2008-16 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2015

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Cornwall Community Hospital (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, 2015;

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 H-SAA;

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.

"Post-Construction Operating Plan (PCOP) Funding" and **"PCOP Funding"** means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

"**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 H-SAA will terminate on March 31, 2016.

3.0 Effective Date. The amendments set out in Article 2 shall take effect on April 1, 2015. 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.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By:

_____ _____
Jean-Pierre Boisclair, Chair Date

And by:

_____ _____
Chantale LeClerc, CEO Date

Cornwall Community Hospital

By:

_____ _____
Michael Turcotte, Chair Date

And by:

_____ _____
Jeanette Despatie, CEO Date

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
Hospital Legal Name:	Cornwall Community Hospital

2015-2016 Schedule A Funding Allocation

Section 1: FUNDING SUMMARY	2015-2016 [1] Estimated Funding Allocation	
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes $108,779 for Stroke Prevention)	**$44,358,222**	
Health System Funding Reform: HBAM Funding	**$22,454,350**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$10,747,242**	
Post Construction Operating Plan (PCOP)	**$649,400**	**[2] Incremental/One-Time**
Wait Time Strategy Services ("WTS") (Sec. 3)	**$0**	**$324,400**
Provincial Program Services ("PPS") (Sec. 4)	**$0**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$0**	**$1,435,631**
Sub-Total LHIN Funding	**$78,209,214**	**$1,760,031**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$670,594**	
Recoveries and Misc. Revenue	**$5,048,606**	
Amortization of Grants/Donations Equipment	**$2,615,653**	
OHIP Revenue and Patient Revenue from Other Payors	**$14,841,553**	
Differential & Copayment Revenue	**$875,000**	
Sub-Total Non-LHIN Funding	**$24,051,406**	
Total 15/16 Estimated Funding Allocation (All Sources)	**$102,260,620**	**$1,760,031**

Hospital Sector Accountability Agreement 2015-2016

Facility #: 967

Hospital Name: Cornwall Community Hospital

Hospital Legal Name: Cornwall Community Hospital

2015-2016 Schedule A Funding Allocation

Section 2: HSFR - Quality-Based Procedures	2015-2016 Volume	2015-2016 [4] Allocation
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	7	$31,611
Acute Inpatient Primary Unilateral Hip Replacement	97	$827,413
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	2	$8,083
Acute Inpatient Primary Unilateral Knee Replacement	139	$1,075,829
Acute Inpatient Hip Fracture	99	$1,210,847
Knee Arthroscopy	0	$0
Elective Hips - Outpatient Rehabilitation for Primary Hip	0	$0
Elective Knees - Outpatient Rehabilitation for Primary Knee	0	$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	$0
Acute Inpatient Congestive Heart Failure	232	$1,754,179
Aortic Valve Replacement	0	$0
Coronary Artery Disease	0	$0
Acute Inpatient Stroke Hemorrhage	12	$94,859
Acute Inpatient Stroke Ischemic or Unspecified	90	$933,638
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	24	$102,948
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	973	$480,620

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
Hospital Legal Name:	Cornwall Community Hospital

2015-2016 Schedule A Funding Allocation

	2015-2016	
Section 2: HSFR - Quality-Based Procedures	**Volume**	**[4] Allocation**
Bilateral Cataract Day Surgery	**0**	**$0**
Retinal Disease	**0**	**$0**
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	**17**	**$27,920**
Acute Inpatient Tonsillectomy	**81**	**$99,490**
Acute Inpatient Chronic Obstructive Pulmonary Disease	**417**	**$3,110,532**
Acute Inpatient Pneumonia	**171**	**$989,273**
Endoscopy	**0**	**$0**
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	**0**	**$0**
Other QBP	**Estimated Funding Allocation**	**$0**
Sub-Total Quality Based Procedure Funding	**2,361**	**$10,747,242**

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
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2015-2016 Schedule A Funding Allocation

	2015-2016	
Section 3: Wait Time Strategy Services ("WTS")	**[2] Base**	**[2] Incremental/One-Time**
General Surgery	**$0**	**$0**
Pediatric Surgery	**$0**	**$266,900**
Hip & Knee Replacement - Revisions	**$0**	**$0**
Magnetic Resonance Imaging (MRI)	**$0**	**$0**
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	**Estimated Funding Allocation**	**$0**
Computed Tomography (CT)	**$0**	**$57,500**
Other WTS Funding	**$0**	**$0**
Sub-Total Wait Time Strategy Services Funding	**$0**	**$324,400**
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	**Estimated Funding Allocation**	**$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**	**$1,130,631**
MOH One-time payments	**$0**	**$305,000**
LHIN/MOH Recoveries	**$0**	
Other Revenue from MOHLTC	**$0**	
Paymaster	**$0**	
Sub-Total Other Non-HSFR Funding	**$0**	**$1,435,631**

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
Hospital Legal Name:	Cornwall Community Hospital

2015-2016 Schedule A Funding Allocation

Section 6: Other Funding ***(Info. Only. Funding is already included in Sections 1-4 above)***	**2015-2016**	
	[2] Base	**[2] Incremental/One-Time**
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)	**$0**	**$35,400**
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	**$0**	**$0**
Sub-Total Other Funding	**$0**	**$35,400**

* 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 Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
Hospital Legal Name:	Cornwall Community Hospital

2015-2016 Schedule B: Reporting Requirements

1. MIS Trial Balance	Due Date 2015-2016
Q2 – April 01 to September 30	31 October 2015
Q3 – October 01 to December 31	31 January 2016
Q4 – January 01 to March 31	30 May 2016

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary	Due Date 2015-2016
Q2 – April 01 to September 30	07 November 2015
Q3 – October 01 to December 31	07 February 2016
Q4 – January 01 to March 31	30 June 2016
Year End	30 June 2016

3. Audited Financial Statements	Due Date 2015-2016
Fiscal Year	30 June 2016

4. French Language Services Report	Due Date 2015-2016
Fiscal Year	30 April 2016

Hospital Sector Accountability Agreement 2015-2016

Facility #:	**967**
Hospital Name:	**Cornwall Community Hospital**
Hospital Legal Name:	**Cornwall Community Hospital**
Site Name:	**TOTAL ENTITY**

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	**35.0**	**<= 38.5**
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	**6.7**	**<= 7.4**
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	**4.0**	**<= 4.4**
Cancer Surgery: % Priority 4 cases completed within Target	Percent	**93.0%**	**>= 90%**
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	**N/A**	
Cataract Surgery: % Priority 4 cases completed within Target	Percent	**100.0%**	**>= 100%**
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	**75.0%**	**>= 80%**
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	**76.0%**	**>= 80%**
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	**TBD**	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	**84.0%**	**>= 80%**
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	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Cental Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resisteant Staphylococcus Aureus Bacteremia	Rate

Hospital Sector Accountability Agreement 2015-2016

Facility #:	**967**
Hospital Name:	**Cornwall Community Hospital**
Hospital Legal Name:	**Cornwall Community Hospital**
Site Name:	**TOTAL ENTITY**

2015-2016 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENT,K APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types	Ratio	**0.86**	**>= 0.78**
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 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	**TBD**	**TBD**

Explanatory Indicators	Measurement Unit
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
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage

Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3

Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process.
***Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.**

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
Hospital Legal Name:	Cornwall Community Hospital

2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Ambulatory Care	Visits	**42,000**	**>= 33,600.**
Complex Continuing Care	Weighted Patient Days	**0**	**-**
Day Surgery	Weighted Cases	**1,320**	**>= 1188. and <= 1452.**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**3,100**	**>= 2790. and <= 3410.**
Emergency Department and Urgent Care	Visits	**60,000**	**>= 48,000.**
Inpatient Mental Health	Weighted Patient Days	**6,576**	**>= 5589.6 and <= 7562.4**
Inpatient Mental Health	Patient Days	**4,400**	**<= 3,740.**
Acute Rehabilitation Patient Days	Patient Days	**3,660**	**<= 3,111.**
Acute Rehabilitation Separations	Separations	**196**	**>= 166.6**
Total Inpatient Acute	Weighted Cases	**8,231**	**>= 7572.5 and <= 8889.5**

Part II - Hospital Specialized Services

	Measurement Unit	Primary 2015-2016	Revision 2015-2016
Cochlear Implants	Cases	**0**	**0**

	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cleft Palate	Cases	**0**	**0**
HIV Outpatient Clinics	Visits	**0**	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	**315**	

Part III - Wait Time Volumes

	Measurement Unit	Base 2015-2016	One-time 2015-2016
General Surgery	Cases	**0**	**0**
Paediatric Surgery	Cases	**110**	**251**
Hip & Knee Replacement - Revisions	Cases	**0**	**0**
Magnetic Resonance Imaging (MRI)	Total Hours	**2,080**	**0**
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	**1,040**	**0**
Computed Tomography (CT)	Total Hours	**3,120**	**230**

Hospital Sector Accountability Agreement 2015-2016

Facility #: 967

Hospital Name: Cornwall Community Hospital

Hospital Legal Name: Cornwall Community Hospital

2015-2016 Schedule C2 Service Volumes

Part IV - Provincial Programs

	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cardiac Surgery	Cases	0	0
Cardiac Services - Catheterization	Cases	0	
Cardiac Services- Interventional Cardiology	Cases	0	
Cardiac Services- Permanent Pacemakers	Cases	75	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	0	Revision 2015-2016
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
Number of Forensic Beds- Secure	Beds	0	
Number of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment Cases	Cases	0	

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
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2015-2016 Schedule C2 Service Volumes

Part V - Quality Based Procedures

	Measurement Unit	Volume 2015-2016
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	Volume	**7**
Acute Inpatient Primary Unilateral Hip Replacement	Volume	**97**
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	Volume	**2**
Acute Inpatient Primary Unilateral Knee Replacement	Volume	**139**
Acute Inpatient Hip Fracture	Volume	**99**
Knee Arthroscopy	Volume	**0**
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	**0**
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	**0**
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	**0**
Acute Inpatient Congestive Heart Failure	Volume	**232**
Aortic Valve Replacement	Volume	**0**
Coronary Artery Disease	Volume	**0**
Acute Inpatient Stroke Hemorrhage	Volume	**12**
Acute Inpatient Stroke Ischemic or Unspecified	Volume	**90**
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	**24**
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	**0**
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	**0**
Unilateral Cataract Day Surgery	Volume	**973**
Bilateral Cataract Day Surgery	Volume	**0**
Retinal Disease	Volume	**0**
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	**17**
Acute Inpatient Tonsillectomy	Volume	**81**
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	**417**
Acute Inpatient Pneumonia	Volume	**171**
Endoscopy	Volume	**0**
Other QBP	Volume	**Estimated Funding Allocation**

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
Hospital Legal Name:	Cornwall Community Hospital

2015-2016 Schedule C3: LHIN Local Indicators and Obligations

C-Section Rate: The Hospital will report its C-Section data to BORN Ontario on a timely basis and achieve a percentage of elective repeat caesarean sections in low risk women being done at 37 to 38 weeks' gestational age of below 20%.

Diabetes Strategy: The Hospital is required to report diabetes education program activity, including paediatric program activity (if applicable), aligned to Ministry of Health and Long-Term Care reporting requirements and Champlain LHIN regional priorities.

Self-Management Programs for Chronic Diseases: Hospitals which offer chronic disease self-management programs will register such with the Living Healthy Champlain Program.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

EORLA: EORLA member hospitals will:

(i) in collaboration with EORLA Senior Management, ensure that the terms and conditions of the following agreements are adhered to: a. Membership Agreement; b. Service Level Agreement; c. Asset Use Agreement; d. Occupancy Agreement; e. Human Resources Integration Agreement; f. Contract Services Agreement

(ii) Ensure that the Hospital's laboratory director, working with EORLA Senior Management, will be responsible for ensuring that the laboratory needs of the Hospital's clinical programs are met

(iii) Ensure that all significant changes of the Hospital's laboratory services will be approved by the Hospital and EORLA in consultation with the Hospital's lab director, Senior Management of EORLA and EORLA's Discipline Specific Groups (DSG)

(iv) Ensure that the EORLA Board of Directors will continue as the governing body of EORLA

(v) Support EORLA in cooperation with the Province towards implementing the Ontario Laboratory Information System (OLIS) across all Hospital sites

(vi) Support EORLA to develop and implement a standard approach to laboratory testing and quality assurance throughout the Champlain LHIN

(vii) Work with EORLA to support the implementation roll-out of the Regional Laboratory Information System (LIS) and Anatomic Pathology Information System (APIS) as per signed 2010 Memorandum of Understanding which describes how the parties intend to work together to move from the current utilization of locally-based LIS and APIS to an integrated regional LIS and APIS shared services solution and

(viii) Work with EORLA and other member Hospitals to ensure development and deployment of support systems to enable EORLA's provision of laboratory services.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

IT Systems: The Hospital understands that as a partner in the health care system, it has an obligation to participate in E-Health initiatives. Hospital participation includes, but is not limited to, the identification of project leads/champions, participation in regional/ provincial planning and implementation groups, and any specific obligations that may be specified in E-Health initiatives. The Hospital understands that under legislation it is required to look for integration opportunities with other health service providers. The Hospital agrees that it will incorporate opportunities to collaborate/ integrate IT services with other health service providers into their E-Health Strategic Plans. In so doing, the Hospital will identify those areas, projects, or initiatives where collaboration is targeted. In addition, the Hospital agrees that, prior to making a material investment in information systems or information technology, it will share the product specifications and identified need with the LHIN E-Health Lead. The LHIN E-Health Lead will evaluate the submission to ensure that the purchase is aligned with any strategic IT/IS plans, or with the identified best practice standards within the LHIN. The LHIN E-Health Lead will advise the Hospital of his/her opinion on how the submission supports a LHIN-wide IT/ IS approach within 30 days and include in that opinion any recommendations which would strengthen the integration of IT/IS connectivity within the LHIN. Should the hospital disagree with these recommendations, the Hospital is required to advise its LHIN consultant and provide the rationale for proceeding as originally planned. Finally, the Hospital's procurement person or department will affirm that collaboration has been sought prior to allowing any material investment in information systems or information technology to proceed.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Readmission Rates for Patients with Heart Failure: The Hospital will participate in the Acute Coronary Syndrome (ACS) and Chronic Heart Failure (CHF) Guidelines Applied in Practice (GAP) Projects, including submission of the required data to the UOHI according to individual site agreements between UOHI and participating Hospital.

Ottawa Model of Smoking Cessation: The Hospital will ensure that the Ottawa Model of Smoking Cessation (OMSC) is implemented and provided to Hospital inpatients working toward reaching 80% of inpatient smokers. Reach= number of individuals provided OMSC and entered into centralized database divided by number of expected smokers. Given the opportunity to reach large numbers of smokers as well as the relevance of smoking to conditions being treated at outpatient clinics, the Hospital will continue to provide OMSC in collaboration with UOHI in outpatient units as follows: Diabetes Centre, Respiratory and Heart Failure clinics.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Regional Health Services Programs: The Hospital will implement LHIN-approved plans and will align its services with regional programs and networks such as, but not limited to, Champlain Hospice Palliative Care Regional Program, Champlain Regional Orthopaedic Program, Champlain Maternal Newborn Regional Program, Champlain Regional Stroke Network and the Champlain Telemedicine Coordinating Committee.

Senior Friendly: Hospitals will utilize findings of the Senior Friendly (SF) self-assessment to develop quality improvement plans in line with Senior Friendly best practices and submit by Q4 a report (using the template provided) outlining what activities and accomplishments it has undertaken as part of its Senior Friendly Hospital Strategy.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

ALC long-stay: Hospitals will report on the following metrics using the Patient Extract and ALC Designation Date data found on the WTIS/ALC Database:

1) The number of ALC patients who have been designated ALC for 40 days or more, during the reporting period;

2) The number of ALC patients who have been designated ALC for 40 days or more, during the reporting period, divided by the total number of patients designated ALC, during the reporting period, multiplied by 100; and

3) the number of ALC patient days that are attributed to ALC patients who have been designated ALC for 40 days or more, during the reporting period.

Hospital-specific target for 10% reduction in long-stay ALC days: TBD

Surge Capacity Planning: The Hospital will develop internal policies and procedures for the management of minor and moderate surge capacity, in alignment with the work of the Champlain LHIN Critical Care Network. These policies will be reviewed and updated every 2 years or more often if required.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Cultural Dimension: Hospitals will support the development and implementation of a Champlain LHIN Plan to capture information on Francophone clients/patients.

Life or Limb Policy and Repatriation Agreement: The Hospital will comply with the Life or Limb Policy and the Champlain LHIN Hospital Patient Repatriation Policy. Hospitals that have access to the online Repatriation Tool hosted by CritiCall Ontario are required to use the tool for all repatriations. The Hospital will collect and submit information that will support on-going monitoring and performance measurement as required.

Surgical and Diagnostic Wait Times: The Hospital will maintain awareness of regional wait time performance indicators and targets and will monitor the Hospital's contribution opt the region's overall performance. The Hospital will work with all other Champlain hospitals that provide surgical and diagnostic services to ensure that the Champlain LHIN wait time targets are met. Hospital-specific wait time targets may be renegotiated during the fiscal year, if services are redistributed as part of a LHIN-approved strategy to improve regional wait time performance.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	967
Hospital Name:	Cornwall Community Hospital
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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

LHIN Scorecard Review: The Hospital will review the LHIN's quarterly scorecard report "Champlain Health System Performance and Accomplishments". The Hospital will monitor its contribution to the region's overall performance on the indicators within the report and will identify opportunities for improvement.

Readmission Rates for Select Case Mix Groups: The Hospital will monitor its rate of readmissions within 30 days for select case mix groups and develop and implement plans as necessary to ensure that its rate is below target. The Hospital-specific target is: TBD

The performance targets for the following metrics are set as “TBD” (To Be Determined):

- Alternate Level of Care (ALC) Rate – Acute (Schedule C1)
- ALC Long-Stay: Hospital-Specific Target for 10% Reduction in Long-Stay ALC Days (Schedule C3)
- Readmission Rates for Select Case Mix Groups (Schedule C3)

The hospital and the LHIN will work together to set targets for these metrics by June 30, 2015.

French Language Services - Partial Designation: The Hospital will work with the French Language Health Services Network of Eastern Ontario (le Réseau) to update the designation plan to include additional unique services. The Hospital will submit revised designation plan by April 30, 2017

Schedule C.4 – PCOP Targeted Funding and Volumes

Champlain **LHIN**
RLISS de Champlain

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www.rlisschamplain.on.ca

March 3, 2015

Ms. Jeanette Despatie
Chief Executive Officer
Cornwall Community Hospital
840 McConnell Avenue
Cornwall, ON K6H 5S5

Dear Ms. Despatie,

Re: Post Construction Operating Plan (PCOP)

The Champlain Local Health Integration Network (the "LHIN") is pleased to advise you that the Cornwall Community Hospital (the "HSP") has been approved to receive new base funding of $1,294,600 beginning in fiscal year 2014-15 (the "Funding") for the Post Construction Operating Plan (PCOP) (the "Program"). Details of the funding and the conditions on which the funding will be provided (the "Terms and Conditions") are set out in Appendix A and Schedule A.

Subject to the HSP's acceptance of the funding and the conditions on which it is provided, the H-SAA will be amended to reflect the additional funding and conditions with effect as of the date of this letter. To the extent that there are any conflicts between what is in the H-SAA in respect of the services described in Appendix A and Schedule A and what has been added to the H-SAA by this letter, the terms of this letter and the accompanying Appendix A and Schedule A will govern in respect of the funding. All other terms and conditions in the H-SAA will remain the same.

Please indicate the HSP's acceptance of the funding, the conditions on which it is provided, and the HSP's agreement to the amendment of the H-SAA by signing Appendix B and returning one copy of this letter to the LHIN attention:

Ms. Maureen Taylor-Greenly
Senior Director – Health System Performance
Email: ch.accountabilityteam@lhins.on.ca
Fax: 613-747-6519

Please return a copy of the letter by **March 9, 2015**.

Please note that the provision of the funding does not relieve the HSP from responsibility for complying with the legislation and does not permit the HSP to give increases that are not authorized by the legislation. Further, the Funding received from the Province through the LHINs in fiscal 2014-15 is to be used for the purpose of protecting and providing public services.

Champlain **LHIN**
RLISS de Champlain

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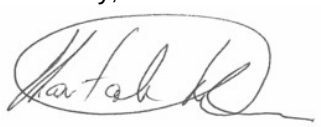
Prior to engaging in any public communication regarding this funding, the HSP is asked to contact Elaine Medline, Director of Communications for the Champlain LHIN at 613-747-3207 or via e-mail at elaine.medline@lhins.on.ca.

Should you have any questions regarding the information provided in the letter, please contact Elizabeth Woodbury at 613-747-3221 or send an email to elizabeth.woodbury@lhins.on.ca.

Sincerely,



Chantale LeClerc, RN, MSc
Chief Executive Officer

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Appendix A

Terms of Funding

The government remains committed to eliminating the deficit by 2017-18 while focusing on priorities in healthcare, education and job creation.

Compensation costs account for over 50 per cent of Ontario funded program spending. To meet the government's fiscal targets, all compensation costs must be addressed within Ontario's existing fiscal framework which includes no funding for incremental compensation increases for new collective agreements.

Ontario is expecting all public sector partners, including employers and bargaining agents, to work together to control current and future compensation costs including wages, benefits and pensions. Employers and bargaining agents should look to mechanisms such as productivity improvements as a way to achieve fiscal and service delivery goals.

Additionally, the *Broader Public Sector Accountability Act, 2010*, implements compensation restraint measures for designated executives at hospitals, universities, colleges, school boards and designated organizations. The restraint measures are effective March 31, 2012, and are in place until the deficit is eliminated in 2017-18.

Decisions related to compensation for non-executives who are not governed by collective agreements should live within fiscal targets.

Conditions of Funding

1. The HSP is required to maintain financial records for this allocation for year-end evaluation and settlement. A full accounting and reconciliation of funding will be required 30 days following the fiscal year ending March 31.

2. Funding approved for a fiscal year is expected to be spent prior to March 31 of that year. Unspent funding or funding used for purposes not authorized by these terms and conditions is subject to recovery by the LHIN.

3. The funding is based on Ministry review of expected service increases and/or facility and other costs expressed in your hospital's Post Construction Operating Plan (PCOP)

4. All additional conditions are included in the attached Schedule A.

Appendix B

Champlain Local Health Integration Network

Cornwall Community Hospital

IFIS Recipient 112376; Facility/Program(s) 967

Funding		Funding Amount			Performance Requirements		Condition/Qualifier
		Base	One Time				
Program Type - HOSP Program Number - 967 Program Name - Cornwall Community Hospital		$1,294,600 (2014-15)			As defined in letter entitled "Post Construction Operating Plan (PCOP)" dated March 3, 2015		

Please confirm receipt of notification and agreement to this approved funding allocation by signing and returning to us, a copy of Appendix B.

Name of CEO/ED CEO/ED Signature Date

Please return a signed copy of this form to Maureen Taylor-Greenly, Senior Director, Health System Performance, by March 9, 2015 using one of the following methods:

By fax to - 613-747-6519, Attention: Maureen Taylor-Greenly, or
Scanned signed copy by e-mail to: ch.accountabilityteam@lhins.on.ca

Issue Date: March 3, 2015

Schedule A

The Ministry of Health and Long-Term Care (the ministry) is providing operating funding in 2014-15 to support expansions in the services indicated below that occurred in conjunction with the completion of a capital project in these areas. This funding for 2014-15 is based on ministry review of expected service increases and/or facility and other costs expressed in your hospital's Post Construction Operating Plan (PCOP). The table below identifies the services expected to be provided in 2014-15.

Conditions on the funding are as follows:

- Funding can be used only for programs/volumes identified;
- Volumes for which the funding was provided must be achieved by the health service provider;
- Funding cannot be used to deal with existing hospital pressures that are occurring prior to completion of the construction project;
- Funding is only for volumes achieved post construction; and,
- All volumes are in excess of the previously funded volumes and it should be noted that volumes funded through any other provincial program (e.g., wait-time strategy, provincial programs, Cancer Care Ontario) must be achieved before expanded volumes can be applied to PCOP.

Service Results

Service	Unit of Funding	Funding Rate	2014/15 Additional Volumes	Funding
Acute Inpatient and Day Surgery HBAM Modelled Services	HIG Weighted Case	$ 4,545.24	94.25	$ 428,400
Rehabilitation HBAM Modelled Services	Rehabilitation Cost Weighted Case	$ 10,348.41	5.88	$ 60,900
Emergency Room HBAM Modelled Services	Ontario Modified ER Weighted Case	$ 4,355.75	121.38	$ 528,700
Ambulatory Care - Clinic - General Medical	Visit	$ 212.94	680.00	$ 144,800
Ambulatory Care - Clinic - Metabolic	Visit	$ 204.80	562.00	$ 115,100
Equipment Amortization				$ 16,700
			Total	$ 1,294,600

Notes:

- The volumes reflected in the above table are based on those submitted by the hospital in their funding request for the period covering April1, 2014 to March 31, 2015.

- Start-up/Transition/Trailing costs represent base funding. In the year received these funding amounts are to be used for their stated purpose and then applied towards PCOP- eligible clinical services in the years following their receipt.

- For transition costs, the hospital will be required to submit evidence of actual transition and trailing costs incurred in the form of an expense statement. The ministry will complete a reconciliation of the expense statement and recovery any ineligible amounts. The ministry may request further details if the statement is unclear (e.g. Invoices, payments, etc.).

- Equipment amortization is based on the cost of new equipment as estimated in a hospital's Final Estimate of Cost (FEC). Where actual new equipment costs are less than estimated, any surplus amortization amounts may be allocated toward PCOP eligible clinical services on prospective basis.

- Facility cost funding relate to costs associated with Housekeeping, Plant Operations, Plant Maintenance, Plant Administration and Plant Security.

Settlement and Recovery

As PCOP funding is conditional upon achievement of eligible volumes, health service providers will be responsible for demonstrating that volumes funded in 2014-15 are achieved. The ministry will contact health service providers in consultation with the Local Health Integration Network (LHIN) following the flow of PCOP funding to outline the process for confirming that the service results agreed to as a condition for receipt of funding are being achieved. The ministry will perform an annual reconciliation following the submission of this confirmation.