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

SOUTH HURON HOSPITAL ASSOCIATION

(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

HSAA AMENDING AGREEMENT - 2019- 20 SCHEDULES

- 2.3 Term. This Agreement and the HSAA will terminate on March 31, 2020.
- **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.

THE BALANCE OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

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:	DH-09-19
MARK BRINGHER YP	DATE
Andrew Chunitall, Acting Board Chair	
And by:	ADF1/10, 2019
Renato Discenza, Interim Chief Executive	Officer
SOUTH HURON HOSPITAL ASSOCIATION	ON
By:	MAR 2 8 2019
Aileen Knib, Board Chair	DATE
And by:	MAR 2 8 2019
11/2 9/10	DATE

Bruce Quigley, Interim President and CEO

Facility #:

655

Hospital Name:

South Huron Hospital

Hospital Legal Name:

South Huron Hospital

2019-2020 Schedule A Funding Allocation

	2019-2020	
	[1] Estimated Funding Allocatio	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	[2] Base	
LHIN Global Allocation (Includes Sec. 3)	\$7,695,827	
Health System Funding Reform: HBAM Funding	\$0	
Health System Funding Reform: QBP Funding (Sec. 2)	\$0	
Post Construction Operating Plan (PCOP)	\$0	[2] Incremental/One-Time
Wait Time Strategy Services ("WTS") (Sec. 3)	\$0	\$0
Provincial Program Services ("PPS") (Sec. 4)	\$0	\$0
Other Non-HSFR Funding (Sec. 5)	\$324,906	\$0
Sub-Total LHIN Funding	\$8,020,733	\$0
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	\$0	
Recoveries and Misc. Revenue	\$485,607	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Amortization of Grants/Donations Equipment	\$404,167	
OHIP Revenue and Patient Revenue from Other Payors	\$2,322,041	
Differential & Copayment Revenue	\$162,232	
Sub-Total Non-LHIN Funding	\$3,374,047	

Facility #:	655
Hospital Name:	South Huron Hospital
Hospital Legal Name:	South Huron Hospital

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	0	\$0
Acute Inpatient Stroke Ischemic or Unspecified	0	\$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	0	\$0
Stroke Endovascular Treatment (EVT)	0	\$0
Hip Replacement BUNDLE (Unilateral)	0	\$0
Knee Replacement BUNDLE (Unilateral)	0	\$0
Acute Inpatient Primary Unilateral Hip Replacement	0	\$0
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	0	\$0
Elective Hips - Outpatient Rehab for Primary Hip Replacement	0	\$0
Acute Inpatient Primary Unilateral Knee Replacement	0	\$0
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement		\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	\$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	\$0
Acute Inpatient Hip Fracture	0	\$0
Knee Arthroscopy	0	\$0
Acute Inpatient Congestive Heart Failure	0	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease	0	\$0
Acute Inpatient Pneumonia	0	\$0
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0	\$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0	\$0
Acute Inpatient Tonsillectomy	0	\$0
Unilateral Cataract Day Surgery	0	\$0
Retinal Disease	0	\$0
Non-Routine and Bilateral Cataract Day Surgery	0	\$0
Corneal Transplants	0	\$0
Non-Emergent Spine (Non-Instrumented - Day Surgery)	0	\$0
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)	0	\$0
Non-Emergent Spine (Instrumented - Inpatient Surgery)	0	\$0
Shoulder (Arthroplasties)	0	\$0
Shoulder (Reverse Arthroplasties)	0	\$0 \$0
Shoulder (Repairs) Shoulder (Other)	0	\$0
Sub-Total Quality Based Procedure Funding	0	\$0

Facility #:

655

Hospital Name:

South Huron Hospital

Hospital Legal Name:

South Huron Hospital

2019-2020 Schedule A Funding Allocation

	20	19-2020
	[1] Estimated	Funding Allocation
Section 3: Wait Time Strategy Services ("WTS")	FOI Door	T mi (18
General Surgery	[2] Base \$0	[2] Incremental Base
Pediatric Surgery	11 \$0 \$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
Sub-Total Wait Time Strategy Services Funding	30 30 30 30 30 30 30 30	\$0
Section 4: Provincial Priority Program Services ("PPS")	[2] Base	[2] Incremental/One-Tim
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-Tim
LHIN One-time payments	\$0	\$0
MOH One-time payments	\$0	\$0
LHIN/MOH Recoveries	\$0	
Other Revenue from MOHLTC	\$106,196	
Paymaster	\$218,710	
Sub-Total Other Non-HSFR Funding	\$324,906	\$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. QBF	Funding is not base fund	ding for the purposes of
the BOND policy.		

Facility #: 655

South Huron Hospital South Huron Hospital

Hospital Name: South Hur Hospital Legal Name: South Hur

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

Facility #: Hospital Name: Hospital Legal Name: 655 South Huron Hospital South Huron Hospital

Site Name:

TOTAL ENTITY

2019-2020 Schedule C1 Performance Indicators

*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	N/A	N/A
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	N/A
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	N/A
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	11.6%	<= 12.8%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.05
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		

Facility #:

655

Hospital Name:

South Huron Hospital

Hospital Legal Name:

South Huron Hospital
TOTAL ENTITY

Site Name:

2019-2020 Schedule C1 Performance Indicators

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.88	>= 1.69
otal Margin (Consolidated - All Sector Codes and fund types)	Percentage	(4.04%)	>= -4.04%
Explanatory Indicators	Measurement Unit		
otal Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Alternate Level of Care (ALC) Rate	Percentage	18.00%	<=19.7%
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 2019-2020 H-SAA Indicator Technical Specification for further details.

Facility	#:
autal Nas	

655

Hospital Name: Hospital Legal Name:

South Huron Hospital
South Huron Hospital

2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2019-2020	Performance Standard
Clinical Activity and Patient Services Ambulatory Care	Visits	29,000	>= 21,750 and <= 36,25
Complex Continuing Care	Weighted Patient Days	200	>= 170 and <= 230
Day Surgery	Weighted Cases	0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	430	>= 323 and <= 538
Emergency Department and Urgent Care	Visits	10,000	>= 7,500 and <= 12,50
Inpatient Mental Health	Patient Days	0	-
Inpatient Rehabilitation Days	Patient Days	1,155	>= 982 and <= 1,328
Total Inpatient Acute	Weighted Cases	600	>= 510 and <= 690

 Facility #:
 655

 Hospital Name:
 South Huron Hospital

 Hospital Legal Name:
 South Huron Hospital

ı	į
Ė	Ė
K	•
¢	-
ď	٤
ď	=
r	
đ	5
2020 Schodulo C3: 1 HIN I againstore and Obligations	1
ť	=
t	•
1	į
ŀ	4
Ś	•
ľ	,
Ċ	1
ť.	
t	=
Ē	í
ī	,
ď	
(ì
Ē	
F	
E	
Ė	ï
ı	į
ı	ı
Ġ	Ė
Ċ	9
Ć	ľ
Ė	=
÷	
t	ľ
Ľ	
Κ	
ď	t
e	Ē
٥	۱
k	ŕ

Indicator	Baseline (4-Quarters): Q3-Q2	F19/20 Target	Target Description	Corridor (Target + 10%)
Percentage of Conservable Bed Days **	38.1%	28.6%	(25% Improvement	31.4%
The percentage of unplanned acute inpatient readmissions to own facility within 30 days of				
discharge.	11.3%	10.2%	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"

{# of discharges where actual length of stay exceeds expected length of stay / total # of discharges) over a defined period of time

^{**} Percentage of Conservable Bed Days Calculation: