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March 8, 2019

**Electronic Delivery Only**

Ms. Denise Hardenne  
President and Chief Executive Officer  
Halton Healthcare Services Corporation  
3001 Hospital Gate  
Oakville, ON L6M 0L8

Dear Ms. Hardenne:

**Re: Amending Agreement to the 2018-2020 Hospital Service Accountability Agreement;  
Halton Healthcare Services Corporation**

The Mississauga Halton Local Health Integration Network (the "LHIN") and Halton Healthcare Services Corporation (the "Hospital") entered into a two year Service Accountability Agreement ("HSAA") that took effect April 1, 2018.

The HSAA Schedules A, B, and C have been revised to include the updated financial, service activity and performance expectations for the 2019/20 fiscal year.

Please indicate the Hospital's acceptance of the HSAA Amending Agreement and 2019/20 Schedules, by returning a signed copy of the agreement in PDF format, to the LHIN via email to Katie Halsall, Health System Performance Coordinator, Health System Performance, Funding and Contract Management at [Katie.Halsall@lhins.on.ca](mailto:Katie.Halsall@lhins.on.ca) by March 31, 2019.

In the event that the Hospital is not be able to return a board-approved signed HSAA Amending Agreement by the March 31, 2019 deadline, the Hospital will need to provide the LHIN via email with a written declaration of its intent to sign, in advance of the deadline date. In this instance, the 2018-20 HSAA and 2018/19 Schedules will be extended until the first meeting of the Hospital's Board of Directors, after April 1, 2019, whereby the Hospital will seek the requisite approval of its Board to enable the execution of the HSAA Amending Agreement.

Should you have any questions, please do not hesitate to contact Andrew Wahab, Senior Lead, Funding and Allocation, Health System Performance, Funding, and Contract Management at [Andrew.Wahab@lhins.on.ca](mailto:Andrew.Wahab@lhins.on.ca).

The LHIN appreciates your organization's collaboration and hard work during this year's HSAA Schedules Refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,



Sharon Lee Smith  
Interim Chief Executive Officer

Enclosed: Hospital Service Accountability Amending Agreement with Schedules A, B, and C

- c: John W. Nyholt, Board Chair, Halton Healthcare Services Corporation  
Mary Davies, Acting Board Chair, Mississauga Halton LHIN  
Dale McGregor, Chief Financial Officer & Vice President Finance, Performance & Corporate Services, Mississauga Halton LHIN  
Laura Salisbury, Director, Health System Performance, Funding and Contract Management, Mississauga Halton LHIN  
Andrew Wahab, Senior Lead, Health System Performance, Funding and Contract Management, Mississauga Halton LHIN

## HSAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the “Agreement”) is made as of the 1<sup>st</sup> day of April, 2019

**BETWEEN:**

**MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK** (the “LHIN”)

**AND**

**HALTON HEALTHCARE SERVICES CORPORATION** (the “Hospital”)

**WHEREAS** the LHIN and the Hospital (together the “Parties”) entered into a hospital service accountability agreement that took effect April 1, 2018 (the “HSAA”);

**NOW THEREFORE** in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the Parties agree as follows:

**1.0 Definitions.** Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the HSAA. References in this Agreement to the HSAA mean the HSAA as amended and extended.

**2.0 Amendments.**

2.1 Agreed Amendments. The HSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

The following terms have the following meanings.

“**Schedule**” means any one of, and “**Schedules**” means any two or more as the context requires, of the Schedules appended to this Agreement, including the following:

Schedule A: Funding Allocation

Schedule B: Reporting

Schedule C: Indicators and Volumes

C.1. Performance Indicators

C.2. Service Volumes

C.3. LHIN Indicators and Volumes

C.4. PCOP Targeted Funding and Volumes - *All confirmed PCOP revenue, expense, and volume have been incorporated and any subsequent PCOP will be communicated via LHIN funding letter*

- 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.

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# Hospital Service Accountability Agreements

Facility #:	950
Hospital Name:	Halton Healthcare Services
Hospital Legal Name:	Halton Healthcare Services Corporation

## 2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
<b>Section 1: FUNDING SUMMARY</b>			
<b>LHIN FUNDING</b>			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$93,492,285	
Health System Funding Reform: QBP Funding (Sec. 2)		\$79,558,787	
Post Construction Operating Plan (PCOP)		\$27,026,966	
Wait Time Strategy Services ("WTS") (Sec. 3)		\$115,508,800	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4)		\$5,107,937	\$0
Other Non-HSFR Funding (Sec. 5)		\$1,222,500	\$0
<b>Sub-Total LHIN Funding</b>		\$0	\$0
		\$321,917,276	\$0
<b>NON-LHIN FUNDING</b>			
[3] Cancer Care Ontario and the Ontario Renal Network		\$0	
Recoveries and Misc. Revenue		\$0	
Amortization of Grants/Donations Equipment		\$0	
OHIP Revenue and Patient Revenue from Other Payors		\$0	
Differential & Copayment Revenue		\$0	
<b>Sub-Total Non-LHIN Funding</b>		\$0	

**IN WITNESS WHEREOF** the Parties have executed this Agreement on the dates set out below.

**MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK :**

By :



\_\_\_\_\_  
Mary Davies  
Acting Board Chair

\_\_\_\_\_  
March 8, 2019

Date :

And by :



\_\_\_\_\_  
Sharon Lee Smith  
Interim Chief Executive Officer

\_\_\_\_\_  
March 8, 2019

Date :

**HALTON HEALTHCARE SERVICES CORPORATION:**

By :



\_\_\_\_\_  
John W. Nyholt  
Board Chair  
I have authority to bind the HSP

\_\_\_\_\_  
APR 15, 2019

Date :

And by :



\_\_\_\_\_  
Denise Hardenne  
President & Chief Executive  
Officer  
I have authority to bind the HSP

\_\_\_\_\_  
APRIL 15, 2019.

Date :

# Hospital Service Accountability Agreements

Facility #:	950
Hospital Name:	Halton Healthcare Services
Hospital Legal Name:	Halton Healthcare Services Corporation

## 2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
<b>Section 3: Wait Time Strategy Services ("WTS")</b>		<b>[2] Base</b>	<b>[2] Incremental Base</b>
General Surgery		\$185,128	\$0
Pediatric Surgery		\$11,331	\$0
Hip & Knee Replacement - Revisions		\$158,328	\$0
Magnetic Resonance Imaging (MRI)		\$2,785,900	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$0
Computed Tomography (CT)		\$1,967,250	\$0
<b>Sub-Total Wait Time Strategy Services Funding</b>		<b>\$5,107,937</b>	<b>\$0</b>
<b>Section 4: Provincial Priority Program Services ("PPS")</b>		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$1,222,500	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$1,222,500</b>	<b>\$0</b>
<b>Section 5: Other Non-HSFR</b>		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
LHIN One-time payments		\$0	\$0
MOH One-time payments		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$0	
Paymaster		\$0	
<b>Sub-Total Other Non-HSFR Funding</b>		<b>\$0</b>	<b>\$0</b>
<b>Section 6: Other Funding</b>		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
<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
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$0</b>
[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

Facility #:	950
Hospital Name:	Halton Healthcare Services
Hospital Legal Name:	Halton Healthcare Services Corporation

## 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	32	\$375,531
Acute Inpatient Stroke Ischemic or Unspecified	201	\$1,771,201
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	88	\$364,901
Stroke Endovascular Treatment (EVT)	0	\$0
Hip Replacement BUNDLE (Unilateral)	306	\$2,947,037
Knee Replacement BUNDLE (Unilateral)	477	\$4,114,931
Acute Inpatient Primary Unilateral Hip Replacement	0	\$0
Rehabilitation Inpatient Primary Unilateral Hip Replacement	0	\$0
Elective Hips - Outpatient Rehab for Primary Hip Replacement	0	\$0
Acute Inpatient Primary Unilateral Knee Replacement	0	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement	0	\$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement	0	\$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	1	\$11,818
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	\$0
Acute Inpatient Hip Fracture	256	\$3,175,216
Knee Arthroscopy	1,116	\$1,840,780
Acute Inpatient Congestive Heart Failure	436	\$3,726,320
Acute Inpatient Chronic Obstructive Pulmonary Disease	486	\$3,224,016
Acute Inpatient Pneumonia	445	\$3,160,938
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	1	\$32,232
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	10	\$88,484
Acute Inpatient Tonsillectomy	361	\$445,245
Unilateral Cataract Day Surgery	1,514	\$784,739
Retinal Disease	46	\$39,071
Non-Routine and Bilateral Cataract Day Surgery	0	\$0
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)	26	\$215,206
Shoulder (Reverse Arthroplasties)	5	\$70,760
Shoulder (Repairs)	193	\$544,553
Shoulder (Other)	32	\$79,285
<b>Sub-Total Quality Based Procedure Funding</b>	<b>6,032</b>	<b>\$27,012,266</b>



# Hospital Service Accountability Agreements

Facility #:	950
Hospital Name:	Halton Healthcare Services
Hospital Legal Name:	Halton Healthcare Services Corporation
Site Name:	TOTAL ENTITY

## 2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	
		2019-2020	Performance Standard 2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	8.0	<= 8.8
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	4.0	<= 4.4
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	75.0%	>= 75%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	80.0%	>= 80%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	85.0%	>= 85%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	85.0%	>= 85%
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	0.58	<=0

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 #: 950  
 Hospital Name: Halton Healthcare Services  
 Hospital Legal Name: Halton Healthcare Services Corporation

## 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
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### 4. French Language Services Report

Fiscal Year	30 April 2020
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# Hospital Service Accountability Agreements

Facility #:	950
Hospital Name:	Halton Healthcare Services
Hospital Legal Name:	Halton Healthcare Services Corporation
Site Name:	TOTAL ENTITY

## 2019-2020 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE			
*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.57	>= 1.41
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.70%	>=0.7%
Explanatory Indicators		Measurement Unit	
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
*Performance Indicators	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Alternate Level of Care (ALC) Rate	Percentage	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 #:	950
Hospital Name:	Halton Healthcare Services
Hospital Legal Name:	Halton Healthcare Services Corporation

### 2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
<b>Clinical Activity and Patient Services</b>			
Ambulatory Care	Visits	271,307	>= 244,176 and <= 298,438
Complex Continuing Care	Weighted Patient Days	40,557	>= 37,312 and <= 43,802
Day Surgery	Weighted Cases	6,573	>= 6,047 and <= 7,099
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	6,898	>= 6,346 and <= 7,450
Emergency Department and Urgent Care	Visits	163,107	>= 138,641 and <= 187,573
Inpatient Mental Health	Patient Days	21,293	>= 20,015 and <= 22,571
Inpatient Rehabilitation Days	Patient Days	17,399	>= 15,659 and <= 19,139
Total Inpatient Acute	Weighted Cases	33,274	>= 31,943 and <= 34,605

**Schedule C3 HSAA 2019/20 LHIN-Specific Performance Obligations**

Health Equity Impact Assessment (HEIA)	Compliance	<p>At year end, the Hospital will complete and submit a survey to demonstrate how the Health Equity Impact Assessment (HEIA) has been used to incorporate a health equity lens into at least one policy, program or service delivery area.</p> <p>To continue capacity-building through knowledge transfer, education, and training about health equity within the Mississauga Halton LHIN Participation in two of the following Mississauga Halton LHIN Health Equity initiatives is required:</p> <ul style="list-style-type: none"> <li>i) Annual Health Equity Symposium;</li> <li>ii) Mississauga Halton LHIN Health Equity Community of Practice;</li> <li>iii) Health Equity education at the Mississauga Halton LHIN's Regional Learning Centre</li> <li>iv) HEIA Community of Interest Webinars</li> </ul>
Senior Friendly Care	Compliance	<p>The Hospital will adopt a Senior Friendly Care framework (sfCare) including alignment to system level and quality indicators as follows:</p> <ul style="list-style-type: none"> <li>• Effective transitions/readmissions</li> <li>• Coordinating care</li> <li>• Person and caregiver experience</li> <li>• Timely access to care/ED length of stay</li> <li>• Alternate Level of Care (ALC) rate</li> </ul> <p>The hospital will continue to participate in the planning, implementation and quality improvement of the sfCare framework, including both Delirium and Functional Decline with the LHIN working groups and committees and the Mississauga Halton LHIN Specialized Geriatric Services Committee, or other related committees.</p> <p>The hospital will work in collaboration with the LHIN to develop and submit a quarterly Senior Friendly Care Scorecard template that includes the indicators above.</p>
Senior Friendly Care	Performance	<p>The hospital will report quarterly on the performance delirium indicators as follows:</p> <p>1) The percentage of patients receiving delirium screening using a Confusion Assessment Method (CAM) within the first 12 hours, upon admission to the hospital to include all admitted patients in each of the following areas of acute care and post-acute care;</p> <p><b>Acute:</b></p> <ul style="list-style-type: none"> <li>• Acute medicine / Surgery</li> <li>• Intensive care unit (ICU)</li> </ul> <p><b>Post-acute:</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Complex Continuing Care</li> </ul> <p>Calculation:            Numerator: The number of patients who receive a delirium screening using a CAM within the first 12 hours upon admission to the hospital (acute and post acute care)            Denominator: The number of patients admitted to hospital</p> <p>2) The incidence of delirium in patients (65 and older) acquired over the course of the hospital admission</p> <p>Calculation:            Numerator: The number of patients with two consecutive positive CAM scores during the course of their hospital stay            Denominator: n/a</p> <p>Notes:            1) For patients who have a positive CAM score on admission to hospital, three consecutive days of negative CAM scores will be considered resolution of delirium. Two consecutive positive CAM scores after this will be counted as an incident of Hospital Acquired delirium.            2) Two positive consecutive CAM scores, following a negative CAM on admission to hospital, will be counted as an incident of Hospital Acquired delirium.</p>
Mental Health and Addictions	Compliance	<p>The Hospital shall provide all hospital services that are essential mental health and addiction services in accordance with the specific designation for the Hospital and shall only make any material changes to the delivery models or service levels for those essential mental health services in consultation with, and the approval of the MOHLTC and Mississauga Halton LHIN.</p>
Quality Improvement Plan (QIP)	Compliance	<p>The Hospital, within its QIP Narrative or Indicator selection, will demonstrate alignment with the Mississauga Halton LHIN Integrated Regional QIP.</p>

