

## HSAA AMENDING AGREEMENT

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

B E T W E E N:

CENTRAL LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

WEST PARK HEALTHCARE CENTRE (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.


**CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

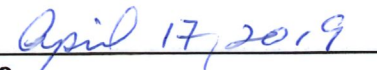
By:

  
 \_\_\_\_\_  
 Kim L. Baker, CEO

  
 \_\_\_\_\_  
 Date

And by:

  
 \_\_\_\_\_  
 Karin Dschankilic, Vice President,  
 Performance, Corporate Services and CFO

  
 \_\_\_\_\_  
 Date


**WEST PARK HEALTHCARE CENTRE**

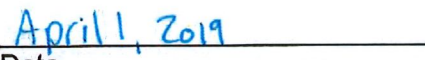
By:

  
 \_\_\_\_\_  
 Warren Law, Chair

  
 \_\_\_\_\_  
 Date

And by:

  
 \_\_\_\_\_  
 Anne-Marie Malek, President and CEO

  
 \_\_\_\_\_  
 Date

# Hospital Service Accountability Agreements

Facility #: 613  
 Hospital Name: West Park Healthcare Centre  
 Hospital Legal Name: West Park Healthcare Centre

## 2019-2020 Schedule A Funding Allocation

|                                                                |  | 2019-2020                        |                          |
|----------------------------------------------------------------|--|----------------------------------|--------------------------|
|                                                                |  | [1] Estimated Funding Allocation |                          |
| Section 1: FUNDING SUMMARY                                     |  | [2] Base                         | [2] Incremental/One-Time |
| LHIN FUNDING                                                   |  |                                  |                          |
| Other Non-HSFR Funding - Transitional Home Ventilation Program |  | \$0                              | \$1,150,000              |
| Sub-Total LHIN Funding                                         |  | \$0                              | \$1,150,000              |
| [1] Estimated funding allocations.                             |  |                                  |                          |
| [2] Funding allocations are subject to change year over year.  |  |                                  |                          |

## Hospital Service Accountability Agreements

Facility #: 613  
 Hospital Name: West Park Healthcare Centre  
 Hospital Legal Name: West Park Healthcare Centre

### 2019-2020 Schedule B: Reporting Requirements

|                                                                                  |                  |
|----------------------------------------------------------------------------------|------------------|
| <b>1. MIS Trial Balance</b>                                                      |                  |
| 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      |
| <b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b> |                  |
| 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     |
| <b>3. Audited Financial Statements</b>                                           |                  |
| Fiscal Year                                                                      | 30 June 2020     |
| <b>4. French Language Services Report</b>                                        |                  |
| Fiscal Year                                                                      | 30 April 2020    |

# Hospital Service Accountability Agreements

Facility #: 613  
Hospital Name: West Park Healthcare Centre  
Hospital Legal Name: West Park Healthcare Centre

## 2019-2020 Schedule C2 Service Volumes

|                                               | Measurement Unit      | Performance Target | Performance Standard |
|-----------------------------------------------|-----------------------|--------------------|----------------------|
|                                               |                       | 2019-2020          | 2019-2020            |
| <b>Clinical Activity and Patient Services</b> |                       |                    |                      |
| Complex Continuing Care                       | Weighted Patient Days | 1,643              | $\geq 1,312$         |

**Hospital Service Accountability Agreements**

|                      |                             |
|----------------------|-----------------------------|
| Facility #:          | 019                         |
| Hospital Name:       | West Park Healthcare Centre |
| Hospital Legal Name: | West Park Healthcare Centre |

**2019-2020 Schedule C3: LHN Local Indicators and Obligations**

| <b>LHN LOCAL INDICATORS</b>                                                                                       |                             |                                               |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------|
| <b>LHN LOCAL INDICATOR</b>                                                                                        | <b>Target<br/>2019-2020</b> | <b>Performance<br/>Standard<br/>2019-2020</b> |
| Number of Admissions to the Transitional Home Ventilation Program                                                 | 15                          | >= 12                                         |
| Number of Discharges from the Transitional Home Ventilation Program to an alternate setting other than acute care | 15                          | >= 12                                         |
| Number of Consultations that led to avoided acute care admissions                                                 | 6                           | >= 6                                          |

**LHN LOCAL OBLIGATION**

Supplemental Reporting: The Hospital will submit quarterly performance reports to the LHN, including the volumes and indicators contained in Schedules C2 and C3. In addition, the Hospital will provide a quarterly report of admissions and discharges to/from the Transitional Home Ventilation Program by LHN and location.