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Ontario Health West

December 2, 2024

Andrew Williams
President & Chief Executive Officer
Huron Perth Healthcare Alliance, formerly Stratford General Hospital, Seaforth Community Hospital, St. Mary's Memorial Hospital & Clinton Public Hospital
46 General Hospital Drive
Stratford, Ontario N5A 2Y6
andrew.williams@hpha.ca

DELIVERED ELECTRONICALLY

Dear Andrew:

Re: CCA s. 22 Notice and Amendment of Hospital Service Accountability Agreement ("Amendment Letter")

The *Connecting Care Act, 2019* ("CCA") requires Ontario Health ("OH") to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises Huron Perth Healthcare Alliance, formerly Stratford General Hospital, Seaforth Community Hospital, St. Mary's Memorial Hospital & Clinton Public Hospital (the "HSP") of OH's proposal to amend the Hospital Service Accountability Agreements (as described in the CCA) currently in effect between OH and the HSP's (the "SAA") due to amalgamation.

Subject to the HSP's acceptance of this Amendment Letter, the SAA's will be amended with effect on April 1, 2024 as set out below. All other terms and conditions of the SAA will remain in full force and effect.

The terms and conditions in the SAA's are amended as follows:

1) Termination of the Seaforth Community Hospital, St. Mary's Memorial Hospital & Clinton Public Hospital, Hospital Service Accountability Agreements.

2) Each reference to "Stratford General Hospital" is deleted and replaced with " Huron Perth Healthcare Alliance".

3) New Schedules A-C3

Unless otherwise defined in this Amendment Letter, all capitalized terms used in this letter have the meanings set out in the SAA.

Please indicate the HSP's acceptance and agreement to the amendments described in this Amendment Letter by signing below and returning the signed version of this entire letter via email to OH-West-Reports@ontariohealth.ca **within 10 business days upon receipt of this letter.**

The HSP and OH agree that this Amendment Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature.

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Should you have any questions regarding the information provided in this Amendment Letter, please contact Michelle Johnston, Specialist, Performance Accountability and Funding Allocation at michelle.johnston@ontariohealth.ca.

Sincerely,

Mark Brintnell
Vice President, Performance, Accountability and Funding Allocation
Vice-président, Performance, responsabilité et allocation de financement
Ontario Health (West) | Santé Ontario Ouest

cc. Susan deRyk, Chief Regional Officer of Ontario Health West
Iris Michaels, Vice President, Performance & Chief Financial Executive, Huron Perth Healthcare Alliance

Signature page follows

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AGREED TO AND ACCEPTED BY

Huron Perth Healthcare Alliance

By:

_____ _____

Andrew Williams, President & Chief Executive Officer mm/dd/yyyy

I have authority to bind the health service provider.

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Hospital Service Accountability Agreements

Facility #: 983

Hospital Name: Huron Perth Healthcare Alliance

Hospital Legal Name: Huron Perth Healthcare Alliance

2024-2025 Schedule A: Funding Allocation

	2024-2025 [1] Estimated Funding Allocation	
Section 1: FUNDING SUMMARY		
Ontario Health Funding		
Ontario Health Global Allocation (Includes Sec. 3)	**$84,947,251**	
GEM Allocation	**$23,820,158**	
Health System Funding Reform: QBP Funding (Sec. 2)	**$12,030,738**	
Post Construction Operating Plan (PCOP)	**$0**	
Wait Time Strategy Services ("WTS") (Sec. 3)	**$0**	**$878,490**
Provincial Program Services ("PPS") (Sec. 4)	**$0**	**$0**
Other Non-HSFR Funding (Sec. 5)	**$577,864**	**$5,777,602**
Sub-Total Ontario Health Funding		
Non-Ontario Health Funding		
Cancer Care Ontario	**$8,472,941**	
Recoveries and Misc. Revenue	**$12,874,602**	
Amortization of Grants/Donations Equipment	**$2,533,628**	
OHIP Revenue and Patient Revenue from Other Payors	**$18,008,108**	
Differential & Copayment Revenue	**$933,176**	
Sub-Total Non-Ontario Health Funding	**$42,822,455**	

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Hospital Service Accountability Agreements

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2024-2025 Schedule A: Funding Allocation

	2024-2025	
	[1] Estimated Funding Allocation	
Section 2: HSFR - Quality-Based Procedures	**Volume**	**[4] Allocation**
Hip/Knee Replacement (Bilateral)	**0**	**$0**
Hip/Knee Replacement (Bilateral - Inpatient Rehab)	**1**	**$4,897**
Non-Cardiac Vascular (Lower Extremity Occlusive Disease)	**0**	**$0**
Non-Cardiac Vascular (Aortic Aneurysm)	**0**	**$0**
Tonsillectomy	**41**	**$48,790**
Corneal Transplants	**0**	**$0**
Spine (Non-Instrumented - Day Surgery)	**0**	**$0**
Spine (Non-Instrumented - Inpatient Surgery)	**0**	**$0**
Spine (Instrumented - Inpatient Surgery)	**0**	**$0**
Shoulder (Arthroplasty)	**0**	**$0**
Shoulder (Reverse Arthroplasty)	**0**	**$0**
Shoulder (Repairs)	**0**	**$0**
Shoulder (Other)	**0**	**$0**
Knee Arthroscopy (Degenerative Meniscus and Joint)	**0**	**$0**
Knee Arthroscopy (Ligament and Patella)	**0**	**$0**
Knee Arthroscopy (Other Meniscus and Joint)	**0**	**$0**
Non-Cancer Hysterectomy (Open Abdominal)	**49**	**$241,031**
Non-Cancer Hysterectomy (Laparoscopic via Incision)	**2**	**$9,708**
Non-Cancer Hysterectomy (Laparoscopically Assisted Vaginal)	**30**	**$150,000**
Non-Cancer Hysterectomy (Vaginal)	**101**	**$498,637**
Non-Cancer Hysterectomy (Outpatient)	**1**	**$5,031**
Cataract (Routine Unilateral)	**209**	**$105,336**
Cataract (Routine Bilateral)	**70**	**$70,560**
Cataract (Non-Routine)	**0**	**$0**
Chronic Obstructive Pulmonary Disease	**154**	**$1,093,863**
Congestive Heart Failure	**153**	**$989,450**
Hip Fracture	**224**	**$2,347,073**
Pneumonia	**113**	**$647,377**
Stroke (Hemorrhage)	**15**	**$163,155**
Stroke (Ischemic Or Unspecified)	**134**	**$884,399**
Stroke (Transient Ischemic Attack)	**31**	**$98,363**
Stroke (Endovascular Treatment)	**0**	**$0**
Hip Replacement BUNDLE (Unilateral)	**181**	**$1,613,615**
Knee Replacement BUNDLE (Unilateral)	**377**	**$3,059,453**
Hip/Knee Replacement BUNDLE (Bilateral)	**0**	**$0**
Shoulder BUNDLE (Arthroplasty)	**0**	**$0**
Shoulder BUNDLE (Reverse Arthroplasty)	**0**	**$0**
Hip/Knee Replacement (Bilateral - Outpatient Rehab)	**0**	**$0**
Hip Replacement BUNDLE (Unilateral - Inpatient Rehab)	**0**	**$0**
Hip Replacement BUNDLE (Unilateral - Outpatient Rehab)	**0**	**$0**
Knee Replacement BUNDLE (Unilateral - Inpatient Rehab)	**0**	**$0**
Knee Replacement BUNDLE (Unilateral - Outpatient Rehab)	**0**	**$0**
Shoulder BUNDLE (Arthroplasty - Inpatient Rehab)	**0**	**$0**
Shoulder BUNDLE (Arthroplasty - Outpatient Rehab)	**0**	**$0**
Shoulder BUNDLE (Reverse Arthroplasty - Inpatient Rehab)	**0**	**$0**
Shoulder BUNDLE (Reverse Arthroplasty - Outpatient Rehab)	**0**	**$0**

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2024-2025 Schedule A: Funding Allocation

Other QBP 1	0	$0
Other QBP 2	0	$0
Other QBP 3	0	$0
Other QBP 4	0	$0
Other QBP 5	0	$0
Other QBP 6	0	$0
Other QBP 7	0	$0
Other QBP 8	0	$0
Other QBP 9	0	$0
Other QBP 10	0	$0
Sub-Total Quality Based Procedure Funding	**1,886**	**$12,030,738**

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Hospital Service Accountability Agreements

Facility #: 983

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2024-2025 Schedule A: Funding Allocation

	2024-2025 [1] Estimated Funding Allocation	
Section 3: Wait Time Strategy Services ("WTS")	**[2] Base**	**[2] Incremental Base**
General Surgery	**$0**	**$0**
Pediatric Surgery	**$0**	**$0**
Hip & Knee Replacement - Revisions	**$0**	**$43,980**
Magnetic Resonance Imaging (MRI)	**$0**	**$540,800**
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	**$0**	**$0**
Computed Tomography (CT)	**$0**	**$266,750**
Ventral Hernia Repair (Outpatient)	**$0**	**$26,960**
Other WTS Funding	**$0**	**$0**
Other WTS Funding	**$0**	**$0**
Other WTS Funding	**$0**	**$0**
Other WTS Funding	**$0**	**$0**
Other WTS Funding	**$0**	**$0**
Sub-Total Wait Time Strategy Services Funding	**$0**	**$878,490**
Section 4: Provincial Priority Program Services ("PPS")	**[2] Base**	**[2] Incremental/One-Time**
Cardiac Surgery	**$0**	**$0**
Other Cardiac Services	**$0**	**$0**
Organ Transplantation	**$0**	**$0**
Neurosciences	**$0**	**$0**
Bariatric Services	**$0**	**$0**
Regional Trauma	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Other Provincial Programs (Type details here)	**$0**	**$0**
Sub-Total Provincial Priority Program Services Funding	**$0**	**$0**
Section 5: Other Non-HSFR	**[2] Base**	**[2] Incremental/One-Time**
Ontario Health One-time payments		**$1,855,000**
MOH One-time payments		**$3,922,602**
Ontario Health/MOH Recoveries	**-$709,995**	
Other Revenue from MOHLTC	**$0**	
Paymaster	**$1,287,859**	
Sub-Total Other Non-HSFR Funding	**$577,864**	**$5,777,602**

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Hospital Service Accountability Agreements

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2024-2025 Schedule A: Funding Allocation

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		**$33,900**
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)	**$0**	**$0**
Sub-Total Other Funding	**$0**	**$33,900**

[1] Estimated funding allocations.

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

[3] Funding provided by Cancer Care Ontario, not ONTARIO HEALTH.

[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.

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2024-2025 Schedule B: Reporting Requirements

1. MIS Trial Balance

Q2 – April 01 to September 30	31 October 2024
Q3 – October 01 to December 31	31 January 2025
Q4 – January 01 to March 31	31 May 2025

2. Hospital Quartery SRI Reports and Supplemental Reporting as Necessary

Q2 – April 01 to September 30	07 November 2024
Q3 – October 01 to December 31	07 February 2025
Q4 – January 01 to March 31	07 June 2025
Year End	30 June 2025

3. Audited Financial Statements

Fiscal Year	30 June 2025

4. French Language Services Report

Fiscal Year	30 April 2025

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Hospital Service Accountability Agreements

Facility #:	983
Hospital Name:	Huron Perth Healthcare Alliance
Hospital Legal Name:	Huron Perth Healthcare Alliance
Site Name:	TOTAL ENTITY

2024-2025 Schedule C1: Performance Indicators

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

Performance and Monitoring Indicators Mandatory to Report	Measurement Unit	Performance Target 2024-2025	Performance Standard 2024-2025
Percent of Long Waiters Waiting for All Surgical Procedures	Percent	20%	Within 10% above performance target (i.e. 20-30%)
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	Indicator focus is to demonstrate maintenance or improvement.	
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	Indicator focus is to demonstrate maintenance or improvement.	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	Indicator focus is to demonstrate maintenance or improvement.	
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	Indicator focus is to demonstrate maintenance or improvement.	
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	Indicator focus is to demonstrate maintenance or improvement.	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	Indicator focus is to demonstrate maintenance or improvement.	

Explanatory Indicators To provider discretion to report/at request of region	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

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Hospital Service Accountability Agreements

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Site Name:	TOTAL ENTITY

2024-2025 Schedule C1: Performance Indicators

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

		Performance Target 2024-2025	Performance Standard 2024-2025
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	**0.15**	**>= 0.14**
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	**(10.15%)**	**>=0%**

Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds/ Total Revenue %	Percentage

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth

		Performance Target 2024-2025
Alternate Level of Care (ALC) Throughput	Value	**1.00**

Explanatory Indicators	Measurement Unit
Alternate Level of Care (ALC) Rate	Percentage
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	Percentage

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Hospital Service Accountability Agreements

Facility #:	983
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2024-2025 Schedule C2: Service Volumes

Clinical Activity and Patient Services

	Measurement Unit	Performance Target 2024-2025	Performance Standard 2024-2025
Ambulatory Care	Visits	**52,298**	**>= 41,838 and <= 62,758**
Complex Continuing Care	Weighted Patient Days	**9,777**	**>= 8,310 and <= 11,244**
Day Surgery	Weighted Cases	**1,932**	**>= 1,739 and <= 2,125**
Elderly Capital Assistance Program (ELDCAP)	Patient Days	**0**	**-**
Emergency Department	Weighted Cases	**2,725**	**>= 2,453 and <= 2,998**
Emergency Department and Urgent Care	Visits	**67,039**	**>= 53,631 and <= 80,447**
Inpatient Mental Health	Patient Days	**3,990**	**>= 3,392 and <= 4,589**
Inpatient Rehabilitation Days	Patient Days	**4,634**	**>= 3,939 and <= 5,329**
Total Inpatient Acute	Weighted Cases	**10,019**	**>= 9,418 and <= 10,620**

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2024-2025 Schedule C3: Local Obligations

This schedule sets out provincial goals identified by Ontario Health (OH) and the Local Obligations associated with each of the goals. The provincial goals apply to all HSPs and HSPs must select the most appropriate obligation(s) under each goal for implementation. HSPs must provide a report on the progress of their implementation(s) as per direction provided by OH regional teams.

Goal: Enable Surgical Recovery and Stabilization

Local Obligations related to goal:

- Wait list clean-up and regular data reviews to ensure accuracy of active patient queue
- Onboarding of WTIS and/or SETP if a facility is not already onboarded to both systems. If a facility is already onboarded to WTIS at a basic level of integration, work towards transitioning to a complex level of integration.
- Regular review and revision of facility level procedure mapping to WTIS
- Participate in and contribute to Ontario Health regional strategies to maximize capacity, including but not limited to shifting volumes, as needed, and participating in eReferral and/or central wait list strategies, as appropriate.

Goal: Improve Access and Flow by Reducing Alternate Level of Care (ALC)

Local Obligations related to goal:

- Support improvement through implementation of ALC leading practice playbook
  a. Complete the ALC Leading Practices self-assessment to identify current state
  b. Plan and implement the ALC leading practices to drive ALC process improvements
- Improve ALC coding practices
  a. Review current ALC coding practices and compare against ALC provincial guideline
  b. Plan and implement consistent ALC coding to drive ALC process improvements
- Participate in and contribute to regional plans to support admission diversion, maximize capacity, and support patients transition to community

Goal: Advance Indigenous Health Strategies and Outcomes

Local Obligations related to goal:

- Develop and/or advance First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) FNIMUI Health Workplan:
  a. Partner with your OH team to work through a process of establishing a First Nations, Inuit, Métis and Urban Indigenous Health Workplan, which aligns with provincial guidance, and includes a plan for Indigenous cultural awareness (improving understanding of Indigenous history, perspectives, cultures, and traditions) and cultural safety (improving understanding of anti-racist practice and identifying individual and systemic biases that contribute to racism across the health care system). Ontario Health will provide guidance material to support this process.
  b. Or, if a First Nations, Inuit, Métis and Urban Indigenous Health Workplan (or similar) already exists, demonstrate advancement to implementation of the plan.
- Demonstrate progress (and document in reporting template) on outcomes, access and/or executive training:
  a. Improvement in outcomes regarding First Nations, Inuit, Métis and Urban Indigenous health (note for 23/24 this will give HSPs the opportunity to demonstrate any improvement based on the data currently available to them. In future years, standardized indicators will be developed.)
  b. Progress in increasing culturally safe access to healthcare services, programs to foster Indigenous engagement, and relationship building to improve Indigenous health (note for 23/24 this will give HSPs the opportunity to demonstrate any improvement based on initiatives they have targeted in their First Nations, Inuit, Métis and Urban Indigenous Health Workplan. In future years, standardized indicators will be developed.)
  c. Demonstrate that executive level staff have completed Indigenous Cultural Safety Training

Goal: Advance Equity, Inclusion, Diversity, and Anti-Racism Strategies to Improve Health Outcomes

Local Obligations related to goal:

- Develop and/or advance of an organizational health equity plan
  a. develop an equity plan that aligns with OH equity, inclusion, diversity and anti-racism framework, and existing provincial priorities, where applicable (i.e., French language health services plan; Accessibility for Ontarians with Disabilities Act; the provincial Black Health Plan; High Priority Community Strategy; etc.). Please note that HSPs will be provided with guidance materials to help develop their equity plan and complete a reporting template to submit to the region.
  b. Or, if an equity plan already exists, demonstrate advancement to implementation of the plan, by completing the equity reporting template and submitting to the region.
- Increase understanding and awareness of health equity through education/continuous learning
  a. Continue capacity-building through knowledge transfer, education, and training about health equity within the Region, HSPs will demonstrate that a minimum, executive level staff have completed relevant equity, inclusion, diversity, and anti-racism education (recommended education options to be provided).

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2024-2025 Schedule C3: Local Obligations