Inpatient Days		
Ambulatory Care***	Visits	6,000	>4500

* Global volumes based on CIHI Case mix Group (CMG)* methodology and RIW weights.

**Volume Performance Indicators under Global Volumes vary in application based on hospital type.

***Ambulatory Care includes OHRs Primary account codes 7134* (excluding 7134055), 712*, 7135*,715* OHRs secondary statistical account codes:447*,450*,5* (excluding 50*,511*,512*,513*,514*,518*,519*,521*)

HORNEPAYNE COMMUNITY HOSPITAL - PERFORMANCE MEASURES 2011/12

H-SAA	Target	Baseline	Q1	Q2	Q3	Q4	Variance in quarter against target
1	1.1 Total Margin	\$23,388	NA	\$159,847			
	1.2 Total Margin ratio	0.45	NA	6.12			
	1.3 Current ratio	3.76	NA	5.57			
2	1.4 % ALC days (acute) (see methodology below)	17%	45.7 % (interim DAD FY 2010/11)	0.00%			
	2.1 Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions	18.1% (NE LHIN)	NR	LHIN will update when data available			
	2.2 Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions	27.0% (NE LHIN)	NR	LHIN will update when data available			
FLS							
3	3.1 FLS Index	0.011	0.010	Report Q4	Report Q4	Report Q4	

Notes:

- TBD To be determined as data are available.
- NA - Not applicable
- NR - Not reportable due to small numbers

Methodology for calculating % ALC Days

- 1) The approach to calculating % ALC days is based on the accountability for this metric the NE LHIN has with the MOHLTC.
- 2) To calculate % ALC days in a given quarter:
 - 2.1) SUM all acute hospital days in the quarter based on discharged patients in the quarter
 - 2.2) SUM all ALC days in acute in the quarter based on discharged patients in the quarter
 - 2.3) Calculate % ALC days as: Step 2.2 / Step 2.1 X 100

Example:

- Hospital A had a total of 100 Acute days based on discharged patients in Q1
- Hospital A had a total of 22 ALC days in acute based on discharged patients in Q1
- Calculate % ALC = $22 / 100 \times 100 = 22\%$