HSAA AMENDING AGREEMENT

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

B E T W E E N:

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

AND

Brant Community Healthcare System
(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

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.

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By: Emily Christoffersen — March 29 2019

Emily Christoffersen, Vice President, Commissioning, Performance and Accountability — Date

And by:

Donna Cripps — Mar 28, 2019

Donna Cripps, Chief Executive Officer — Date

Brant Community Healthcare System

By: — MARCH 18 - 2019

Bonnie Adamson, Supervisor — Date

reviewed on behalf of

And by: — March 15/2019

David McNeil, President and Chief Executive Officer — Date

Hospital Service Accountability Agreements

Facility #:	970
Hospital Name:	Brant Community Healthcare System
Hospital Legal Name:	Brant Community Healthcare System

2019-2020 Schedule A Funding Allocation

Section 1: FUNDING SUMMARY	2019-2020 [1] Estimated Funding Allocation	
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes Sec. 3)	**$71,261,511**	
Health System Funding Reform: HBAM Funding	**$39,352,053**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$22,649,984**	
Post Construction Operating Plan (PCOP)	**$1,312,900**	**[2] Incremental/One-Time**
Wait Time Strategy Services ("WTS") (Sec. 3)	**$2,159,931**	**$585,468**
Provincial Program Services ("PPS") (Sec. 4)	**$0**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$8,308,327**	**$7,668,467**
Sub-Total LHIN Funding	**$145,044,706**	**$8,253,935**
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	**$6,360,991**	
Recoveries and Misc. Revenue	**$7,126,221**	
Amortization of Grants/Donations Equipment	**$1,067,800**	
OHIP Revenue and Patient Revenue from Other Payors	**$13,859,534**	
Differential & Copayment Revenue	**$2,916,400**	
Sub-Total Non-LHIN Funding	**$31,330,946**	

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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	**35**	**$272,890**
Acute Inpatient Stroke Ischemic or Unspecified	**210**	**$2,117,299**
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	**92**	**$297,737**
Stroke Endovascular Treatment (EVT)	**0**	**$0**
Hip Replacement BUNDLE (Unilateral)	**0**	**$0**
Knee Replacement BUNDLE (Unilateral)	**0**	**$0**
Acute Inpatient Primary Unilateral Hip Replacement	**220**	**$1,860,875**
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	**3**	**$15,524**
Elective Hips - Outpatient Rehab for Primary Hip Replacement	**0**	**$0**
Acute Inpatient Primary Unilateral Knee Replacement	**552**	**$4,058,270**
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	**7**	**$44,193**
Elective Knees - Outpatient Rehab for Primary Knee Replacement	**0**	**$0**
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	**2**	**$25,594**
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	**0**	**$0**
Acute Inpatient Hip Fracture	**248**	**$2,814,725**
Knee Arthroscopy	**644**	**$876,944**
Acute Inpatient Congestive Heart Failure	**354**	**$2,673,655**
Acute Inpatient Chronic Obstructive Pulmonary Disease	**525**	**$4,487,520**
Acute Inpatient Pneumonia	**194**	**$1,375,333**
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	**289**	**$320,631**
Unilateral Cataract Day Surgery	**2,578**	**$963,692**
Retinal Disease	**0**	**$0**
Non-Routine and Bilateral Cataract Day Surgery	**16**	**$10,381**
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)	**21**	**$186,674**
Shoulder (Reverse Arthroplasties)	**0**	**$0**
Shoulder (Repairs)	**65**	**$186,186**
Shoulder (Other)	**25**	**$61,861**
Sub-Total Quality Based Procedure Funding	**6,080**	**$22,649,984**

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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	**$917,099**	**$23,228**
Pediatric Surgery	**$0**	**$0**
Hip & Knee Replacement - Revisions	**$149,532**	**$0**
Magnetic Resonance Imaging (MRI)	**$540,800**	**$500,240**
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	**$0**	**$0**
Computed Tomography (CT)	**$552,500**	**$62,000**
Sub-Total Wait Time Strategy Services Funding	**$2,159,931**	**$585,468**
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**	**$7,435,917**
MOH One-time payments	**$0**	**$232,550**
LHIN/MOH Recoveries	**$0**	
Other Revenue from MOHLTC	**$8,250,702**	
Paymaster	**$57,625**	
Sub-Total Other Non-HSFR Funding	**$8,308,327**	**$7,668,467**
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**	**$26,625**
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	**$0**	**$0**
Sub-Total Other Funding	**$0**	**$26,625**

[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

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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 Quartery 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 #:	**970**
Hospital Name:	**Brant Community Healthcare System**
Hospital Legal Name:	**Brant Community Healthcare System**
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	**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
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

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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	**0.27**	**>= 0.26**
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 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.**

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2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Clinical Activity and Patient Services			
Ambulatory Care	Visits	**71,600**	**>= 57,280 and <= 85,920**
Complex Continuing Care	Weighted Patient Days	**17,000**	**>= 14,450 and <= 19,550**
Day Surgery	Weighted Cases	**2,790**	**>= 2,511 and <= 3,069**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**3,100**	**>= 2,790 and <= 3,410**
Emergency Department and Urgent Care	Visits	**76,000**	**>= 60,800 and <= 91,200**
Inpatient Mental Health	Patient Days	**6,000**	**>= 5,400 and <= 6,600**
Inpatient Rehabilitation Days	Patient Days	**9,000**	**>= 7,650 and <= 10,350**
Total Inpatient Acute	Weighted Cases	**13,280**	**>= 12,483 and <= 14,077**

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2019-2020 Schedule C3: LHIN Local Indicators and Obligations

1. Develop a quality improvement plan for 2019-20 and submit a copy of the plan to the HNHB LHIN by June 1, 2019.

2. 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 2019-20 by June 1, 2020. 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?

Health Service Providers are also required to submit a brief narrative by June 1, 2020 outlining their organization's engagement and partnership with patient and family advisors.

3. Health Service Providers (HSPs) will actively strive to meet the targets for health system performance indicators; engage in activities that include LHIN-wide initiatives, which result in the demonstrated improving performance trends on relevant system-level indicators; and separately and in conjunction with the LHIN and other HSPs, identify opportunities to integrate the services of the local health system to provide appropriate, co-coordinated, effective and efficient services.

Schedule C4: Post Construction Operating Plans
2019-2020

Health Service Provider: Brant Community Healthcare System

Schedule C.4 – PCOP Targeted Funding and Volumes

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.