

MSAA AMENDING AGREEMENT

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

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Seaway Valley Community Health Centre (the "HSP")

WHEREAS the LHIN and the HSP (together the "Parties") entered into a multi-sector service accountability agreement that took effect April 1, 2014 (the "MSAA");

AND WHEREAS the LHIN and the HSP have agreed to extend the MSAA for a twelve month period to March 31, 2018;

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 MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The MSAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(a) The following terms have the following meanings.

For the Funding Year beginning April 1, 2017, "**Schedule**" means any one, and "**Schedules**" means any two or more as the context requires, of the Schedules in effect for the Funding Year that began April 1, 2016 ("2016-17"), except that any Schedules in effect for the 2016-17 with the same name as Schedules listed below and appended to this Agreement are replaced by those Schedules listed below and appended to this Agreement.

Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance
Schedule G: Compliance

2.3 Term. This Agreement and the MSAA 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 MSAA 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.

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK

By:

Jean-Pierre Boisclair, Chair

Date

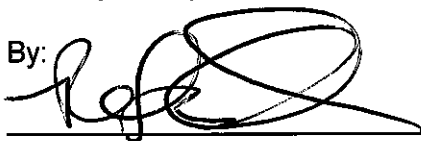
And by:

Chantale LeClerc, CEO

Date

Seaway Valley Community Health Centre

By:



Peter Chisholm, Chair

March 23, 2017

Date

And by:



Debbie St John-de Wit, Executive Director

March 23, 2017

Date

**Schedule B1: Total LHIN Funding
2017-2018**

Health Service Provider: Seaway Valley Community Health Centre

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHSR VERSION 10.0	2017-2018 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	\$3,073,567
HBAM Funding (CCAC only)	2	F 11005	\$0
Quality-Based Procedures (CCAC only)	3	F 11004	\$0
MOHLTC Base Allocation	4	F 11010	\$0
MOHLTC Other funding envelopes	5	F 11014	\$0
LHIN One Time	6	F 11008	\$0
MOHLTC One Time	7	F 11012	\$208,408
Paymaster Flow Through	8	F 11019	\$0
Service Recipient Revenue	9	F 11050 to 11090	\$10,000
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$3,291,975
Recoveries from External/Internal Sources	11	F 120*	\$0
Donations	12	F 140*	\$0
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$10,000
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$10,000
TOTAL REVENUE FUND TYPE 2	15	Sum of Rows 10 and 14	\$3,301,975
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$1,156,000
Benefit Contributions	18	F 31040 to 31085, 35040 to 35085	\$242,000
Employee Future Benefit Compensation	19	F 305*	\$0
Physician Compensation	20	F 390*	\$631,145
Physician Assistant Compensation	21	F 390*	\$0
Nurse Practitioner Compensation	22	F 380*	\$466,480
Physiotherapist Compensation (Row 128)	23	F 350*	\$0
Chiropractor Compensation (Row 129)	24	F 390*	\$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0
Sessional Fees	26	F 39092	\$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$20,000
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$256,000
Community One Time Expense	29	F 69596	\$0
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$27,000
		F 750*, 780*	\$74,093
Amortization on Major Equip, Software License & Fees	31		\$0
Contracted Out Expense	32	F 8*	\$0
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$299,277
Building Amortization	34	F 9*	\$129,980
TOTAL EXPENSES FUND TYPE 2	35	Sum of Rows 17 to 34	\$3,301,975
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	38	Sum of Rows 36 to 37	\$0
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	\$367,866
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$367,868
NET SURPLUS/(DEFICIT) FUND TYPE 3	41	Row 39 minus Row 40	\$0
FUND TYPE 1 - HOSPITAL			
Total Revenue (Type 1)	42	F 1*	\$0
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES			
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$3,659,841
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$3,659,841
NET SURPLUS/(DEFICIT) ALL FUND TYPES	47	Row 45 minus Row 46	\$0
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	\$204,073
Plant Operations	49	72 1*	\$299,277
Volunteer Services	50	72 1*	\$0
Information Systems Support	51	72 1*	\$20,000
General Administration	52	72 1*	\$490,000
Other Administrative Expenses	53	72 1*	\$0
Admin & Support Services	54	72 1*	\$809,277
Management Clinical Services	55	72 5 05	\$0
Medical Resources	56	72 5 07	\$0
Total Admin & Undistributed Expenses	57	Sum of Rows 48, 54, 55-56 (included in Fund Type 2 expenses above)	\$1,013,350

Schedule B2: Clinical Activity- Summary
2017-2018

Health Service Provider: Seaway Valley Community Health Centre

Service Category 2017-2018 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Trials F2F, Tel, In Hours, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions # (if group sessions not individual)	Meal Delivered Combined	Group Participant Attendance (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Primary Care- Clinics/Programs	72 5 10*	17.84	0	0	0	0	3,405	0	0	0	0	21,897	165	0
Health Promotion and Education	72 5 50	1.87	0	0	0	0	0	0	450	0	0	0	390	0

**Schedule C: Reports
Community Health Centres
2017-2018**

Health Service Provider: Seaway Valley Community Health Centre

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

A list of reporting requirements and related submission dates is set out below. Unless otherwise indicated, the HSP is only required to provide information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk.

OHRs/MIS Trial Balance Submission (through OHFS)	
2014-15	Due Dates (Must pass 3c Edits)
2014-15 Q1	<i>Not required 2014-15</i>
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 30, 2015
2015-16	Due Dates (Must pass 3c Edits)
2015-16 Q1	<i>Not required 2015-16</i>
2015-16 Q2	October 31, 2015
2015-16 Q3	January 31, 2016
2015-16 Q4	May 31, 2016
2016-17	Due Dates (Must pass 3c Edits)
2016-17 Q1	<i>Not required 2016-17</i>
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 31, 2017
2017-18	Due Dates (Must pass 3c Edits)
2017-18 Q1	<i>Not required 2017-18</i>
2017-18 Q2	October 31, 2017
2017-18 Q3	January 31, 2018
2017-18 Q4	May 31, 2018

Supplementary Reporting - Quarterly Report (through SRI)	
2014-2015	Due five (5) business days following Trial Balance Submission Due Date
2014-15 Q2	November 7, 2014
2014-15 Q3	February 7, 2015
2014-15 Q4	June 7, 2015 – Supplementary Reporting Due
2015-2016	Due five (5) business days following Trial Balance Submission Due Date
2015-16 Q2	November 7, 2015
2015-16 Q3	February 7, 2016
2015-16 Q4	June 7, 2016 – Supplementary Reporting Due
2016-2017	Due five (5) business days following Trial Balance Submission Due Date
2016-17 Q2	November 7, 2016
2016-17 Q3	February 7, 2017
2016-17 Q4	June 7, 2017 – Supplementary Reporting Due
2017-2018	Due five (5) business days following Trial Balance Submission Due Date
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

**Schedule C: Reports
Community Health Centres
2017-2018**

Health Service Provider: Seaway Valley Community Health Centre

Annual Reconciliation Report (ARR) through SRI and paper copy submission*

(All HSPs must submit both paper copy ARR submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI)

Fiscal Year	Due Date
2014-15 ARR	June 30, 2015
2015-16 ARR	June 30, 2016
2016-17 ARR	June 30, 2017
2017-18 ARR	June 30, 2018

Board Approved Audited Financial Statements *

(All HSPs must submit both paper copy Board Approved Audited Financial Statements, to the Ministry and the respective LHIN where funding is provided; soft copy to be uploaded to SRI)

Fiscal Year	Due Date
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Declaration of Compliance

Fiscal Year	Due Date
2013-14	June 30, 2014
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017
2017-18	June 30, 2018

Community Health Centres – Other Reporting Requirements

Requirement	Due Date
French language service report	2014-15 - April 30, 2015
	2015-16 - April 30, 2016
	2016-17 - April 30, 2017
	2017-18 - April 30, 2018

Quality Improvement Plan

The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system priorities. A copy of the QiP is to be provided to the LHIN at the time it is submitted to HQO.

Planning Period	Due Date
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017

Schedule D: Directives , Guidelines and Policies

Community Health Centres

2017-2018

Health Service Provider: Seaway Valley Community Health Centre

Only those requirements listed below that relate to the programs and services that are funded by the LHIN will be applicable.

• Community Financial Policy, 2015
• Community Health Centre – Requirements November 2013
• Ontario Healthcare Reporting Standards – OHRs/MIS - most current version available to applicable year
• Model of Health and Wellbeing - May 2013
• Community Health Centre Guidelines November 2013 v1.1 (see Note #1)
• Guideline for Community Health Service Providers Audits and Reviews, August 2012

Note #1: Community Health Centre Guidelines

A "Community Health Centre Guidelines" document has been completed by representatives from Community Health Centres, LHINs, AOHC and the MOHLTC. The purpose of the guide is to provide critical information to CHCs and LHINs in the areas of:

- Historical information
- Best practice
- Administrative guidance

The guide is intended to be a "living" document to be updated during the life of the current agreement at a mutually agreeable schedule to all parties to ensure that it remains current and a valuable reference document for the CHC sector and LHINs. *It must be noted that the document is considered a guide only for informational purposes and is not a contractual requirement.*

Schedule E1: Core Indicators

2017-2018

Health Service Provider: Seaway Valley Community Health Centre

Performance Indicators	2017-2018 Target	Performance Standard
*Balanced Budget - Fund Type 2	\$0	≥0
Proportion of Budget Spent on Administration	24.5%	≤29.4%
**Percentage Total Margin	0.00%	≥ 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	9.5%	<10.41%
Variance Forecast to Actual Expenditures	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%
Service Activity by Functional Centre	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate	12.7%	<13.97%

Explanatory Indicators
Cost per Unit Service (by Functional Centre)
Cost per Individual Served (by Program/Service/Functional Centre)
Client Experience

* Balanced Budget Fund Type 2: HSP's are required to submit a balanced budget

** No negative variance is accepted for Total Margin

Schedule E2a: Clinical Activity- Detail

2017-2018

Health Service Provider: Seaway Valley Community Health Centre

OHRS Description & Functional Centre		2017-2018	
		Target	Performance Standard
*These values are provided for information purposes only. They are not Accountability Indicators.			
Undistributed Accounting Centres 82*			
Total Cost for Functional Centre	82	\$204,073	n/a
Administration and Support Services 72 1*			
* Full-time equivalents (FTE)	72 1*	2.80	n/a
Total Cost for Functional Centre	72 1	\$809,277	n/a
Clinics/Programs - General Clinic 72 5 10 20			
* Full-time equivalents (FTE)	72 5 10 20	13.09	n/a
Individuals Served by Functional Centre	72 5 10 20	2,730	2457 - 3003
*Total Cost for Functional Centre	72 5 10 20	\$1,629,160	n/a
Service Provider Interactions	72 5 10 20	19,505	18530 - 20480
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 40 45			
* Full-time equivalents (FTE)	72 5 10 40 45	0.93	n/a
Individuals Served by Functional Centre	72 5 10 40 45	170	136 - 204
*Total Cost for Functional Centre	72 5 10 40 45	\$90,000	n/a
Service Provider Interactions	72 5 10 40 45	440	352 - 528
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40 60			
* Full-time equivalents (FTE)	72 5 10 40 60	0.93	n/a
Individuals Served by Functional Centre	72 5 10 40 60	205	164 - 246
*Total Cost for Functional Centre	72 5 10 40 60	\$120,000	n/a
Service Provider Interactions	72 5 10 40 60	52	42 - 62
Service Provider Group Interactions	72 5 10 40 60	165	132 - 198
Clinics/Programs - Chronic Disease Clinic 72 5 10 50			
* Full-time equivalents (FTE)	72 5 10 50	2.89	n/a
Individuals Served by Functional Centre	72 5 10 50	300	240 - 360
*Total Cost for Functional Centre	72 5 10 50	\$289,465	n/a
Service Provider Interactions	72 5 10 50	1,700	1530 - 1870
Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention- General 72 5 50 35 10			
* Full-time equivalents (FTE)	72 5 50 35 10	1.87	n/a
Group Sessions	72 5 50 35 10	450	360 - 540
*Total Cost for Functional Centre	72 5 50 35 10	\$160,000	n/a
Service Provider Group Interactions	72 5 50 35 10	390	312 - 468
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		22.51	n/a
Total Individuals Served by Functional Centre for all F/C		3,405	3065 - 3746
Total Group Sessions for all F/C		450	360 - 540
Total Service Provider Interactions for all F/C		21,697	20612 - 22782
Total Service Provider Group Interactions for all F/C		555	472 - 638
Total Cost for All F/C		3,301,975	n/a

Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: Seaway Valley Community Health Centre

Performance Indicators	2017-2018 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	67.0%	> 54.0%
Colorectal Screening Rate	65.0%	52 - 78%
Inter-professional Diabetes Care Rate	90.0%	72 - 100%
Influenza Vaccination Rate	30.0%	24 - 36%
Breast Cancer Screening Rate	60.0%	48 - 72%
Retention Rate (For NPs and Physicians)	95.0%	≥ 76%
Access to Primary Care	100.0%	95 - 100%
Exam rooms per primary care provider		
New grads/new staff		
Non-Primary Care Activities		

**Schedule E3a Local: All
2017-2018**

Health Service Provider: Seaway Valley Community Health Centre

Indigenous Cultural Awareness: The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The Indigenous Cultural Awareness Report, using a template to be provided by the LHIN, is due to the LHIN by April 30, 2018 and should be submitted using the subject line: 2017-18 Indigenous Cultural Awareness Report to ch.accountabilityteam@lhins.on.ca . HSPs that have multiple accountability agreements with the LHIN should provide one aggregated report for the corporation.

Executive Succession: The Health Service Provider must inform the LHIN prior to undertaking a recruitment process or appointment for a CEO or Executive Director.

Health Links: The Health Service Provider, in collaboration with the Health Link lead and partners, will contribute to the scaling and sustainability of Health Links care coordination with patients/clients with complex needs, including the identification of clients, and as appropriate, delivery of coordinated care to achieve the 2017-18 target number of coordinated care plans.

Sub-region Planning: The Champlain LHIN has established five sub-regions in order to improve patient and client health outcomes through population health planning and integrated service delivery. HSPs are expected to collaborate in the development of sub-region planning, and to contribute to more coordinated care for sub-regional populations across the continuum of primary, home, community, and long-term care and to improve transitions from hospital to community care. This will require close collaboration and partnership with primary care providers in each sub-region in meeting the needs of their patients.

**Schedule E3b Local: CHC Local Indicators
2017-2018**

Health Service Provider: Seaway Valley Community Health Centre

Ottawa Model of Smoking Cessation: Community Health Centres participating in the Ottawa Model of Smoking Cessation will collect baseline and post-implementation performance metrics and submit these to the University of Ottawa Heart Institute (UOHI) according to individual agreements between the CHC and the UOHI.

Integrated Decision Support: The Health Service Provider will collaborate in the planning of a Regional Integrated Decision Support System as required.

**Schedule E3 FLS Local: Non-Identified Organizations
2017-2018**

Health Service Provider: Seaway Valley Community Health Centre

French Language Services – Non-identified: Using a template to be provided by the LHIN, the HSP will submit a brief report that outlines how it addresses the needs of its local Francophone community to the LHIN, by April 30, 2018.

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2014

To: The Board of Directors of the Champlain Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the Seaway Valley Community Health Centre (the "HSP")

Date: March 23rd, 2017

Re: April 1, 2016– March 31, 2017 (the "Applicable Period")

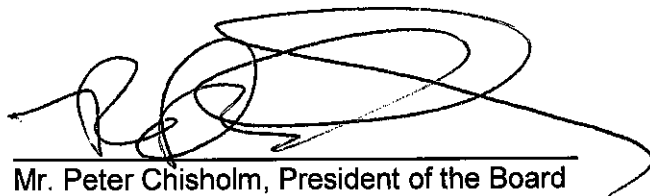
Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated March 23rd, 2017, to declare to you as follows:

After making inquiries of the Executive Director, Debbie St John-de Wit, and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.



Mr. Peter Chisholm, President of the Board
Seaway Valley Community Health Centre