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April 5, 2017

Nicole Haley
Chief Executive Officer
Espanola Regional Hospital and Health Centre
825 McKinnon Drive
Espanola, ON P5E 1R4

Dear Nicole,

Re: Amendment to Hospital Service Accountability Agreement (2017-2018)

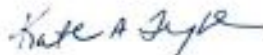
The North East Local Health Integration Network (the "LHIN") is pleased to provide you with the Hospital Service Accountability Agreement (the "HSAA") Amending Agreement effective April 1, 2017. This amending agreement will extend the term of the existing HSAA to March 31, 2018. Please review, sign and return two copies of the amending agreement, by mail, to:

40 Elm Street, Suite 247
Sudbury, ON P3C 1S8
Attn: Crystal Labelle

Please return the signed agreement to the LHIN by April 28, 2017. If for some reason you are not able to meet this deadline, please inform us as soon as possible.

If you have any questions please do not hesitate to contact Marc Demers via email (marc.demers@lhins.on.ca) or by phone at 705-840-2414.

Sincerely,



Kate Fyfe
Senior Director, System Performance

KF/cl

H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2017

BETWEEN:

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

AND

Espanola Regional Hospital and Health Centre (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, 2017;

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

Hospital Service Accountability Agreements 2017-2018

Facility #:	654
Hospital Name:	Espanola General Hospital
Hospital Legal Name:	Espanola General Hospital

2017-2018 Schedule A Funding Allocation

		2017-2018	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$10,548,300	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4)		\$300,804	[2] Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
Sub-Total LHIN Funding		\$188,052	\$0
		\$11,037,156	\$0
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$0	
Recoveries and Misc. Revenue		\$1,871,916	
Amortization of Grants/Donations Equipment		\$100,176	
OHIP Revenue and Patient Revenue from Other Payors		\$3,100,980	
Differential & Copayment Revenue		\$701,988	
Sub-Total Non-LHIN Funding		\$5,775,060	
Total 16/17 Estimated Funding Allocation (All Sources)		\$16,812,216	\$0
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		0	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Hip Fracture		0	\$0
Knee Arthroscopy		0	\$0
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)		0	\$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		0	\$0
Acute Inpatient Stroke Hemorrhage		0	\$0
Acute Inpatient Stroke Ischemic or Unspecified		0	\$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		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
Unilateral Cataract Day Surgery		0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		0	\$0
Acute Inpatient Tonsillectomy		0	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease		0	\$0
Acute Inpatient Pneumonia		0	\$0
Non-Routine and Bilateral Cataract Day Surgery		0	\$0
Sub-Total Quality Based Procedure Funding		0	\$0

- 2.3 **Term.** This Agreement and the H-SAA will terminate on March 31, 2018.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. 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.

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

By:


 Rick Cooper, Interim Chair


 Date

And by:



 Louise Paquette, Chief Executive Officer


 Date

Espanola Regional Hospital and Health Centre

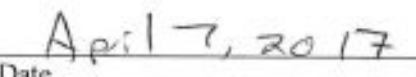
By:


 Janet Whissell, Chair


 Date

And by:


 Nicole Haley, Chief Executive Officer


 Date

Hospital Service Accountability Agreements 2017-2018

Facility #: 654
 Hospital Name: Espanola General Hospital
 Hospital Legal Name: Espanola General Hospital

2017-2018 Schedule A Funding Allocation

Section 3: Wait Time Strategy Services ("WTS")		[2] Base	
General Surgery		\$0	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$0	
Magnetic Resonance Imaging (MRI)		\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Sub-Total Wait Time Strategy Services Funding		\$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
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
LHIN One-time payments		\$0	\$0
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$160,956	
Paymaster		\$27,096	
Sub-Total Other Non-HSFR Funding		\$188,052	\$0
Section 6: Other Funding		[2] Base	[2] Incremental/One-Time
<i>(Info. Only. Funding is already included in Sections 1-4 above)</i>			
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 Service Accountability Agreements 2017-2018

Facility #: 654
Hospital Name: Espanola General Hospital
Hospital Legal Name: Espanola General Hospital

2017-2018 Schedule B: Reporting Requirements

1. MIS Trial Balance

Due Date
2017-2018

Q2 – April 01 to September 30	31 October 2017
Q3 – October 01 to December 31	31 January 2018
Q4 – January 01 to March 31	31 May 2018

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

Due Date
2017-2018

Q2 – April 01 to September 30	07 November 2017
Q3 – October 01 to December 31	07 February 2018
Q4 – January 01 to March 31	7 June 2018
Year End	30 June 2018

3. Audited Financial Statements

Due Date
2017-2018

Fiscal Year	30 June 2018
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4. French Language Services Report

Due Date
2017-2018

Fiscal Year	30 April 2018
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Hospital Service Accountability Agreements 2017-2018

Facility #:	654
Hospital Name:	Espanola General Hospital
Hospital Legal Name:	Espanola General Hospital
Site Name:	TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

Part I - PATIENT EXPERIENCE: Access, Effective, Safe, Person-Centered

*Performance Indicators	Measurement Unit	Performance Target	
		2017-2018	Performance Standard 2017-2018
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	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	15.5%	<= 8.171
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 (HSMR)	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Medicillin 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 2017-2018

Facility #:	654
Hospital Name:	Espanola General Hospital
Hospital Legal Name:	Espanola General Hospital
Site Name:	TOTAL ENTITY

2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	2.95	≥ 2.8
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	≥ 0%

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 2017-2018	Performance Standard 2017-2018
Alternate Level of Care (ALC) Rate	Percentage	12.70%	≤ 13.83%

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 2017-2018 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements 2017-2018

Facility #:	654
Hospital Name:	Espanola General Hospital
Hospital Legal Name:	Espanola General Hospital

2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services			
Ambulatory Care	Visits	2,700	>= 2,025 and <= 3,375
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days	10,900	>= 10,246 and <= 11,554
Emergency Department	Weighted Cases	0	-
Emergency Department and Urgent Care	Visits	13,600	>= 12,764 and <= 14,416
Inpatient Mental Health	Patient Days	0	-
Acute Rehabilitation Patient Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	660	>= 660 and <= 748