H-SAA AMENDING AGREEMENT

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

B E T W E E N:

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

St. Joseph's Healthcare Hamilton (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

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.

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By: _____ March 29 '17

~~Laurie Ryan-Hill, Acting~~ Janine Van den Heuvel, Board Chair — Date

And by: _____ March 28, 2017

Donna Cripps, CEO — Date

St. Joseph's Healthcare Hamilton

By: _____ 2017/03/24

Peter Rice, Board Chair — Date

And by: _____ 2017/3/24

David Higgins, President — Date

Hospital Service Accountability Agreements 2017-2018

Facility #:	674
Hospital Name:	St. Joseph's Healthcare Hamilton
Hospital Legal Name:	St. Joseph's Healthcare Hamilton

2017-2018 Schedule A Funding Allocation

	2017-2018 [1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes Sec. 3)	**$198,354,359**	
Health System Funding Reform: HBAM Funding	**$133,031,417**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$24,636,563**	
Post Construction Operating Plan (PCOP)	**$41,861,584**	**[2] Incremental/One-Time**
Provincial Program Services ("PPS") (Sec. 4)	**$13,937,570**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$4,437,852**	**$4,188,576**
Sub-Total LHIN Funding	**$416,149,345**	**$4,188,576**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$51,103,274**	
Recoveries and Misc. Revenue	**$29,646,520**	
Amortization of Grants/Donations Equipment	**$6,999,550**	
OHIP Revenue and Patient Revenue from Other Payors	**$22,577,452**	
Differential & Copayment Revenue	**$200,000**	
Sub-Total Non-LHIN Funding	**$110,526,796**	
Total 16/17 Estimated Funding Allocation (All Sources)	**$526,676,141**	**$4,188,576**

Section 2: HSFR - Quality-Based Procedures	**Volume**	**[4] Allocation**
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	**15**	**$88,408**
Acute Inpatient Primary Unilateral Hip Replacement	**197**	**$1,702,264**
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	**5**	**$26,232**
Acute Inpatient Primary Unilateral Knee Replacement	**340**	**$2,669,262**
Acute Inpatient Hip Fracture	**209**	**$3,090,862**
Knee Arthroscopy	**201**	**$303,610**
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)	**4**	**$46,069**
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	**2**	**$8,024**
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Acute Inpatient Congestive Heart Failure	**420**	**$4,965,928**
Acute Inpatient Stroke Hemorrhage	**7**	**$68,455**
Acute Inpatient Stroke Ischemic or Unspecified	**105**	**$1,047,955**
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	**31**	**$117,809**
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	**0**	**$0**
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	**5**	**$39,498**
Unilateral Cataract Day Surgery	**5,727**	**$2,893,083**
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	**269**	**$581,681**
Acute Inpatient Tonsillectomy	**1**	**$1,149**
Acute Inpatient Chronic Obstructive Pulmonary Disease	**457**	**$4,143,650**
Acute Inpatient Pneumonia	**289**	**$2,744,927**
Non-Routine and Bilateral Cataract Day Surgery	**103**	**$97,697**

Hospital Service Accountability Agreements 2017-2018

Facility #:	674
Hospital Name:	St. Joseph's Healthcare Hamilton
Hospital Legal Name:	St. Joseph's Healthcare Hamilton

2017-2018 Schedule A Funding Allocation

Sub-Total Quality Based Procedure Funding	**8,387**	**$24,636,563**

Section 3: Wait Time Strategy Services ("WTS")	**[2] Base**
General Surgery	**$0**
Pediatric Surgery	**$0**
Hip & Knee Replacement - Revisions	**$118,536**
Magnetic Resonance Imaging (MRI)	**$450,320**
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	**$26,000**
Computed Tomography (CT)	**$87,000**
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	**$681,856**

Section 4: Provincial Priority Program Services ("PPS")	**[2] Base**	**[2] Incremental/One-Time**
Cardiac Surgery	**$485,250**	**$0**
Other Cardiac Services	**$0**	**$0**
Organ Transplantation	**$2,988,120**	**$0**
Neurosciences	**$0**	**$0**
Bariatric Services	**$10,464,200**	**$0**
Regional Trauma	**$0**	**$0**
Sub-Total Provincial Priority Program Services Funding	**$13,937,570**	**$0**

Section 5: Other Non-HSFR	**[2] Base**	**[2] Incremental/One-Time**
LHIN One-time payments	**$0**	**$2,823,080**
MOH One-time payments	**$0**	**$1,365,496**
LHIN/MOH Recoveries	**$4,435,299**	
Other Revenue from MOHLTC	**$2,039,382**	
Paymaster	**($2,146,829)**	
Sub-Total Other Non-HSFR Funding	**$4,327,852**	**$4,188,576**

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**

* 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 #:	674
Hospital Name:	St. Joseph's Healthcare Hamilton
Hospital Legal Name:	St. Joseph's Healthcare Hamilton

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 Quartery 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

4. French Language Services Report	Due Date 2017-2018
Fiscal Year	30 April 2018

Hospital Service Accountability Agreements 2017-2018

Facility #:	**674**
Hospital Name:	**St. Joseph's Healthcare Hamilton**
Hospital Legal Name:	**St. Joseph's Healthcare Hamilton**
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	**90.0%**	**>= 90%**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	**90.0%**	**>= 90%**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	**90.0%**	**>= 90%**
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	**90.0%**	**>= 90%**
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	**15.5%**	**<=17.1%**
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	**0.00**	**0%**

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 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 2017-2018

Facility #:	**674**
Hospital Name:	**St. Joseph's Healthcare Hamilton**
Hospital Legal Name:	**St. Joseph's Healthcare Hamilton**
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	**0.51**	**>= 0.48**
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%**	**<= 13.97%**

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 #:	674
Hospital Name:	St. Joseph's Healthcare Hamilton
Hospital Legal Name:	St. Joseph's Healthcare Hamilton

2017-2018 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services			
Ambulatory Care	Visits	**336,692**	**>= 309,757 and <= 363,627**
Complex Continuing Care	Weighted Patient Days	**17,420**	**>= 14,807 and <= 20,033**
Day Surgery	Weighted Cases	**3,497**	**>= 3,147 and <= 3,847**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**5,245**	**>= 4,825 and <= 5,665**
Emergency Department and Urgent Care	Visits	**112,925**	**>= 109,537 and <= 116,313**
Inpatient Mental Health	Patient Days	**120,791**	**>= 113,544 and <= 128,038**
Acute Rehabilitation Patient Days	Patient Days	**7,300**	**>= 6,570 and <= 8,030**
Total Inpatient Acute	Weighted Cases	**27,940**	**>= 26,822 and <= 29,058**

Hospital Service Accountability Agreements 2017-2018

Facility #:	674
Hospital Name:	St. Joseph's Healthcare Hamilton
Hospital Legal Name:	St. Joseph's Healthcare Hamilton

2017-2018 Schedule C3: LHIN Local Indicators and Obligations

Develop a quality improvement plan for 2017-18 and submit a copy of the plan to the HNHB LHIN by June 1, 2017.
Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2017-18 by March 31, 2018. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and the involvement in decisions about care. HSPs should report on the questions that are most similar to the following: a. Overall satisfaction: "Overall, how would you rate the care and services you received?" b. Involvement in decisions about care: "Were you involved in decisions about your care as much as you wanted to be?"
Participate in applicable initiatives or strategies related to the health system transformation agenda of the Patients First Act, 2016, including the development of sub-regions, support of Health Links, and the HNHB LHIN Strategic Health System Plan.
Actively strive to meet the targets for health system performance indicators. Engage in activities that include LHIN-wide initiatives, which result in demonstrated improving performance trends on relevant system-level indicators.

Schedule C4: Post Construction Operating Plans
2017-2018

Health Service Provider: St. Joseph's Healthcare Hamilton

Post-Construction Operating Plan funding and related performance requirements will be communicated in separate funding letters and are subject to the Terms and Conditions applicable to the overall HSAA.