

## HSAA AMENDING AGREEMENT

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

**B E T W E E N:**

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

**AND**

**HALIBURTON HIGHLANDS HEALTH SERVICES** (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 "HSA");

**AND WHEREAS** pursuant to various amending agreements the term of the HSA has been extended to March 31, 2017;

**AND WHEREAS** the LHIN and the Hospital have agreed to extend the HSA 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 HSA. References in this Agreement to the HSA mean the HSA as amended and extended.

### **2.0 Amendments.**

**2.1 Agreed Amendments.** The HSA 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 HSA 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 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

\_\_\_\_\_  
Louis O'Brien, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deborah Hammons, CEO

\_\_\_\_\_  
Haliburton Highlands Hc

\_\_\_\_\_  
Dave Bonh

\_\_\_\_\_  
Date

\_\_\_\_\_  
David Gray, Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

SIGNATURES ON ORIGINAL DOCUMENT

# Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
 Hospital Name: Haliburton Highlands Health Services  
 Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule A Funding Allocation\*

2017-2018	
[1] Estimated Funding Allocation	
<b>Section 1: FUNDING SUMMARY</b>	
<b>LHIN FUNDING</b>	
LHIN Global Allocation (Includes Sec. 3)	[2] Base \$9,013,668
Health System Funding Reform: HBAM Funding	\$0
Health System Funding Reform: QBP Funding (Sec. 2)	\$0
Post Construction Operating Plan (PCOP)	\$0
Provincial Program Services ("PPS") (Sec. 4)	\$0
Other Non-HSFR Funding (Sec. 5)	[2] Incremental/One-Time \$0
<b>Sub-Total LHIN Funding</b>	\$0 \$325,000
	\$9,013,668 \$325,000
<b>NON-LHIN FUNDING</b>	
[3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster)	\$0
Recoveries and Misc. Revenue	\$1,090,824
Amortization of Grants/Donations Equipment	\$496,567
OHIP Revenue and Patient Revenue from Other Payors	\$3,510,281
Differential & Copayment Revenue	\$50,000
<b>Sub-Total Non-LHIN Funding</b>	\$5,147,672
<b>Total Estimated Funding Allocation (All Sources)</b>	\$14,161,340 \$325,000
<b>Section 2: HSFR - Quality-Based Procedures</b>	
Rehabilitation Inpatient Primary Unilateral Hip Replacement	Volume [4] Allocation
Acute Inpatient Primary Unilateral Hip Replacement	0 \$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement	0 \$0
Acute Inpatient Primary Unilateral Knee Replacement	0 \$0
Acute Inpatient Hip Fracture	0 \$0
Knee Arthroscopy	0 \$0
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)	0 \$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0 \$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0 \$0
Acute Inpatient Congestive Heart Failure	0 \$0
Acute Inpatient Stroke Hemorrhage	0 \$0
Acute Inpatient Stroke Ischemic or Unspecified	0 \$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	0 \$0
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0 \$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0 \$0
Unilateral Cataract Day Surgery	0 \$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	0 \$0
Acute Inpatient Tonsillectomy	0 \$0
Acute Inpatient Chronic Obstructive Pulmonary Disease	0 \$0
Acute Inpatient Pneumonia	0 \$0
Non-Routine and Bilateral Cataract Day Surgery	0 \$0
<b>Sub-Total Quality Based Procedure Funding</b>	0 \$0

\*Volumes and associated funding reflect 2016/17

\*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

\*Subject to revised targets for 2017/18

# Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
 Hospital Name: Haliburton Highlands Health Services  
 Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule A Funding Allocation\*

<b>Section 3: Wait Time Strategy Services ("WTS")</b>		<b>[2] Base</b>	
General Surgery		\$0	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$0	
Magnetic Resonance Imaging (MRI)		\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
<b>Sub-Total Wait Time Strategy Services Funding</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		\$0	\$0
Organ Transplantation		N/A	N/A
Neurosciences		N/A	N/A
Bariatric Services		\$0	\$0
Regional Trauma		N/A	N/A
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$0</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	\$325,000
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>\$325,000</b>
<b>Section 6: Other Funding</b> (Info. Only. Funding is already included in Sections 1-4 above)		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
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. 1)		\$0	\$0
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$0</b>
<p>* Targets for Year 3 of the agreement will be determined during the annual refresh process.</p> <p>[1] Estimated funding allocations.</p> <p>[2] Funding allocations are subject to change year over year.</p> <p>[3] Funding provided by Cancer Care Ontario, not the LHIN.</p> <p>[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.</p>			

\*Volumes and associated funding reflect 2016/17

\*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

\*Subject to revised targets for 2017/18

## Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

### 2017-2018 Schedule B: Reporting Requirements

<b>1. MIS Trial Balance</b>		<b>Due Date</b> <b>2017-2018</b>
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
<b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b>		<b>Due Date</b> <b>2017-2018</b>
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
<b>3. Audited Financial Statements</b>		<b>Due Date</b> <b>2017-2018</b>
Fiscal Year		30 June 2018
<b>4. French Language Services Report</b>		<b>Due Date</b> <b>2017-2018</b>
Fiscal Year		30 April 2018

# Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
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	Site Specific	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	Site Specific	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	

### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
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	1.50	$\geq 1.35$
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	$\geq 0.9\%$

#### 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	Site Specific	

#### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Haliburton Campus

## 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	2.4	<= 2.6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

### Explanatory Indicators

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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Haliburton Campus

## 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	1.50	$\geq 1.35$
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	$\geq 0.9\%$

#### 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%	$\leq 12.7\%$

#### Explanatory Indicators

	Measurement Unit
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
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Minden Campus

## 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	1.7	<= 1.9
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Minden Campus

## 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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%

#### 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	N/A	

#### Explanatory Indicators

	Measurement Unit
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
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

## 2017-2018 Schedule C2 Service Volumes

		Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services				
Ambulatory Care	Visits	0	-	
Complex Continuing Care	Weighted Patient Days	0	-	
Day Surgery	Weighted Cases	0	-	
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A		
Emergency Department	Weighted Cases	950	>= 808 and <= 1,093	
Emergency Department and Urgent Care	Visits	28,500	>= 27,360 and <= 29,640	
Inpatient Mental Health	Weighted Patient Days	0	-	
Acute Rehabilitation	Weighted Cases	0	-	
Total Inpatient Acute	Weighted Cases	555	>= 472 and <= 638	

# Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
 Hospital Name: Haliburton Highlands Health Services  
 Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority Performance Indicator	Performance Target	Performance Standard
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery Average Length of Stay (Days)	N/A	N/A
Length of stay for patients who will be discharged directly home from acute care.		
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery Proportion of Patients Discharged Home (%)	N/A	N/A
Rate of patients discharged directly home from acute care.		
Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)	Site	
	Haliburton Campus	16.3
	Minden Campus	16.3
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.		
Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)	Site	
	Haliburton Campus	22.4
	Minden Campus	19.1
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.		
****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Performance Target	Performance Standard
	Haliburton Campus	12.50
	Minden Campus	N/A
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.		
****Readmissions Within 30 Days for Selected CMGs - COPD (%)	Performance Target	Performance Standard
	Haliburton Campus	8.60
	Minden Campus	N/A
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 2017-2018

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

### LHIN Priority Performance Obligation

#### Resource Matching and Referral (RM&R) Initiative

The province has required all hospitals to have implemented the 4 Identified Resource Matching and Referral (RM&R) pathways including Acute to Community Care Access Centre (CCAC), Acute to Long-term Care, Acute to Rehabilitation and Acute to Complex Continuing Care.

All Central East LHIN hospitals have implemented an electronic solution in conjunction with the Central East LHIN, the Central East Community Care Access Centre (CECCAC) and other hospitals in implementing the provincial standards for referral for the 4 care pathways from sender to receiver to help the receiver make an acceptance decision for accepting a patient in 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.

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.

Within the Central East LHIN, implementation of RM&R standardization includes enabling the CECCAC to assume responsibility for monitoring and ensuring post-acute care referrals are initiated, completed and submitted in a specified timeframe.

CCAC coordinated access will be enabled by the following standardized policies and processes:

- CCAC 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.
- A standardized discharge planning approach.

### LHIN Priority Performance Indicator

#### Palliative Care Patients Discharged Home %

Haliburton Campus

60.0

Minden Campus

N/A

N/A

Proportion of patients identified as palliative in hospital who are discharged home from hospital with support.

### LHIN Priority Performance Obligation

#### Cultural Sensitivity Obligation

To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.

## Hospital Service Accountability Agreements 2017-2018

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

### 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

#### LHIN Priority Performance Obligation

LHIN Sub-Region (Health Link Communities)  
Obligation

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

1. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links programs).
2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that
  - a. Is developed with the patient and caregiver;
  - b. Involves two or more health care professionals – at least one of which is from outside the organization and;
  - c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.

#### LHIN Priority Performance Obligation

Diabetes Education Program Funding (DEP)

2017/18 DEP will remain at the 2016/17 levels and will be evaluated at a minimum of twice annually both at the provider and system level by the Diabetes Network established in the three clusters. Targets may be refreshed in 2017/18 Q1.

#### LHIN Priority Performance Obligation

Total Margin (Consolidated - All sectors and fund types, per GAAP)

Balanced operating position will include amortization.

# Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
 Hospital Name: Haliburton Highlands Health Services  
 Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule A Funding Allocation\*

		2017-2018	
		[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY			
LHIN FUNDING			
LHIN Global Allocation (Includes Sec. 3)		[2] Base	
Health System Funding Reform: HBAM Funding		\$9,013,668	
Health System Funding Reform: QBP Funding (Sec. 2)		\$0	
Post Construction Operating Plan (PCOP)		\$0	
Provincial Program Services ("PPS") (Sec. 4 )		\$0	[2] Incremental/One-Time
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
Sub-Total LHIN Funding		\$9,013,668	\$325,000
NON-LHIN FUNDING			
[3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster)		\$0	
Recoveries and Misc. Revenue		\$1,090,824	
Amortization of Grants/Donations Equipment		\$496,567	
OHIP Revenue and Patient Revenue from Other Payors		\$3,510,281	
Differential & Copayment Revenue		\$50,000	
Sub-Total Non-LHIN Funding		\$5,147,672	
Total Estimated Funding Allocation (All Sources)		\$14,161,340	\$325,000
Section 2: HSFR - Quality-Based Procedures		Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement		0	\$0
Acute Inpatient Primary Unilateral Hip Replacement		0	\$0
Rehabilitation Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Primary Unilateral Knee Replacement		0	\$0
Acute Inpatient Hip Fracture		0	\$0
Knee Arthroscopy		0	\$0
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)		0	\$0
Rehab Inpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement		0	\$0
Acute Inpatient Congestive Heart Failure		0	\$0
Acute Inpatient Stroke Hemorrhage		0	\$0
Acute Inpatient Stroke Ischemic or Unspecified		0	\$0
Acute Inpatient Stroke Transient Ischemic Attack (TIA)		0	\$0
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway		0	\$0
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease		0	\$0
Unilateral Cataract Day Surgery		0	\$0
Inpatient Neonatal Jaundice (Hyperbilirubinemia)		0	\$0
Acute Inpatient Tonsillectomy		0	\$0
Acute Inpatient Chronic Obstructive Pulmonary Disease		0	\$0
Acute Inpatient Pneumonia		0	\$0
Non-Routine and Bilateral Cataract Day Surgery		0	\$0
Sub-Total Quality Based Procedure Funding		0	\$0

\*Volumes and associated funding reflect 2016/17

\*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

\*Subject to revised targets for 2017/18



# Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
 Hospital Name: Haliburton Highlands Health Services  
 Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule A Funding Allocation\*

<b>Section 3: Wait Time Strategy Services ("WTS")</b>		<b>[2] Base</b>	
General Surgery		\$0	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$0	
Magnetic Resonance Imaging (MRI)		\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
<b>Sub-Total Wait Time Strategy Services Funding</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		\$0	\$0
Organ Transplantation		N/A	N/A
Neurosciences		N/A	N/A
Bariatric Services		\$0	\$0
Regional Trauma		N/A	N/A
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$0</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	\$325,000
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>\$325,000</b>
<b>Section 6: Other Funding</b> (Info. Only. Funding is already included in Sections 1-4 above)		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
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. 1)		\$0	\$0
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$0</b>
<p>* Targets for Year 3 of the agreement will be determined during the annual refresh process.</p> <p>[1] Estimated funding allocations.</p> <p>[2] Funding allocations are subject to change year over year.</p> <p>[3] Funding provided by Cancer Care Ontario, not the LHIN.</p> <p>[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.</p>			

\*Volumes and associated funding reflect 2016/17

\*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

\*Subject to revised targets for 2017/18

## Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

### 2017-2018 Schedule B: Reporting Requirements

<b>1. MIS Trial Balance</b>		<b>Due Date 2017-2018</b>
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
<b>2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary</b>		<b>Due Date 2017-2018</b>
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
<b>3. Audited Financial Statements</b>		<b>Due Date 2017-2018</b>
Fiscal Year		30 June 2018
<b>4. French Language Services Report</b>		<b>Due Date 2017-2018</b>
Fiscal Year		30 April 2018

# Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
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	Site Specific	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	Site Specific	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	

### Explanatory Indicators

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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%

#### 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	Site Specific	

#### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Haliburton Campus

## 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	2.4	<= 2.6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Haliburton Campus

## 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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%
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%	<= 12.7%
Explanatory Indicators		Measurement Unit	
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Minden Campus

## 2017-2018 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2017-2018	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	1.7	<= 1.9
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Minden Campus

## 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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%

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%	<= 12.7%

Explanatory Indicators	Measurement Unit
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
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

## 2017-2018 Schedule C2 Service Volumes

		Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
<b>Clinical Activity and Patient Services</b>				
Ambulatory Care	Visits		0	-
Complex Continuing Care	Weighted Patient Days		0	-
Day Surgery	Weighted Cases		0	-
Elderly Capital Assistance Program (ELDCAP)	Patient Days		N/A	
Emergency Department	Weighted Cases		950	>= 808 and <= 1,093
Emergency Department and Urgent Care	Visits		28,500	>= 27,360 and <= 29,640
Inpatient Mental Health	Weighted Patient Days		0	-
Acute Rehabilitation	Weighted Cases		0	-
Total Inpatient Acute	Weighted Cases		555	>= 472 and <= 638

# Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
 Hospital Name: Haliburton Highlands Health Services  
 Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

LHIN Priority Performance Indicator	Performance Target	Performance Standard
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery Average Length of Stay (Days)	N/A	N/A
Length of stay for patients who will be discharged directly home from acute care.		
Orthopaedic Quality Indicators - Hip and Knee Replacement Surgery Proportion of Patients Discharged Home (%)	N/A	N/A
Rate of patients discharged directly home from acute care.		
Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions (%)	Site	Performance Target
	Performance Standard	
Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions (%)	Site	Performance Target
	Performance Standard	
****Readmissions Within 30 Days for Selected CMGs - CHF (%)	Site	Performance Target
	Performance Standard	
****Readmissions Within 30 Days for Selected CMGs - COPD (%)	Site	Performance Target
	Performance Standard	

Haliburton Campus

Minden Campus

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.

Haliburton Campus

Minden Campus

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.

Haliburton Campus

Minden Campus

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.

Haliburton Campus

Minden Campus

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 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

<p><b>LHIN Priority Performance Obligation</b></p> <p>Resource Matching and Referral (RM&amp;R) Initiative</p>	<p>The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&amp;R) pathways including Acute to Community Care Access Centre (CCAC), Acute to Long-term Care, Acute to Rehabilitation and Acute to Complex Continuing Care.</p> <p>All Central East LHIN hospitals have implemented an electronic solution in conjunction with the Central East LHIN, the Central East Community Care Access Centre (CECCAC) and other hospitals in implementing the provincial standards for referral for the 4 care pathways from sender to receiver to help the receiver make an acceptance decision for accepting a patient in 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&amp;R standardization includes enabling the CECCAC to assume responsibility for monitoring and ensuring post-acute care referrals are initiated, completed and submitted in a specified timeframe.</p> <p>CCAC coordinated access will be enabled by the following standardized policies and processes:</p> <ul style="list-style-type: none"> <li>• CCAC confirms patient eligibility inclusion/exclusion criteria and initiates application with the Interprofessional Team (IPT).</li> <li>• An established prioritization framework for processing referrals (e.g. waitlisted date).</li> <li>• A standard method for management of the waiting list for rehabilitation and complex care beds.</li> <li>• A standardized discharge planning approach.</li> </ul>									
<p><b>LHIN Priority Performance Indicator</b></p> <p>Palliative Care Patients Discharged Home %</p>	<table border="1"> <thead> <tr> <th></th> <th>Performance Target</th> <th>Performance Standard</th> </tr> </thead> <tbody> <tr> <td>Haliburton Campus</td> <td>60.0</td> <td></td> </tr> <tr> <td>Minden Campus</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> <p>Proportion of patients identified as palliative in hospital who are discharged home from hospital with support.</p>		Performance Target	Performance Standard	Haliburton Campus	60.0		Minden Campus	N/A	N/A
	Performance Target	Performance Standard								
Haliburton Campus	60.0									
Minden Campus	N/A	N/A								
<p><b>LHIN Priority Performance Obligation</b></p> <p>Cultural Sensitivity Obligation</p>	<p>To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.</p>									

## Hospital Service Accountability Agreements 2017-2018

Facility #: 938  
Hospital Name: Haliburton Highlands Health Services  
Hospital Legal Name: Haliburton Highlands Health Services

### 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

#### LHIN Priority Performance Obligation

LHIN Sub-Region (Health Link Communities)  
Obligation

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

1. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links programs).
2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that
  - a. Is developed with the patient and caregiver;
  - b. Involves two or more health care professionals -- at least one of which is from outside the organization and;
  - c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.

#### LHIN Priority Performance Obligation

Diabetes Education Program Funding (DEP)

2017/18 DEP will remain at the 2016/17 levels and will be evaluated at a minimum of twice annually both at the provider and system level by the Diabetes Network established in the three clusters. Targets may be refreshed in 2017/18 Q1.

#### LHIN Priority Performance Obligation

Total Margin (Consolidated - All sectors and  
fund types, per GAAP)

Balanced operating position will include amortization.

# Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

## 2017-2018 Schedule A Funding Allocation\*

2017-2018	
[1] Estimated Funding Allocation	
<b>Section 1: FUNDING SUMMARY</b>	
<b>LHIN FUNDING</b>	
LHIN Global Allocation (Includes Sec. 3)	
Health System Funding Reform: HBAM Funding	
Health System Funding Reform: QBP Funding (Sec. 2)	
Post Construction Operating Plan (PCOP)	
Provincial Program Services ("PPS") (Sec. 4 )	
Other Non-HSFR Funding (Sec. 5)	
<b>Sub-Total LHIN Funding</b>	
<b>NON-LHIN FUNDING</b>	
[3] Cancer Care Ontario and the Ontario Renal Network (including Paymaster)	
Recoveries and Misc. Revenue	
Amortization of Grants/Donations Equipment	
OHIP Revenue and Patient Revenue from Other Payors	
Differential & Copayment Revenue	
<b>Sub-Total Non-LHIN Funding</b>	
<b>Total Estimated Funding Allocation (All Sources)</b>	
<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
\$9,013,668	
\$0	
\$0	
\$0	
\$0	\$0
\$0	\$325,000
\$9,013,668	\$325,000
\$0	
\$1,090,824	
\$496,567	
\$3,510,281	
\$50,000	
\$5,147,672	
\$14,161,340	\$325,000

<b>Section 2: HSFR - Quality-Based Procedures</b>	
Rehabilitation Inpatient Primary Unilateral Hip Replacement	
Acute Inpatient Primary Unilateral Hip Replacement	
Rehabilitation Inpatient Primary Unilateral Knee Replacement	
Acute Inpatient Primary Unilateral Knee Replacement	
Acute Inpatient Hip Fracture	
Knee Arthroscopy	
Elective Hips - Outpatient Rehab for Primary Hip Replacement	
Elective Knees - Outpatient Rehab for Primary Knee Replacement	
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	
Acute Inpatient Congestive Heart Failure	
Acute Inpatient Stroke Hemorrhage	
Acute Inpatient Stroke Ischemic or Unspecified	
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	
Unilateral Cataract Day Surgery	
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	
Acute Inpatient Tonsillectomy	
Acute Inpatient Chronic Obstructive Pulmonary Disease	
Acute Inpatient Pneumonia	
Non-Routine and Bilateral Cataract Day Surgery	
<b>Sub-Total Quality Based Procedure Funding</b>	

Volume	[4] Allocation
0	\$0
0	\$0
0	\$0
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0	\$0
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\*Volumes and associated funding reflect 2016/17

\*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

\*Subject to revised targets for 2017/18

# Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

## 2017-2018 Schedule A Funding Allocation\*

<b>Section 3: Wait Time Strategy Services ("WTS")</b>		<b>[2] Base</b>	
General Surgery		\$0	
Pediatric Surgery		\$0	
Hip & Knee Replacement - Revisions		\$0	
Magnetic Resonance Imaging (MRI)		\$0	
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	
Computed Tomography (CT)		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
Other WTS Funding		\$0	
<b>Sub-Total Wait Time Strategy Services Funding</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		\$0	\$0
Organ Transplantation		N/A	N/A
Neurosciences		N/A	N/A
Bariatric Services		\$0	\$0
Regional Trauma		N/A	N/A
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$0</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	\$325,000
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>\$325,000</b>
<b>Section 6: Other Funding</b> (Info. Only. Funding is already included in Sections 1-4 above)		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
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. 1)		\$0	\$0
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$0</b>
<p>* Targets for Year 3 of the agreement will be determined during the annual refresh process.</p> <p>[1] Estimated funding allocations.</p> <p>[2] Funding allocations are subject to change year over year.</p> <p>[3] Funding provided by Cancer Care Ontario, not the LHIN.</p> <p>[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.</p>			

\*Volumes and associated funding reflect 2016/17

\*Subject to legislative assembly approval and the Ministry of Health and Long-Term Care adjustment for 2017/18

\*Subject to revised targets for 2017/18

## Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

### 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 Quarterly 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
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#### 4. French Language Services Report

Due Date  
2017-2018

Fiscal Year	30 April 2018
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# Hospital Service Accountability Agreements 2017-2018

Facility #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
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	Performance Standard
		2017-2018	2017-2018
90th Percentile Emergency Department (ED) length of stay for Complex Patients	Hours	Site Specific	
90th percentile ED Length of Stay for Minor/Uncomplicated Patients	Hours	Site Specific	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Site Specific	

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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%

#### 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	Site Specific	

#### 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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Haliburton Campus

## 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	2.4	<= 2.6
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Haliburton Campus

## 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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%
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%	<= 12.7%
Explanatory Indicators	Measurement Unit		
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Minden Campus

## 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	1.7	<= 1.9
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	N/A	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	N/A	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	N/A	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	

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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services
Site Name:	Minden Campus

## 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	1.50	>= 1.35
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.90%	>=0.9%
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%	<= 12.7%
Explanatory Indicators		Measurement Unit	
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		
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	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 #:	938
Hospital Name:	Haliburton Highlands Health Services
Hospital Legal Name:	Haliburton Highlands Health Services

## 2017-2018 Schedule C2 Service Volumes

		Measurement Unit	Performance Target 2017-2018	Performance Standard 2017-2018
Clinical Activity and Patient Services				
Ambulatory Care	Visits	0	-	
Complex Continuing Care	Weighted Patient Days	0	-	
Day Surgery	Weighted Cases	0	-	
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A		
Emergency Department	Weighted Cases	950	>= 808 and <= 1,093	
Emergency Department and Urgent Care	Visits	28,500	>= 27,360 and <= 29,640	
Inpatient Mental Health	Weighted Patient Days	0	-	
Acute Rehabilitation	Weighted Cases	0	-	
Total Inpatient Acute	Weighted Cases	555	>= 472 and <= 638	

# Hospital Service Accountability Agreements 2017-2018

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

### LHIN Priority Performance Indicator

Orthopaedic Quality Indicators -  
Hip and Knee Replacement Surgery  
Average Length of Stay (Days)

#### Performance Target

N/A

#### Performance Standard

N/A

Length of stay for patients who will be discharged directly home from acute care.

### LHIN Priority Performance Indicator

Orthopaedic Quality Indicators -  
Hip and Knee Replacement Surgery  
Proportion of Patients Discharged Home (%)

#### Performance Target

N/A

#### Performance Standard

N/A

Rate of patients discharged directly home from acute care.

### LHIN Priority Performance Indicator

Repeat Unscheduled Emergency Visits Within  
30 Days for Mental Health Conditions (%)

#### Site

Haliburton Campus

#### Performance Target

16.3

#### Performance Standard

≤ 17.9

Minden Campus

16.3

≤ 17.9

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.

### LHIN Priority Performance Indicator

Repeat Unscheduled Emergency Visits Within  
30 Days for Substance Abuse Conditions (%)

#### Site

Haliburton Campus

#### Performance Target

22.4

#### Performance Standard

≤ 24.6

Minden Campus

19.1

≤ 21.0

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

\*\*\*\*Readmissions Within 30 Days  
for Selected CMGs - CHF (%)

Haliburton Campus

#### Performance Target

12.50

#### Performance Standard

≤ 13.75

Minden Campus

N/A

N/A

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

\*\*\*\*Readmissions Within 30 Days  
for Selected CMGs - COPD (%)

Haliburton Campus

#### Performance Target

8.60

#### Performance Standard

≤ 9.46

Minden Campus

N/A

N/A

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 2017-2018

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

### LHIN Priority Performance Obligation

#### Resource Matching and Referral (RM&R) Initiative

The province has required all hospitals to have implemented the 4 identified Resource Matching and Referral (RM&R) pathways including Acute to Community Care Access Centre (CCAC), Acute to Long-term Care, Acute to Rehabilitation and Acute to Complex Continuing Care.

All Central East LHIN hospitals have implemented an electronic solution in conjunction with the Central East LHIN, the Central East Community Care Access Centre (CECCAC) and other hospitals in implementing the provincial standards for referral for the 4 care pathways from sender to receiver to help the receiver make an acceptance decision for accepting a patient in 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.

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.

Within the Central East LHIN, implementation of RM&R standardization includes enabling the CECCAC to assume responsibility for monitoring and ensuring post-acute care referrals are initiated, completed and submitted in a specified timeframe.

CCAC coordinated access will be enabled by the following standardized policies and processes:

- CCAC 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.
- A standardized discharge planning approach.

### LHIN Priority Performance Indicator

#### Palliative Care Patients Discharged Home %

#### Performance Target

#### Performance Standard

Haliburton Campus

60.0

Minden Campus

N/A

N/A

Proportion of patients identified as palliative in hospital who are discharged home from hospital with support.

### LHIN Priority Performance Obligation

#### Cultural Sensitivity Obligation

To better serve the increasing number of Franco-Ontarians, Indigenous people and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest-quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity. HSPs will be required to report back to the Central East LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.



# Hospital Service Accountability Agreements 2017-2018

Facility #: 938

Hospital Name: Haliburton Highlands Health Services

Hospital Legal Name: Haliburton Highlands Health Services

## 2017-2018 Schedule C3: LHIN Local Indicators and Obligations

### LHIN Priority Performance Obligation

LHIN Sub-Region (Health Link Communities)  
Obligation

Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the Central East LHIN.

In addition, the following two explanatory obligations regarding the identification of complex vulnerable patients and the process for developing Coordinated Care Plans will be added and monitored:

1. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and Central East LHIN Health Links programs).
2. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that:
  - a. Is developed with the patient and caregiver;
  - b. Involves two or more health care professionals – at least one of which is from outside the organization and;
  - c. Contains an action plan for one or more of patient and/or caregiver identified health concerns.

### LHIN Priority Performance Obligation

Diabetes Education Program Funding (DEP)

2017/18 DEP will remain at the 2016/17 levels and will be evaluated at a minimum of twice annually both at the provider and system level by the Diabetes Network established in the three clusters. Targets may be refreshed in 2017/18 Q1.

### LHIN Priority Performance Obligation

Total Margin (Consolidated - All sectors and fund types, per GAAP)

Balanced operating position will include amortization.