71 Adam Street
Belleville, ON K8N 5K3
Tel: 613 967-0196
Fax: 613 967-1341
Toll Free: 1 866 831-5446
www.southeastlhin.on.ca

71 Adam Street
Belleville, ON K8N 5K3
Téléphone: 613 967-0196
Télécopieur: 613 967-1341
Sans frais: 1 866 831-5446
www.southeastlhin.on.ca

2019-2020
HOSPTIAL SERVICE ACCOUNTABILITY AGREEMENT

Effective Date: April 1, 2019

BETWEEN:

South East Local Health Integration Network
(the "LHIN")

AND
Kingston Health Sciences Centre
(the "HSP")

Ontario
Local Health Integration Network
Reseau local d'integration des services de sante

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:

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

AND

Kingston Health Sciences 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.

SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK

By: _____ April 25, 2019

Sherry Kennedy, VP Operations — Date

And by: _____ April 18, 2019

Paul Huras, CEO — Date

Kingston Health Sciences Centre

By: _____ March 11, 2019

Mr. David O'Toole, Chair — Date

And by: _____ 19/3/11

Dr. David Pichora, President & CEO — Date

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre

2019-2020 Schedule A Funding Allocation

	2019-2020 [1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
LHIN FUNDING	**[2] Base**	
LHIN Global Allocation (Includes Sec. 3)	$163,807,252	
Health System Funding Reform: HBAM Funding	$116,777,060	
Health System Funding Reform: QBP Funding (Sec. 2)	$34,277,812	
Post Construction Operating Plan (PCOP)	$0	**[2] Incremental/One-Time**
Wait Time Strategy Services ("WTS") (Sec. 3)	$0	$1,300,941
Provincial Program Services ("PPS") (Sec. 4)	$35,640,016	$0
Other Non-HSFR Funding (Sec. 5)	$9,597,350	$10,291,144
Sub-Total LHIN Funding	$360,099,490	$11,592,085
NON-LHIN FUNDING		
[3] Cancer Care Ontario and the Ontario Renal Network	$79,141,876	
Recoveries and Misc. Revenue	$23,175,837	
Amortization of Grants/Donations Equipment	$5,598,428	
OHIP Revenue and Patient Revenue from Other Payors	$29,563,929	
Differential & Copayment Revenue	$4,105,732	
Sub-Total Non-LHIN Funding	$141,585,802	

Hospital Service Accountability Agreements

Facility #: 978
Hospital Name: Kingston Health Sciences Centre
Hospital Legal Name: Kingston Health Sciences Centre

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	41	$1,275,086
Acute Inpatient Stroke Ischemic or Unspecified	246	$3,252,038
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	47	$229,841
Stroke Endovascular Treatment (EVT)	50	$948,259
Hip Replacement BUNDLE (Unilateral)	329	$2,831,045
Knee Replacement BUNDLE (Unilateral)	501	$3,840,666
Acute Inpatient Primary Unilateral Hip Replacement	0	$0
Rehabilitation Inpatient Primary Unlilateral Hip Replacement	0	$0
Elective Hips - Outpatient Rehab for Primary Hip Replacement	0	$0
Acute Inpatient Primary Unilateral Knee Replacement	0	$0
Rehabilitation Inpatient Primary Unlilateral Knee Replacement	0	$0
Elective Knees - Outpatient Rehab for Primary Knee Replacement	0	$0
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	13	$150,518
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	$0
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	$0
Acute Inpatient Hip Fracture	253	$3,648,087
Knee Arthroscopy	326	$651,791
Acute Inpatient Congestive Heart Failure	419	$3,531,189
Acute Inpatient Chronic Obstructive Pulmonary Disease	565	$3,582,099
Acute Inpatient Pneumonia	310	$2,888,204
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	57	$1,096,699
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	56	$425,919
Acute Inpatient Tonsillectomy	283	$262,532
Unilateral Cataract Day Surgery	2,775	$1,518,667
Retinal Disease	0	$0
Non-Routine and Bilateral Cataract Day Surgery	63	$59,613
Corneal Transplants	72	$83,735
Non-Emergent Spine (Non-Instrumented - Day Surgery)	109	$318,451
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)	166	$868,305
Non-Emergent Spine (Instrumented - Inpatient Surgery)	50	$482,286
Shoulder (Arthroplasties)	50	$399,517
Shoulder (Reverse Arthroplasties)	44	$492,457
Shoulder (Repairs)	119	$330,116
Shoulder (Other)	22	$52,984
Sub-Total Quality Based Procedure Funding	6,966	$34,277,812

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre

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	$0	$55,960
Pediatric Surgery	$0	$251,745
Hip & Knee Replacement - Revisions	$0	$172,416
Magnetic Resonance Imaging (MRI)	$0	$560,820
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	$0	$0
Computed Tomography (CT)	$0	$260,000
Sub-Total Wait Time Strategy Services Funding	$0	$1,300,941
Section 4: Provincial Priority Program Services ("PPS")	**[2] Base**	**[2] Incremental/One-Time**
Cardiac Surgery	$9,221,492	$0
Other Cardiac Services	$19,881,324	$0
Organ Transplantation	$425,700	$0
Neurosciences	$1,607,400	$0
Bariatric Services	$3,530,500	$0
Regional Trauma	$0	$0
Sub-Total Provincial Priority Program Services Funding	$35,640,016	$0
Section 5: Other Non-HSFR	**[2] Base**	**[2] Incremental/One-Time**
LHIN One-time payments	$0	$7,772,003
MOH One-time payments	$0	$2,519,141
LHIN/MOH Recoveries	$0	
Other Revenue from MOHLTC	$10,673,783	
Paymaster	($1,076,433)	
Sub-Total Other Non-HSFR Funding	$9,597,350	$10,291,144
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	$0
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	$0	$0
Sub-Total Other Funding	$0	$0

[1] Estimated funding allocations.

[2] Funding allocations are subject to change year over year.

[3] Funding provided by Cancer Care Ontario, not the LHIN.

[4]All QBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. QBP Funding is not base funding for the purposes of the BOND policy.

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre

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 #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre
Site Name:	KINGSTON GENERAL

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	6.3	<= 6.9
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	4.6	<= 5.1
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	71.0%	>= 71%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	76.0%	>= 76%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	52.5%	>= 52.5%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	78.0%	>= 78%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	17.6%	<= 19.4%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.15	<=0.15

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre
Site Name:	KINGSTON GENERAL

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	2.01	>= 1.91
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	15.00%	<= 15%

Explanatory Indicators	Measurement Unit
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	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 2019-2020 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre
Site Name:	HOTEL DIEU

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	4.9	<= 5.4
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	81.5%	>= 81.5%
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	-	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	64.5%	>= 64.5%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	-	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	-	

Explanatory Indicators	Measurement Unit
90th Percentile Time to Disposition Decision (Admitted Patients)	Hours
Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Rate of Ventilator-Associated Pneumonia	Rate
Central Line Infection Rate	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cardiac By-Pass Surgery	Percentage
Percent of Priority 2, 3, and 4 cases completed within Access targets for Cancer Surgery	Percentage
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre
Site Name:	HOTEL DIEU

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	2.01	>= 1.91
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	-	

Explanatory Indicators	Measurement Unit
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	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 2019-2020 H-SAA Indicator Technical Specification for further details.

Hospital Service Accountability Agreements

Facility #:	978
Hospital Name:	Kingston Health Sciences Centre
Hospital Legal Name:	Kingston Health Sciences Centre

2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target 2019-2020	Performance Standard 2019-2020
Clinical Activity and Patient Services			
Ambulatory Care	Visits	462,898	>= 435,124 and <= 490,671
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	6,021	>= 5,539 and <= 6,503
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	5,926	>= 5,452 and <= 6,400
Emergency Department and Urgent Care	Visits	118,937	>= 101,096 and <= 136,778
Inpatient Mental Health	Patient Days	14,517	>= 13,646 and <= 15,388
Inpatient Rehabilitation Days	Patient Days	0	-
Total Inpatient Acute	Weighted Cases	42,510	>= 41,235 and <= 43,785

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

			Ref #:	2019-20-001
Type:	☐	**INDICATOR** (Quantitative & Reportable)	☑	**OBLIGATION** (Qualitative & Reportable)
	☐	**OBLIGATION** (Quantitative & Reportable)	☐	**OBLIGATION** (Not Reportable)

Category: Regional (All Sectors)

OBLIGATION NAME: Senior Friendly Care

Obligation Details:

All health service providers will adopt the guiding principles and defining statements found in the Senior Friendly Care Framework developed by the Ontario Regional Geriatric Program.

Rationale / Intent:

Supports the Older Adult Strategy objective to improve health outcomes for older adults in the South East LHIN.

Measures (if Applicable):

All organizations will report on the progress of the implementation of their 2019/20 Senior Friendly Care Quality Improvement Plan based on the 2018 Senior Friendly Care Self-Assessment Report Card 2018.

Reporting Expectations:

Frequency:	☐	Monthly	☐	Quarterly	☐	Semi- Annual
	☑	Annual	☐	Multi-Year	☐	Other

Reporting Details/Guidelines

Quality Improvement reports will cover the 10 recommendations set out in the Senior Friendly Care Self-Assessment Report Card 2018.

Data Sources for Reporting

Reporting of these metrics will occur quarterly through the South East data centre in the following format

Senior Friendly Care Progress Report

Organization Name:

Domain	Recommendations	Rating of Actions	Comments
Organizational Support	[illegible]	Select	
	[illegible]	Select	
	[illegible]	Select	
	[illegible]	Select	
Processes of Care	[illegible]	Select	
	[illegible]	Select	
	[illegible]	Select	
Emotional & Behavioural Environment	[illegible]	Select	
Ethics on Clinical Care & Research	[illegible]	Select	
Physical Environment	[illegible]	Select	

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules			Ref #:	2019-20-002
Type:	☐	INDICATOR (Quantitative & Reportable)	☑	OBLIGATION (Qualitative & Reportable)
	☐	OBLIGATION (Quantitative & Reportable)	☐	OBLIGATION (Not Reportable)

Category:	Regional (All Sectors)
OBLIGATION NAME:	Health Links

Obligation Details:

The Health Links approach to care aims to improve experiences and outcomes of patients with complex care needs by forging local connections and enabling communication among the primary care, hospital, and home and community care sectors, resulting in more equitable access and smoother transitions among care providers. As part of a multiyear funding agreement, health service providers are expected to embed the Health Links approach through care coordination, planning, and integration activities.

Across the South East LHIN, service/health provider agencies will collaborate with the Health Link initiative by contributing to the health link approach to coordinated care planning for patients with complex care needs. Agencies will also participate in health link performance measurement activities.

Measures (if Applicable):

Not Applicable

Reporting Expectations:

Frequency:	☐	Monthly	☐	Quarterly	☐	Semi- Annual	
	☑	Annual	☐	Multi-Year	☐	Other	

Reporting Details/Guidelines

Not Applicable

Data Sources for Reporting

Not Applicable

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-003

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☐	**OBLIGATION** (Qualitative & Reportable)
	☑	**OBLIGATION** (Quantitative & Reportable)	☐	**OBLIGATION** (Not Reportable)

Category: Regional (All Sectors)

OBLIGATION NAME: Integrated Falls Prevention & Management Strategy- Implementation

Obligation Details:

Community agencies will work collaboratively with hospitals, LTCH, primary care providers and the LHIN to design and implement a regional falls prevention & management strategy. Collaboration in implementation of the strategy objectives will work towards impacting the system-level indicators aligned with the strategy.The South East LHIN will engage in a regional program review.

Rationale / Intent:

Participate in implementation towards achieving the 2019-2020 work plan goals for the following strategy pillars:
- Public Awareness & Education
- Provider Skill Development & Education
- Service Navigation & System Integration
- Assessment & Management
- Engagement & Advocacy

Measures (if Applicable):

Meet the provincial average by 2019-2020 (three-year goal) for the following measures:
- Rate of falls-related admissions to inpatient care
- Rate of falls-related ED visits

Reporting Expectations:

Frequency:						
	☐	Monthly	☐	Quarterly	☑	Semi- Annual
	☐	Annual	☐	Multi-Year	☐	Other

Reporting Details/Guidelines

1. Provide input to quarterly reports (where required) to LHIN Lead
2. Provide a narrative on contributions and progress to date bi-annually (via the South East Data Centre)
3. System-level data to be extrapolated through dashboards on the South East Data Centre on bi-annual basis

Data Sources for Reporting

LHIN Lead and South East Data Centre.

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

0 Ho

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-004

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☐	**OBLIGATION** (Qualitative & Reportable)
	☐	**OBLIGATION** (Quantitative & Reportable)	☐	**OBLIGATION** (Not Reportable)

Category: Sector | Hospital

OBLIGATION NAME: Health Care Tomorrow - Hospital Services Project

Obligation Details:

All SE LHIN hospital organizations will continue to work towards improving access to high quality care through the development of a sustainable system of integrated care starting with priority services identified in the June 2016 Phase 2 recommendations and December 2016 Re-launch Health Care Tomorrow: Hospital Services document. Each hospital will continue to participate in project work teams and contribute to the project leadership roles as required. Hospital staff, physicians, patients and their families will be engaged in the project as necessitated.

Specific expectations are set for the following key services and clinical pathways:

1. Decision Support (DS)

All hospital organizations will continue to participate in the Community of Practice created in 2016/17, with a special focus on a number of key activities including:

- Working in collaboration with the SE LHIN on their regional Business Intelligence (BI) tool implementation of SHIIP.
- Considering the potential for on-boarding organizations DS services to QHCs BI solution.
- Creating a work plan to include but not limited to - data quality, access to SHIIP's data warehouse or data mart.
- Implementing a shared data repositories and reporting system.

2. Laboratory Medicine

- Kingston Health Sciences Centre (KHSC) – Kingston General Hospital (KGH) site will maintain the lead agency role responsible for consulting with Brockville General Hospital (BGH), Perth & Smiths Falls District Hospital (PSFDH) and Quinte Health Care (QHC) on matters related to regionalization of services.
- All four hospitals will continue to participate and contribute in the discussions around regionalization of services and potential to on-board organizations to KGH's services.

3. Complex Frail Vulnerable (CFV) – Chronic Obstructive Pulmonary Disease (COPD)

- All hospital organizations will continue to have representation at regular steering committee meetings.
- All hospital organizations will contribute in the development, planning and/or LHIN-wide implementation of the following: Standard COPD Action Plan, COPD Care Gaps Checklist, COPD Order Sets, COPD Plan for Advanced Cases (based on INSPIRED)
- All hospital organizations will be engaged in exploring opportunities for collaboration with primary & community care in the prevention of progression and/or management of COPD.

4. Complex Frail Vulnerable (CFV) – Hip Fracture

- All hospital organizations will continue to have representation at regular steering committee meetings.
- All hospital organizations will continue to explore opportunities around the three key recommendations submitted to and endorsed by SECHEF last April 2017: (1) Time to Surgery 24h, (2) Rehabilitation Alignment and (3) Hip Fracture Navigation
- All hospital organizations will be engaged in the development and implementation of regional hip fracture care plans, care navigation, standard education materials for patients and their families/caregivers, consistently referring to set provincial principles and guidelines such as those of Health Quality Ontario (HQO) and Rehab Care Alliance (RCA).

All hospital organizations will support re-visiting the Wave 2 initiatives of Phase 2 as well as Clinical Services identified in Phase 1. They will continue to collaborate and determine appropriate next steps in moving these key pieces forward.

Rationale / Intent:

These obligations will confirm the commitment of all hospitals toward a collective approach in continuously exploring and defining opportunities for regionalization and standardization of hospital services in the South East LHIN; to work collaboratively and ensure the financial benefits resulting from these initiatives will translate to better access to high quality care for all impacted patients in the region.

Measures (if Applicable):

n/a

Reporting Expectations:

Frequency:						
	☐	Monthly	☑	Quarterly	☐	Semi- Annual
	☐	Annual	☐	Multi-Year	☐	Other

Reporting Details/Guidelines

All hospital organizations to report on a quarterly basis and are to provide detailed descriptions of their type of participation (membership/leadership, attendance, local plans that support the initiatives) especially with respect to the four key areas with specific expectations (i.e. Decision Support, Laboratory, CFV-COPD & CFV-Hip Fracture).

Data Sources for Reporting

n/a

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-005

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☐	**OBLIGATION** (Qualitative & Reportable)
	☐	**OBLIGATION** (Quantitative & Reportable)	☑	**OBLIGATION** (Not Reportable)

Category: Regional (All Sectors)

OBLIGATION NAME: Implementation of Sub Regions

Obligation Details:

Health Service Provider's (HSP) will work collaboratively within specified sub-region geographies to create an integrated service delivery network that includes primary care providers, inter-professional health care teams, hospitals, public health, mental health and addictions and home and community care to ensure a more seamless patient experience. This will include development of sub-region planning committees, population based data analysis, collaborative identification of potential opportunities to improve the health care system for patients, and active participation in implementation efforts for initiatives identified for sub-regions.

Rationale / Intent:

This obligation is intended to communicate requirement for HSPs to participate in sub-region planning and implementation of intiatives identified provincially, by the SE LHIN, and locally within the sub-region that would benefit patients.

Measures (if Applicable):

n/a

Reporting Expectations:

Frequency:							
	☐	Monthly	☐	Quarterly	☐	Semi- Annual	
	☐	Annual	☐	Multi-Year	☑	Other	No Formal Reporting

Reporting Details/Guidelines

Sub-region directors will monitor HSP participation and identify any potential concerns to senior leadership.

Data Sources for Reporting

n/a

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-006

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☐	**OBLIGATION** (Qualitative & Reportable)
	☑	**OBLIGATION** (Quantitative & Reportable)	☐	**OBLIGATION** (Not Reportable)

Category: HSP Specific

OBLIGATION NAME: French Language Services- Designation progress - Identified Multi-Sectoral

HSP NAME: Kingston Health Sciences Centre 978

Obligation Details:

The HSP - identified by the South East LHIN to provide services in both Official Languages (English and French) in a designated area under the French Language Services Act (FLS Act) - must implement the designation work plan in order to work towards the intention of the Designation under the FLS Act.
To that end, the HSP will continue to demonstrate progress to the implementation of the 34 requirements of the Designation process, in order to submit its Designation proposal to the LHIN no later than March 31, 2020. When the Designation proposal has already been submitted to the LHIN, the HSP will follow the recommendations of the LHIN to complete the proposal.

Reporting Expectations:

Frequency:							
	☐	**Monthly**	☐	**Quarterly**	☐	**Semi- Annual**	
	☑	**Annual**	☐	**Multi-Year**	☐	**Other**	

Reporting Details/Guidelines

- Annual reporting to the LHIN (April 30, 2019) through the FLS work plan (Ozi)
- Designation plan application submitted to the LHIN no later than March 31, 2020.

Data Sources for Reporting

- The FLS work plan captures the number of FLS requirements of the Designation implemented by the HSP.
- The Designation plan Application is the next step to request the Designation under the FLS Act.

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-008

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☐	**OBLIGATION** (Qualitative & Reportable)
	☑	**OBLIGATION** (Quantitative & Reportable)	☐	**OBLIGATION** (Not Reportable)

Category: HSP Specific

OBLIGATION NAME: French Language Services- Desigation Process - Identified Hospitals

HSP NAME: Kingston Health Sciences Centre 978

Obligation Details:

The HSP - identified by the South East LHIN to provide services in both Official Languages (English and French) in a designated area under the French Language Services Act (FLS Act) - must implement the designation work plan in order to work towards the intention of the Designation under the FLS Act.
To that end, the HSP will continue to demonstrate progress to the implementation of the 34 requirements of the Designation process, and submit its Designation proposal to the LHIN no later than March 31, 2020.

The HSP will continue to support the implementation of a SE LHIN plan to capture information on Francophone clients/patients, and to collect the data.

Measures (if Applicable):

The number of requirement of the Designation plan implemented will be measured.

Reporting Expectations:

Frequency:						
	☐	Monthly	☐	Quarterly	☑	Semi- Annual
	☑	Annual	☐	Multi-Year	☐	Other

Reporting Details/Guidelines

- Annual reporting to the LHIN (April 30, 2019) through the FLS work plan (Ozi).
- Designation plan application submitted to the LHIN no later than March 31, 2020.

Data Sources for Reporting

- The FLS work plan captures the number of FLS requirements of the Designation implemented by the HSP.
- The Designation plan Application is the next step to request the Designation under the FLS Act.

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-011

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☐	**OBLIGATION** (Qualitative & Reportable)
	☐	**OBLIGATION** (Quantitative & Reportable)	☑	**OBLIGATION** (Not Reportable)

Category: Regional (All Sectors)

OBLIGATION NAME: Older Adult Strategy (OAS)

Obligation Details:

The OAS encompasses the realignment and further development of the local health system to better meet the needs of older adults in the south east now and into the future. This vision has been informed by desired health system attributes which will also be used to guide its implementation. To make the vision a reality, five key themes for action have been identified:

- Promoting and preserving wellness and functionality of older adults in the community
- Enhancing caregiver wellbeing
- Enhancing the care experience
- Early identification of high-risk older adults with targeted upstream interventions
- Supporting older adults that are affected by dementias, behavioural issues, and addictions and mental health challenges

In 2019-20, the following initiatives will be the focus of Older Adult Strategy efforts:

1. Implementation of a common basket of services across CSS Home Support agencies
2. Expansion and further development of Supported and Assisted Living for High Risk Seniors in urban and rural communities
3. Development and implemention of initiatives in the South East LHIN, and MOHLTC Dementia Capacity Plan to improve care for people living with dementia and their caregivers
4. Improve care coordination within the community to better align resources with needs of older adults

Rationale / Intent:

Identify initial actions for implementation in 2018-19 that will begin formal Older Adult Strategy work within the South East LHIN region, building on expert panel advice, engagement of patients, and MOHLTC initiatives.

Measures (if Applicable):

n/a

Reporting Expectations:

Frequency:						
	☐	Monthly	☐	Quarterly	☐	Semi- Annual
	☑	Annual	☐	Multi-Year	☐	Other

Reporting Details/Guidelines

Reporting will be done in the fourth quarter through the South East LHIN Data Centre.

Data Sources for Reporting

n/a

2019-20 Hospital Accountability Agreement- Schedule C3 Local Obligation
Provider: Kingston Health Sciences Centre

☐ Check here to remove this obligation from the 2019-20 Schedules

Ref #: 2019-20-014

Type:				
	☐	**INDICATOR** (Quantitative & Reportable)	☑	**OBLIGATION** (Qualitative & Reportable)
	☐	**OBLIGATION** (Quantitative & Reportable)	☐	**OBLIGATION** (Not Reportable)

Category: Sector | Hospital

OBLIGATION NAME: Collaborative Approach to a Regional NUPT Provider

Obligation Details:

As the hospitals' initial experience is coming to an end, the LHIN wishes to ensure that hospitals have clarity on the ongoing requirement to continue with a single, regional supplier arrangement – to be procured and managed wholly by the hospitals through its regional supply chain vehicle.

The LHIN also expects that the hospitals and their leadership will work on practical efforts to improve the effectiveness and efficiency of non-urgent patient flow in the region both through appointment of a regional contract management lead who is assigned overall accountability as well as by identifying and making the necessary internal hospital process changes to enable the reduction of hospital costs for this important service. A report to the LHIN in this regard is required by September 30th, 2019.

The report will provide: an overview of the regional contract management approach adopted, a project plan to identify and implement hospital process improvements (by individual hospital), related timelines for achievement and a progress report on same.

Rationale / Intent:

Clearly articulate LHIN expectations for the continuation of a regional NUPT approach and the requirement to work more collaboratively, through a regional resource, to identify and explore system efficiencies.

Measures (if Applicable):

N/A

Reporting Expectations:

Frequency:						
	☐	Monthly	☐	Quarterly	☑	Semi- Annual
	☐	Annual	☐	Multi-Year	☐	Other

Reporting Details/Guidelines

Initial plan detail requirements are outlined above for initial report. Subsequent reporting would outline progress on implementing efficiency opportunities.

Data Sources for Reporting

Hospitals through PII