

HSAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2019

BETWEEN:

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

AND

ROSS MEMORIAL HOSPITAL (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a Hospital Service Accountability Agreement that took effect December 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.
- 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.

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

By:

Tunde Igli

April 18, 2019

Tunde Igli
Interim Vice President, Health System Strategy,
Integration, Planning and Performance

Date

And by:

Stewart Sutley

March 18, 2019

Stewart Sutley, Interim Chief Executive Officer

Date

ROSS MEMLORIAL HOSPITAL

By:

Valerie L Harris

March 14/19

Valerie Harris, Board Chair

Date

And by:

Veronica Nelson

14 March 19

Dr. Bert Lauwers *Veronica Nelson*
Interim President & Chief Executive Officer

Date

Interim

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule A Funding Allocation *

		2019-2020	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		\$37,855,942	
Health System Funding Reform: HBAM Funding		\$19,369,275	
Health System Funding Reform: QBP Funding (Sec. 2)		\$10,880,067	
Post Construction Operating Plan (PCOP)		\$0	[2] Incremental/One-Time
Wait Time Strategy Services ("WTS") (Sec. 3)		\$2,070,468	\$0
Provincial Program Services ("PPS") (Sec. 4)		\$0	\$0
Other Non-HSFR Funding (Sec. 5)		\$3,504,186	\$7,177,528
Sub-Total LHIN Funding		\$73,679,938	\$7,177,528
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network		\$1,609,386	
Recoveries and Misc. Revenue		\$4,255,000	
Amortization of Grants/Donations Equipment		\$1,088,819	
OHIP Revenue and Patient Revenue from Other Payors		\$7,311,520	
Differential & Copayment Revenue		\$1,164,573	
Sub-Total Non-LHIN Funding		\$15,429,298	

*Volumes and associated funding reflect 2018/19

*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2019/20

*Subject to revised targets for 2019/20

Hospital Service Accountability Agreements

Facility #: 707
 Hospital Name: Ross Memorial Hospital
 Hospital Legal Name: Ross Memorial 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	3	\$28,988	
Acute Inpatient Stroke Ischemic or Unspecified	83	\$524,998	
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	24	\$108,527	
Stroke Endovascular Treatment (EVT)	0	\$0	
Hip Replacement BUNDLE/NON-BUNDLE (Unilateral)	120	\$1,155,701	
Knee Replacement BUNDLE/NON-BUNDLE (Unilateral)	274	\$2,363,713	
Acute Inpatient Primary Unilateral Hip Replacement	N/A	N/A	
Rehabilitation Inpatient Primary Unilateral Hip Replacement	0	\$0	
Elective Hips - Outpatient Rehab for Primary Hip Replacement	0	\$0	
Acute Inpatient Primary Unilateral Knee Replacement	N/A	N/A	
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)	0	\$0	
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	\$0	
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	\$0	
Acute Inpatient Hip Fracture	121	\$1,596,283	
Knee Arthroscopy	341	\$481,056	
Acute Inpatient Congestive Heart Failure	171	\$1,169,351	
Acute Inpatient Chronic Obstructive Pulmonary Disease	286	\$1,682,968	
Acute Inpatient Pneumonia	132	\$708,487	
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	1,300	\$676,115	
Retinal Disease	0	\$0	
Non-Routine and Bilateral Cataract Day Surgery	126	\$96,476	
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	
Shoulder (Repairs)	92	\$282,418	
Shoulder (Other)	2	\$4,986	
Sub-Total Quality Based Procedure Funding	3,075	\$10,880,067	

*Volumes and associated funding reflect 2018/19

*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2019/20

*Subject to revised targets for 2019/20

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

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		\$528,824	\$0
Pediatric Surgery		\$0	\$0
Hip & Knee Replacement - Revisions		\$123,144	\$0
Magnetic Resonance Imaging (MRI)		\$855,400	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$2,600	\$0
Computed Tomography (CT)		\$560,500	\$0
Sub-Total Wait Time Strategy Services Funding		\$2,070,468	\$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	\$3,296,774
MOH One-time payments		\$1,410,400	\$3,880,754
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$0	
Paymaster		\$2,093,786	
Sub-Total Other Non-HSFR Funding		\$3,504,186	\$7,177,528
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	\$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.			

*Volumes and associated funding reflect 2018/19

*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2019/20

*Subject to revised targets for 2019/20

Hospital Service Accountability Agreements

Facility #:

Hospital Name:

Hospital Legal Name:

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
-------------	---------------

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital
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	Performance Standard
		2019-2020	2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	5.5	<= 6.1
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	4.4	<= 4.8
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	70.0%	>= 70%
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	TBD	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	<=0.25

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

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital
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	Performance Standard
		2019-2020	2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.91	>= 0.82
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.49%	>=0.49%
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	Performance Standard
		2019-2020	2019-2020
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	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

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
Clinical Activity and Patient Services			
Ambulatory Care	Visits	41,986	>= 33,589 and <= 50,383
Complex Continuing Care	Weighted Patient Days	12,000	>= 10,200 and <= 13,800
Day Surgery	Weighted Cases	1,100	>= 990 and <= 1,210
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A	
Emergency Department	Weighted Cases	1,850	>= 1,665 and <= 2,035
*** Emergency Department and Urgent Care	Visits	42,000	>= 33,600 and <= 50,400
*** Inpatient Mental Health	Patient Days	4,900	>= 4,165 and <= 5,635
Inpatient Rehabilitation Days	Patient Days	5,500	>= 4,675 and <= 6,325
Total Inpatient Acute	Weighted Cases	7,000	>= 6,440 and <= 7,560

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Hip Replacement Surgery Average Length of Stay (Days)</p>	<p>Performance Target</p> <p>4.4</p>	<p>Performance Standard</p> <p>N/A</p>	<p>Length of stay for patients who will be discharged directly home from acute care.</p>
<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Knee Replacement Surgery Average Length of Stay (Days)</p>	<p>Performance Target</p> <p>4.4</p>	<p>Performance Standard</p> <p>N/A</p>	<p>Length of stay for patients who will be discharged directly home from acute care.</p>
<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Hip Replacement Surgery Proportion of Patients Discharged Home (%)</p>	<p>Performance Target</p> <p>90</p>	<p>Performance Standard</p> <p>≥ 81</p>	<p>Rate of patients discharged directly home from acute care.</p>
<p>LHIN Priority Performance Indicator</p> <p>Orthopaedic Quality Indicators - Knee Replacement Surgery Proportion of Patients Discharged Home (%)</p>	<p>Performance Target</p> <p>90</p>	<p>Performance Standard</p> <p>≥ 81</p>	<p>Rate of patients discharged directly home from acute care.</p>
<p>LHIN Priority Performance Indicator</p> <p>Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)</p>	<p>Performance Target</p> <p>16.3</p>	<p>Performance Standard</p> <p>≤ 17.9</p>	<p>Percent of repeat emergency visits following a visit for a mental health condition. A visit is counted as a repeat visit if it is for a mental health condition and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.</p>

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority Performance Indicator	Performance Target	Performance Standard
Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)	13.3	≤ 14.6
Percent of repeat emergency visits following a visit for a substance abuse. A visit is counted as a repeat visit if it is for a substance abuse condition, and occurs within 30 days of an index visit for a mental health condition. This indicator is presented as a proportion of all mental health emergency visits.		
LHIN Priority Performance Indicator	Performance Target	Performance Standard
****Readmissions Within 30 Days for Selected CMGs - CHF (%)	15.60	≤ 17.16
CMG 1: The number of patients readmitted to any facility for non-elective inpatient care. This is compared to the number of expected non-elective readmissions using data from all Ontario acute hospitals.		
LHIN Priority Performance Indicator	Performance Target	Performance Standard
****Readmissions Within 30 Days for Selected CMGs - COPD (%)	14.40	≤ 15.84
CMG 2: The number of patients readmitted to any facility for non-elective inpatient care. This is compared to the number of expected non-elective readmissions using data from all Ontario acute hospitals.		

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

<p style="text-align: center; font-weight: bold; font-size: small;">LHIN Priority Performance Obligation</p> <div style="border: 1px solid black; height: 150px; margin: 10px 0;"></div> <p style="text-align: center; font-weight: bold;">Resource Matching and Referral (RM&R) Initiative</p>	<p>The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&R) pathways including Acute to Home and Community Care, Acute to Long-Term Care, Acute to Rehabilitation and Acute to Complex Continuing Care.</p> <p>All Central East Local Health Integration Network (Central East LHIN) hospitals have implemented an electronic solution in conjunction with the Central East LHIN Home and Community Care (CEHCC) in implementing the provincial standards for referral for the 4 care pathways from sender to receiver to help the receiver make an acceptance decision regarding accepting a patient to their program/service. A standardized referral process will be followed utilizing existing systems where possible across the health care sector for Rehabilitation and Complex Continuing Care.</p> <p>The Definitions Task Group of the Rehab Alliance has developed standardized definitions for bedded levels of rehabilitative care (i.e. hospital based inpatient beds that are not coded as acute care as well as convalescent/restorative care beds within LTCH). This will be used as standards for rehabilitative levels of care across the continuum.</p> <p>Within the Central East LHIN, implementation of RM&R standardization includes enabling the CEHCC to assume responsibility for monitoring and ensuring post-acute care referrals are initiated, completed and submitted in a specified timeframe.</p> <p>CEHCC coordinated access will be enabled by the following standardized policies and processes:</p> <ul style="list-style-type: none"> • CEHCC confirms patient eligibility inclusion/exclusion criteria and initiates application with the Interprofessional Team (IPT); • An established prioritization framework for processing referrals (e.g. waitlisted date); • A standard method for management of the waiting list for rehabilitation and complex care beds; and, • A standardized discharge planning approach. 						
<p style="text-align: center; font-weight: bold; font-size: small;">LHIN Priority Performance Indicator</p> <div style="border: 1px solid black; height: 40px; margin: 10px 0;"></div> <p style="text-align: center; font-weight: bold;">Palliative Care Patients Discharged Home (%)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center; font-weight: bold; font-size: small;">Performance Target</td> <td style="width: 20%; text-align: center; font-weight: bold; font-size: small;">Performance Standard</td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black;">81.1</td> <td style="text-align: center; border: 1px solid black;"></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Proportion of patients identified as palliative in hospital who are discharged home from hospital with support.</p> </div>		Performance Target	Performance Standard		81.1	
	Performance Target	Performance Standard					
	81.1						
<p style="text-align: center; font-weight: bold; font-size: small;">LHIN Priority Performance Obligation</p> <div style="border: 1px solid black; height: 60px; margin: 10px 0;"></div> <p style="text-align: center; font-weight: bold;">Cultural Sensitivity Obligation</p>	<ul style="list-style-type: none"> • To better serve Francophone citizens, Indigenous peoples, and new Ontarians, the Central East LHIN supports its Health Service Providers (HSPs) in the advancement of the highest-quality Health care system, which improves access to appropriate and culturally-safe care through Sub-regional planning and community engagement for any patient, regardless of race, ethnicity, culture or language capacity. • HSPs will report to the Central East LHIN on the status and progress of culturally-safe training initiatives demonstrating commitment to this priority. 						

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Health Link Communities Obligation</p>	<p>The HSP will support the Health Link approach to care by:</p> <ul style="list-style-type: none"> • Identifying complex vulnerable patients; • Implementing and maintaining Coordinated Care Plans which: <ol style="list-style-type: none"> a. Are developed with the patient and caregiver; b. Involve two or more health care professionals, with one being from outside the HSP; and, c. Contain an action plan for one or more health concerns identified by the patient and/or caregiver. • Ensuring patient transitions are coordinated and seamless throughout the health care system; and, • Supporting the work of the Coordinated Care Working Group of the Planning Table within the Sub-region.
<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Diabetes Education Programs (DEPs) Obligation</p>	<p>The DEPs will work collaboratively with the Central East LHIN and each other to ensure standardization of care and implementation of best practises within the DEPs, ensuring compliance with the Policy and Procedure Manual for Diabetes Education Programs Funded to Service Adult Clients developed by the Ministry of Health and Long-Term Care and Ontario's Local Health Integration Networks.</p> <p>Specifically but not limited to, the DEPs will:</p> <ul style="list-style-type: none"> • Implement the 60-Second Foot Care Screening Tool for 100% of patient visits; • Track the number of patients who are referred to podiatry services as a result of the foot care screening; • Adhere to the Canadian Ophthalmological Society's evidence-based clinical practice guidelines for the management of diabetic retinopathy; • Implement standardized questioning related to eye screening; • During the initial assessment visit and annually, all patients will be recommended to seek ophthalmology screening or referred to a provider of ophthalmology services, as appropriate; • Track the number of patients who were referred to a provider of ophthalmology service; • Track the number of patients who were recommended to seek ophthalmology services; • Between December 31, 2017 and December 31, 2019, enroll in the Diabetes Standards Recognition Program (SRP) to become accredited by Diabetes Canada. The Diabetes Standards Recognition Program (SRP) acknowledges and formally recognizes DEPs across Canada that strive to provide the best possible care to people living with diabetes and those at risk. The goal of the SRP is to recognize DEPs that offer high-quality self-management education supported by an inter-professional health-care team with specialized knowledge of diabetes, and best practice care that follows Diabetes Canada's Clinical Practice Guidelines; and • Support the Central East staff in their efforts to implement electronic referrals and central intake for DEPs.
<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Total Margin (Consolidated - All sectors and fund types, per GAAP)</p>	<p>Balanced operating position will included amortization</p>
<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">French Language Services Obligation</p>	<ul style="list-style-type: none"> • Designated HSPs, will continue to provide health services to the public in French in accordance with the provisions of the French Language Service Act (FLSA) and work towards maintaining French Language Service (FLS) capacity. • Identified HSPs, will develop and implement an FLS plan, provide health services to the public in French in accordance with existing FLS capacity, and work towards improving FLS capacity for designation. • Non-designated and non-identified HSPs, will develop and implement a plan to address the needs of its local Francophone community including the provision of information on local health services available in French. • With respect to French Language Services, all HSPs will provide a mandatory report to the LHIN, in accordance with Section 22 of LHSIA. The report will outline how the HSP addresses the needs of its local Francophone community, and identify the capacity of the HSP to provide those services.

Hospital Service Accountability Agreements

Facility #:	707
Hospital Name:	Ross Memorial Hospital
Hospital Legal Name:	Ross Memorial Hospital

2019-2020 Schedule C3: LHIN Local Indicators and Obligations

<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Surgical Utilization Booking Management Integration Tool Obligation</p>	<p>Hospitals will be required to submit an Attestation of Compliance related to the ongoing monitoring of key surgical performance metrics, maximizing the utilization and functionality of the Surgical Utilization Booking Management Integration Tool (SUBMIT) software and mandated monthly review of reports. Hospitals will also be required to provide evidence of any identified mitigation strategies deployed to advance performance improvements.</p>
<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Indigenous Peoples* Obligation</p>	<p>Together with the LHIN, HSPs will:</p> <ul style="list-style-type: none"> • Increase the number of Indigenous professionals working in the healthcare field; • Ensure the retention of Indigenous healthcare providers in Indigenous communities; and, • Provide cultural competency training for all healthcare professionals. <p>In support of these obligations, HSPs will report to the Central East LHIN on programs and initiatives that demonstrate a commitment to this priority through completion of the LHIN's Cultural Safety monitoring template by March 31st each year.</p> <p>* Indigenous Peoples include First Nations, Inuit, Metis and members of these communities living within any Sub-region of the Central East LHIN.</p>
<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Sub-region Planning Obligation</p>	<p>HSPs will support the Central East LHIN's Sub-region planning mandate by:</p> <ul style="list-style-type: none"> • Updating and maintaining their Healthline profiles; • Identifying and tracking clients by Sub-region; • Collaborating with the LHIN and Sub-region stakeholders to address health needs, identify gaps and implement strategies to improve patient experience and outcomes; and • Engaging in Sub-region initiatives and activities as required.
<p style="text-align: center;">LHIN Priority Performance Obligation</p> <p style="text-align: center;">Alternate Level of Care (ALC)</p>	<p>Hospitals will report quarterly on:</p> <ul style="list-style-type: none"> • Percentage of ALC designations reported to the Central East LHIN by discharge destination* within 24 hours; and, • Percentage of ALC designations transferred within 24 hours of eligibility determination by discharge destination. <p>*Discharge destinations include Long-Term Care, Complex Continuing Care, Home with Central East LHIN supports, Palliative Care, Supervised or Assisted Living, Rehabilitation, Convalescent Care, Home without Support, Home with Community Services (unspecified), and Mental Health</p>