

2008-16 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2015

B E T W E E N:

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

AND

HOTEL DIEU SHAVER HEALTH & REHABILITATION CENTRE (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 "H-SAA");

AND WHEREAS pursuant to various amending agreements the term of the H-SAA has been extended to March 31, 2015;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further twelve month period to permit the LHIN and the Hospital to continue to work toward a new multi-year H-SAA;

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 H-SAA. References in this Agreement to the H-SAA mean the H-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The H-SAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

"Post-Construction Operating Plan (PCOP) Funding" and "PCOP Funding" means annualized operating funding provided to support service expansions and other costs occurring in conjunction with completion of an approved capital project, as set out in Schedule A and applicable Funding letters agreed to by the parties, and as may be further detailed in Schedule C.4;

"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 H-SAA will terminate on March 31, 2016.
- 3.0 **Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2015. All other terms of the H-SAA shall remain in full force and effect.
- 4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

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

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By: Michael R. Shea
Michael Shea, Board Chair

20/MAY/15
Date

And by: Donna Cripps
Donna Cripps, Chief Executive Officer

March 26, 2015
Date

HOTEL DIEU SHAVER HEALTH & REHABILITATION CENTRE

By: Ron McTavish
Ron McTavish, President, Board of Directors

MAR 10 2015
Date

And by: Jane Rufrano
Jane Rufrano, Chief Executive Officer

MAR 10 2015
Date

Hospital Sector Accountability Agreement 2015-2016

Facility #:	790
Hospital Name:	Hotel Dieu Shaver Health and Rehabilitation Centre
Hospital Legal Name:	Hotel Dieu Shaver Health and Rehabilitation Centre

2015-2016 Schedule A Funding Allocation

2015-2016	
[1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY LHIN FUNDING LHIN Global Allocation Health System Funding Reform: HBAM Funding Health System Funding Reform: QBP Funding (Sec. 2) Post Construction Operating Plan (PCOP) Wait Time Strategy Services ("WTS") (Sec. 3) Provincial Program Services ("PPS") (Sec. 4) Other Non-HSFR Funding (Sec. 5) Sub-Total LHIN Funding NON-LHIN FUNDING [3] Cancer Care Ontario and the Ontario Renal Network Recoveries and Misc. Revenue Amortization of Grants/Donations Equipment OHIP Revenue and Patient Revenue from Other Payors Differential & Copayment Revenue Sub-Total Non-LHIN Funding Total 15/16 Estimated Funding Allocation (All Sources)	
[2] Base \$14,929,542 \$9,134,383 \$179,616 TBD TBD TBD \$111,854 \$24,355,395	
[2] Incremental/One-Time TBD TBD \$2,803,934 \$2,803,934	
TBD TBD TBD TBD TBD TBD \$24,355,395	
\$2,803,934	

Hospital Sector Accountability Agreement 2015-2016

Facility #:	790
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2015-2016 Schedule A Funding Allocation

2015-2016		
Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Rehabilitation Inpatient Primary Unilateral Hip Replacement	13	\$99,589
Acute Inpatient Primary Unilateral Hip Replacement	N/A	N/A
Rehabilitation Inpatient Primary Unilateral Knee Replacement	17	\$77,441
Acute Inpatient Primary Unilateral Knee Replacement	N/A	N/A
Acute Inpatient Hip Fracture	N/A	N/A
Knee Arthroscopy	N/A	N/A
Elective Hips - Outpatient Rehabilitation for Primary Hip	N/A	N/A
Elective Knees - Outpatient Rehabilitation for Primary Knee	N/A	N/A
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	N/A	N/A
Acute Inpatient Congestive Heart Failure	N/A	N/A
Aortic Valve Replacement	N/A	N/A
Coronary Artery Disease	N/A	N/A
Acute Inpatient Stroke Hemorrhage	N/A	N/A
Acute Inpatient Stroke Ischemic or Unspecified	N/A	N/A
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	N/A	N/A
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	N/A	N/A
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	N/A	N/A
Unilateral Cataract Day Surgery	N/A	N/A

Hospital Sector Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

2015-2016		
Section 2: HSFR - Quality-Based Procedures	Volume	[4] Allocation
Bilateral Cataract Day Surgery	N/A	N/A
Retinal Disease	N/A	N/A
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	N/A	N/A
Acute Inpatient Tonsillectomy	N/A	N/A
Acute Inpatient Chronic Obstructive Pulmonary Disease	N/A	N/A
Acute Inpatient Pneumonia	N/A	N/A
Endoscopy	N/A	N/A
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	1	2,586
Sub-Total Quality Based Procedure Funding	31	\$179,616

Hospital Sector Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

		2015-2016	
Section 3: Wait Time Strategy Services ("WTS")		[2] Base	[2] Incremental/One-Time
General Surgery		N/A	N/A
Pediatric Surgery		N/A	N/A
Hip & Knee Replacement - Revisions		N/A	N/A
Magnetic Resonance Imaging (MRI)		N/A	N/A
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		N/A	N/A
Computed Tomography (CT)		N/A	N/A
Other WTS Funding		N/A	N/A
Sub-Total Wait Time Strategy Services Funding		N/A	N/A
Section 4: Provincial Priority Program Services ("PPS")		[2] Base	[2] Incremental/One-Time
Cardiac Surgery		N/A	N/A
Other Cardiac Services		N/A	N/A
Organ Transplantation		N/A	N/A
Neurosciences		N/A	N/A
Bariatric Services		N/A	N/A
Regional Trauma		N/A	N/A
Sub-Total Provincial Priority Program Services Funding		N/A	N/A
Section 5: Other Non-HSFR		[2] Base	[2] Incremental/One-Time
Other LHIN payments		\$111,854	\$2,803,934
MOH One-time payments		N/A	N/A
LHIN/MOH Recoveries		N/A	
Other Revenue from MOHLTC		N/A	
Paymaster		N/A	
Sub-Total Other Non-HSFR Funding		\$111,854	\$2,803,934

Hospital Sector Accountability Agreement 2015-2016

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2015-2016 Schedule A Funding Allocation

Section 6: Other Funding <i>(Info. Only. Funding is already included in Sections 1-4 above)</i>		2015-2016	
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		[2] Base	[2] Incremental/One-Time
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$9,300
Sub-Total Other Funding		N/A	N/A
<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>			

Hospital Sector Accountability Agreement 2015-2016

Facility #:	790
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2015-2016 Schedule B: Reporting Requirements

1. MIS Trial Balance

**Due Date
2015-2016**

Q2 – April 01 to September 30	31 October 2015
Q3 – October 01 to December 31	31 January 2016
Q4 – January 01 to March 31	30 May 2016

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

**Due Date
2015-2016**

Q2 – April 01 to September 30	07 November 2015
Q3 – October 01 to December 31	07 February 2016
Q4 – January 01 to March 31	30 June 2016
Year End	30 June 2016

3. Audited Financial Statements

**Due Date
2015-2016**

Fiscal Year	30 June 2016
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4. French Language Services Report

**Due Date
2015-2016**

Fiscal Year	30 April 2016
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Hospital Sector Accountability Agreement 2015-2016

Facility #:	790
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Site Name:	TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2015-2016	2015-2016
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	N/A	N/A
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	N/A	N/A
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	N/A	N/A
Cancer Surgery: % Priority 4 cases completed within Target	Percent	N/A	N/A
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	N/A	N/A
Cataract Surgery: % Priority 4 cases completed within Target	Percent	N/A	N/A
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	N/A	N/A
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	N/A	N/A
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	N/A	N/A
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	N/A	N/A
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.0	0

Explanatory Indicators

	Measurement Unit
Percent of Stroke/tia Patients Admitted to a Stroke Unit During their Inpatient Stay	Percent
Hospital Standardized Mortality Ratio	Ratio
Readmissions Within 30 Days for Selected Case Mix Groups	Percentage
Rate of Ventilator-Associated Pneumonia	Rate
Cental Line Infection Rate	Rate
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate

Hospital Sector Accountability Agreement 2015-2016

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Site Name:	TOTAL ENTITY

2015-2016 Schedule C1 Performance Indicators

Part II - ORGANIZATION HEALTH - EFFICIENT, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE

*Performance Indicators	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	0.82	>= 0.73
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 2015-2016	Performance Standard 2015-2016
Alternate Level of Care (ALC) Rate- Acute	Percentage	N/A	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 Year 2 and 3 of the Agreement will be set during the Annual Refresh process.
 *Refer to 2015-2016 H-SAA Indicator Technical Specification for further details.

Hospital Sector Accountability Agreement 2015-2016

Facility #:	790
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2015-2016 Schedule C2 Service Volumes

Part I - Global Volumes

	Measurement Unit	Performance Target 2015-2016	Performance Standard 2015-2016
Ambulatory Care	Visits	N/A	N/A
Complex Continuing Care	Weighted Patient Days	37,795	>= 34015.5 and <= 41574.5
Day Surgery	Weighted Cases	N/A	N/A
Elderly Capital Assistance Program (ELDCAP)	Patient Days	N/A	N/A
Emergency Department	Weighted Cases	N/A	N/A
Emergency Department and Urgent Care	Visits	N/A	N/A
Inpatient Mental Health	Weighted Patient Days	N/A	N/A
Inpatient Mental Health	Patient Days	N/A	N/A
Acute Rehabilitation Patient Days	Patient Days	12,830	>= 12,060.2
Acute Rehabilitation Separations	Separations	347	>= 294.95
Total Inpatient Acute	Weighted Cases	N/A	N/A

Part II - Hospital Specialized Services

	Measurement Unit	Primary 2015-2016	Revision 2015-2016
Cochlear Implants	Cases	N/A	N/A
		Base 2015-2016	One-time 2015-2016
Cleft Palate	Cases	N/A	N/A
HIV Outpatient Clinics	Visits	N/A	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	N/A	

Part III - Wait Time Volumes

	Measurement Unit	Base 2015-2016	One-time 2015-2016
General Surgery	Cases	N/A	N/A
Paediatric Surgery	Cases	N/A	N/A
Hip & Knee Replacement - Revisions	Cases	N/A	N/A
Magnetic Resonance Imaging (MRI)	Total Hours	N/A	N/A
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	N/A	N/A
Computed Tomography (CT)	Total Hours	N/A	N/A

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2015-2016 Schedule C2 Service Volumes

Part IV - Provincial Programs

	Measurement Unit	Base 2015-2016	One-time 2015-2016
Cardiac Surgery	Cases	N/A	N/A
Cardiac Services - Catheterization	Cases	N/A	Revision 2015-2016
Cardiac Services- Interventional Cardiology	Cases	N/A	
Cardiac Services- Permanent Pacemakers	Cases	N/A	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	Cases	N/A	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	N/A	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	N/A	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	N/A	
Organ Transplantation	Cases	N/A	
Neurosciences	Procedures	N/A	N/A
Regional Trauma	Cases	N/A	Revision 2015-2016
Number of Forensic Beds- General	Beds	N/A	
Number of Forensic Beds- Secure	Beds	N/A	
Number of Forensic Beds- Assessment	Beds	N/A	
Bariatric Surgery	Procedures	N/A	
Medical and Behavioural Treatment Cases	Cases	N/A	

Hospital Sector Accountability Agreement 2015-2016

Facility #:	790
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2015-2016 Schedule C2 Service Volumes

Part V - Quality Based Procedures

	Measurement Unit	Volume 2015-2016
Rehabilitation Inpatient Primary Unilateral Hip Replacement	Volume	13
Acute Inpatient Primary Unilateral Hip Replacement	Volume	N/A
Rehabilitation Inpatient Primary Unilateral Knee Replacement	Volume	17
Acute Inpatient Primary Unilateral Knee Replacement	Volume	N/A
Acute Inpatient Hip Fracture	Volume	N/A
Knee Arthroscopy	Volume	N/A
Elective Hips - Outpatient Rehabilitation for Primary Hip	Volume	N/A
Elective Knees - Outpatient Rehabilitation for Primary Knee	Volume	N/A
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	N/A
Acute Inpatient Congestive Heart Failure	Volume	N/A
Aortic Valve Replacement	Volume	N/A
Coronary Artery Disease	Volume	N/A
Acute Inpatient Stroke Hemorrhage	Volume	N/A
Acute Inpatient Stroke Ischemic or Unspecified	Volume	N/A
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	Volume	N/A
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	Volume	N/A
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	Volume	N/A
Unilateral Cataract Day Surgery	Volume	N/A
Bilateral Cataract Day Surgery	Volume	N/A
Retinal Disease	Volume	N/A
Inpatient Neonatal Jaundice (Hyperbilirubinemia)	Volume	N/A
Acute Inpatient Tonsillectomy	Volume	N/A
Acute Inpatient Chronic Obstructive Pulmonary Disease	Volume	N/A
Acute Inpatient Pneumonia	Volume	N/A
Endoscopy	Volume	N/A
Rehabilitation Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	Volume	1

Hospital Sector Accountability Agreement 2015-2016

Facility #: 790

Hospital Name: Hotel Dieu Shaver Health and Rehabilitation Centre

Hospital Legal Name: Hotel Dieu Shaver Health and Rehabilitation Centre

2015-2016 Schedule C3: LHIN Local Indicators and Obligations

% of ALC patients waiting greater than 30 days for whom an intensive case management review has been conducted	Target 2015-16	Performance Corridor 2015-16	Target 2016-17	Performance Corridor 2016-17
	90%	80-100%	90%	80-100%

Hospital Sector Accountability Agreement 2015-2016

Facility #:

790

Hospital Name:

Hotel Dieu Shaver Health and Rehabilitation Centre

Hospital Legal Name:

Hotel Dieu Shaver Health and Rehabilitation Centre

2015-2016 Schedule C3: LHIN Local Indicators and Obligations

The hospital will work towards meeting the Ontario's Wait Time and Efficiency targets. The hospital will examine wait time trends and surgical/diagnostic imaging efficiency data on a regular basis throughout the year to determine areas of need and local and/or LHIN based solutions which may include redistribution of cases. The Hospital agrees to provide data on any other indicators as may be required by the LHIN or ministry.

Hospital Sector Accountability Agreement 2015-2016

Facility #:

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Hospital Name:

Hotel Dieu Shaver Health and Rehabilitation Centre

Hospital Legal Name:

Hotel Dieu Shaver Health and Rehabilitation Centre

2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Hospitals that are required to provide services to the public in French are required to work with the LHIN to meet the required planning and reporting obligations.

Hospitals that are not required to provide services to the public in French are required to provide an outline to the LHIN on how the hospital will address the needs of the local Francophone community.

Hospital Sector Accountability Agreement 2015-2016

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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Patient/client reported feedback is an important component of measuring and improving the patient/client experience. Health Service Providers (HSPs) are required to report patient experience indicators for fiscal year 2015-16 (or the most recent 12-month period available) as part of 2015-16 Q4 Supplementary Reporting. Reporting will reflect two elements of the patient/client reported experience: overall patient/client satisfaction and involvement in decisions about care. HSPs should report on the questions that are most similar to the following:

- Overall satisfaction: "Overall, how would you rate the care and services you received?"
- Involvement in decisions about care: "Were you involved in decisions about your care as much as you wanted to be?"

	Measure	Survey Question	Reporting Period	Data Source	Denominator – total # of respondents	Result (%)
Satisfaction	Percent of individuals who responded positively to the question regarding overall satisfaction					
Involvement in Care	Percent of individuals who responded positively to the question regarding involvement in decisions about care					

Hospital Sector Accountability Agreement 2015-2016

Facility #:

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Hospital Name:

Hotel Dieu Shaver Health and Rehabilitation Centre

Hospital Legal Name:

Hotel Dieu Shaver Health and Rehabilitation Centre

2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Hospitals to develop a Quality Improvement Plan (QIP) for 2015-16 with guidance from Health Quality Ontario (HQO) quality framework and templates for submission by the Hospital to HQO on/ before fiscal year end (March 31, 2015) to inform HQO's review and feedback of the broader Hospital sector alignment with its quality framework. Hospitals will also provide the HNHB LHIN with a copy of their QIP, a balanced quality scorecard, and a board approved policy on quality by June 30, 2015.

Hospital Sector Accountability Agreement 2015-2016

Facility #: 790

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2015-2016 Schedule C3: LHIN Local Indicators and Obligations

Participate in applicable initiatives endorsed by relevant sector and system committees/working groups and approved by HNHB LHIN. Hospitals will notify the LHIN when engaged in new activities that will contribute to or impact these initiatives (for example, when developing new services or programs).

Schedule C.4 – PCOP Targeted Funding and Volumes

Post-Construction Operating Plan (PCOP) funding and related performance requirements will be communicated in separate funding letters and are subject to the Terms and Conditions applicable to the overall HSAA.