

HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the “Agreement”) is made as of the 1st day of July, 2019

BETWEEN:

(the “LHIN”)

AND

(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.

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.

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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.

By:

Original Signed By: _____

June 19, 2019 _____

DATE

And by:

Original Signed By: _____

June 19, 2019 _____

DATE

By:

Original Signed By: _____

June 19, 2019 _____

DATE

And by:

Original Signed By: _____

June 19, 2019 _____

DATE

Hospital Service Accountability Agreements

| | |
|----------------------|---------------------------------------|
| Facility #: | 606 |
| Hospital Name: | Royal Victoria Regional Health Centre |
| Hospital Legal Name: | Royal Victoria Regional Health 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) | | \$124,042,114 | |
| Health System Funding Reform: HBAM Funding | | \$70,772,413 | |
| Health System Funding Reform: QBP Funding (Sec. 2) | | \$29,460,547 | |
| Post Construction Operating Plan (PCOP) | | \$0 | |
| Wait Time Strategy Services ("WTS") (Sec. 3) | | \$2,886,744 | [2] Incremental/One-Time \$158,827 |
| Provincial Program Services ("PPS") (Sec. 4) | | \$3,814,837 | \$0 |
| Other Non-HSFR Funding (Sec. 5) | | \$21,130,888 | \$9,282,189 |
| Sub-Total LHIN Funding | | \$252,107,543 | \$9,441,016 |
| NON-LHIN FUNDING | | | |
| [3] Cancer Care Ontario and the Ontario Renal Network | | \$38,222,610 | |
| Recoveries and Misc. Revenue | | \$19,593,050 | |
| Amortization of Grants/Donations Equipment | | \$7,400,000 | |
| OHIP Revenue and Patient Revenue from Other Payors | | \$24,887,556 | |
| Differential & Copayment Revenue | | \$4,314,081 | |
| Sub-Total Non-LHIN Funding | | \$94,417,297 | |

Hospital Service Accountability Agreements

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2019-2020 Schedule A Funding Allocation

| | 2019-2020 | |
|---|----------------------------------|---------------------|
| | [1] Estimated Funding Allocation | |
| Section 2: HSNR - Quality-Based Procedures | Volume | [4] Allocation |
| Acute Inpatient Stroke Hemorrhage | 16 | \$266,160 |
| Acute Inpatient Stroke Ischemic or Unspecified | 201 | \$2,588,679 |
| Acute Inpatient Stroke Transient Ischemic Attack (TIA) | 56 | \$284,424 |
| Stroke Endovascular Treatment (EVT) | 0 | \$0 |
| Hip Replacement BUNDLE (Unilateral) | 372 | \$3,399,708 |
| Knee Replacement BUNDLE (Unilateral) | 596 | \$4,902,696 |
| Acute Inpatient Primary Unilateral Hip Replacement | 0 | \$0 |
| Rehabilitation Inpatient Primary Unilateral 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 Unilateral Knee Replacement | 0 | \$0 |
| Elective Knees - Outpatient Rehab for Primary Knee Replacement | 0 | \$0 |
| Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee) | 1 | \$11,374 |
| Rehab Inpatient Primary Bilateral Hip/Knee Replacement | 0 | \$0 |
| Rehab Outpatient Primary Bilateral Hip/Knee Replacement | 0 | \$0 |
| Acute Inpatient Hip Fracture | 261 | \$3,317,310 |
| Knee Arthroscopy | 451 | \$788,431 |
| Acute Inpatient Congestive Heart Failure | 308 | \$2,724,260 |
| Acute Inpatient Chronic Obstructive Pulmonary Disease | 482 | \$3,377,374 |
| Acute Inpatient Pneumonia | 196 | \$1,134,056 |
| Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway | 84 | \$1,729,896 |
| Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease | 180 | \$1,385,460 |
| Acute Inpatient Tonsillectomy | 427 | \$483,791 |
| Unilateral Cataract Day Surgery | 1,893 | \$906,747 |
| Retinal Disease | 0 | \$0 |
| Non-Routine and Bilateral Cataract Day Surgery | 4 | \$3,732 |
| 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) | 3 | \$32,457 |
| Shoulder (Repairs) | 191 | \$560,012 |
| Shoulder (Other) | 14 | \$35,700 |
| Hysterectomy | 247 | \$1,212,029 |
| Other QBP | | |
| Shoulder BUNDLE (Arthroplasties) | 39 | \$316,251 |
| Sub-Total Quality Based Procedure Funding | 6,022 | \$29,460,547 |

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 | | \$0 | \$65,920 |
| Pediatric Surgery | | \$0 | \$75,315 |
| Hip & Knee Replacement - Revisions | | \$0 | \$17,592 |
| Magnetic Resonance Imaging (MRI) | | \$1,597,700 | \$0 |
| Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI) | | \$15,600 | \$0 |
| Computed Tomography (CT) | | \$310,000 | \$0 |
| Sub-Total Wait Time Strategy Services Funding | | \$2,886,744 | \$158,827 |
| Section 4: Provincial Priority Program Services ("PPS") | | [2] Base | [2] Incremental/One-Time |
| Cardiac Surgery | | \$0 | \$0 |
| Other Cardiac Services | | \$3,814,837 | \$0 |
| Organ Transplantation | | \$0 | \$0 |
| Neurosciences | | \$0 | \$0 |
| Bariatric Services | | \$0 | \$0 |
| Regional Trauma | | \$0 | \$0 |
| Sub-Total Provincial Priority Program Services Funding | | \$3,814,837 | \$0 |
| Section 5: Other Non-HSFR | | [2] Base | [2] Incremental/One-Time |
| LHIN One-time payments | | \$0 | \$8,879,540 |
| MOH One-time payments | | \$0 | \$402,649 |
| LHIN/MOH Recoveries | | \$0 | |
| Other Revenue from MOHLTC | | \$13,677,130 | |
| Paymaster | | \$7,453,758 | |
| Sub-Total Other Non-HSFR Funding | | \$21,130,888 | \$9,282,189 |
| 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 | \$24,750 |
| [3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4) | | \$0 | \$0 |
| Sub-Total Other Funding | | \$0 | \$24,750 |
| [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. | | | |

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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 |
|-------------|--------------|

4. French Language Services Report

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

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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 | 9.9 | <= 10.9 |
| 90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients | Hours | 5.6 | <= 6.2 |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements | Percent | 80% | >= 80% |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements | Percent | 76% | >= 76% |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI | Percent | 23% | >= 23% |
| Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans | Percent | 60% | >= 60% |
| Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions | Percent | 14.0% | <= 15.4% |
| Rate of Hospital Acquired Clostridium Difficile Infections | Rate | 0.2 | <=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 | 0.82 | >= 0.74 |
| Total Margin (Consolidated - All Sector Codes and fund types) | Percentage | 0.55% | >=0.55% |

| 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 | 24.0% | <= 26.4% |

| 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 | 180,000 | >= 153,000 and <= 207,000 |
| Complex Continuing Care | Weighted Patient Days | 0 | - |
| Day Surgery | Weighted Cases | 3,950 | >= 3,555 and <= 4,345 |
| Elderly Capital Assistance Program (ELDCAP) | Patient Days | 0 | - |
| Emergency Department | Weighted Cases | 4,200 | >= 3,780 and <= 4,620 |
| Emergency Department and Urgent Care | Visits | 88,200 | >= 70,560 and <= 105,840 |
| Inpatient Mental Health | Patient Days | 14,500 | >= 13,630 and <= 15,370 |
| Inpatient Rehabilitation Days | Patient Days | 3,500 | >= 2,975 and <= 4,025 |
| Total Inpatient Acute | Weighted Cases | 25,750 | >= 24,720 and <= 26,780 |

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

System Collaboration on Health Systems Planning and Design

The Health Service Provider is required to collaborate with system partners to support the development of an integrated system of health services that provides person-centred, timely, equitable, accessible, high quality, and evidence-based services in an efficient, effective and sustainable manner. (Referred to as “Care Connections - Partnering for Healthy Communities” and “Care Connections Refresh”).

To ensure optimal alignment across the region, the Health Service Provider agrees that the development and submission of organizational plans and proposals to the LHIN will incorporate, where applicable, the following considerations:

- the needs of patients, clients and/or residents;
- NSM LHIN system priorities (as outlined in the NSM LHIN Integrated Health Services Plan (IHSP), NSM LHIN Annual Business Plans, and NSM LHIN Annual CEO deliverables as posted on the NSM LHIN website);
- Feedback from LHIN Leadership Council and relevant Coordinating Councils; and,
- Coordination and collaboration within NSM LHIN geographic sub-regions, where applicable.

The Health Service Provider understands that as a partner in the local health system, it has an ongoing obligation to provide input, where requested, on the content of strategic directions and plans for the geographic sub-regions of the NSM LHIN. Further the Health Service Provider agrees to participate in the work and initiatives of all Coordinating Councils and Project Steering Committees, to the extent that it is able without impacting its capacity to meet its other obligations under this agreement. Such initiatives include, but are not limited to:

- Participation and collaboration of a LHIN-approved senior executive of the Health Service Provider as a member of the oversight council (“referred to as the “Leadership Council”), a Coordinating Council and/or a Project Steering Committee to implement such recommendations as are agreed to by the Leadership Council and NSM LHIN Board of Directors;
- Identification of Coordinating Council project leads and/or project champions;
- Participation in regional/provincial planning and implementation groups; and,
- Specific obligations as may be specified as a condition of participation in Council initiatives (outlined in the Project Charter for the initiative).

Risk Management Reporting to the LHIN

The Health Service Provider's Board will ensure that:

- The Health Service Provider has an organization-specific policy related to the management of risks;
- Significant and major risks are identified and reported promptly to the LHIN in the manner outlined in the “NSM LHIN Risk Management Reporting Guidelines and Manual” (available on the NSM LHIN website); and,
- All significant and major risks are assigned action plans to mitigate likelihood and/or impact, and that status updates for unmitigated risks are provided to the LHIN periodically until the risk is no longer significant.

Indigenous Report Submission

The Health Service Provider is required to complete the Indigenous Annual Report for the period of April 1 to March 31. The NSM LHIN will provide a separate communication to Health Service Providers with a link to the electronic report template. The report will be used to:

- Identify and track opportunities for Indigenous Cultural Safety and Aboriginal Cross Cultural Awareness training; and,
- Support HSPs with voluntary self-identification.

Reporting is due to the NSM LHIN by April 30 annually.

Satisfaction Survey Results Reporting to the LHIN

All NSM LHIN funded Health Service Providers are required to provide a report annually to the LHIN outlining the efforts made to collect information on the experience of persons receiving services from the organization and/or to solicit views about the quality of care provided by the Health Service Provider.

If the Health Service Provider is mandated under regulations in the Excellent Care for All Act, 2010 or Ministry of Health and Long-Term Care directive to conduct annual satisfaction surveys, the Health Service Provider will provide the LHIN with an annual summary of satisfaction survey results. The summary will include the reporting of, at minimum:

- Total Number of Patients/Clients/Family Members surveyed for Client Satisfaction
- Total Number of Patients/Clients/Family Members responding positively in response to one of the following questions*:
 - o “If you needed to be treated again, would you choose to come back to this organization/facility?”;
 - o “Would you recommend this organization/facility to your friends and family?”; or
 - o “Overall, how would you rate the care and services you received at this organization/facility?”

* actual wording and definitions of “positive” may vary slightly based on survey design.

Reporting is due to the NSM LHIN by June 30 annually.