

141 Weber Street, South  
Waterloo, Ontario N2J 2A9  
519-748-2222  
Toll Free: 1 866 306-5446  
www.waterloowellingtonlhin.on.ca

February 5, 2019

Mr. Patrick Gaskin  
President and Chief Executive Officer  
Cambridge Memorial Hospital  
700 Coronation Blvd.  
Cambridge, ON  
N1R 3G2

Dear Mr. Gaskin:

**Re: 2018-2020 Hospital Service Accountability Agreement (H-SAA) Schedules**

Through the requirements as specified in the Local Health System Integration Act (LHSIA) and the Ministry-LHIN Accountability Agreement (M-LAA), Local Health Integration Networks (LHINs) must have an up-to-date Hospital Service Accountability Agreement (H-SAA) in place with each Hospital. The current H-SAA agreements, which are in place until March 31 2020, require updated schedules for the 2019/20 fiscal year. Please find these updated schedules attached.

To ensure the updated Schedules are in place by April 1 2019, **please complete the required actions:**

- 1) Print two copies of this letter and obtain appropriate signatures on both copies. Signatures should be obtained from those with authority to bind the Hospital; and,
- 2) Mail or courier both copies of the signed letter to the WWLHIN by March 1, 2019.

After your signed letter is received by the WWLHIN, you will receive a fully executed copy of the letter, signed by our WWLHIN CEO and Board Chair, prior to March 31, 2019.

.../2

Should you require any further information or clarification, please contact Zeynep Danis, VP, Finance & Corporate Services at 519-748-2222 x3216 or zeynep.danis@lhins.on.ca

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Lauckner". The signature is fluid and cursive, with the first name "Bruce" being more prominent than the last name "Lauckner".

Bruce Lauckner  
Chief Executive Officer

/kp

c: Mr. Jeff Nesbitt, Acting Chair, Board of Directors, Waterloo Wellington LHIN  
Mr. Ian Miles, Chair, Board of Directors, Cambridge Memorial Hospital

**CAMBRIDGE MEMORIAL HOSPITAL**

By:



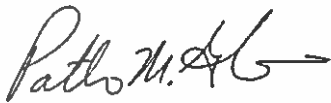
February 27, 2019

\_\_\_\_\_  
Ian Miles, Chair, Board of Directors

\_\_\_\_\_  
Date

I sign as a representative of the Hospital, not in my personal capacity, and I represent that I have authority to bind the Hospital.

And by:



February 27, 2019

\_\_\_\_\_  
Patrick Gaskin, Chief Executive Officer

\_\_\_\_\_  
Date

I sign as a representative of the Hospital, not in my personal capacity, and I represent that I have authority to bind the Hospital.

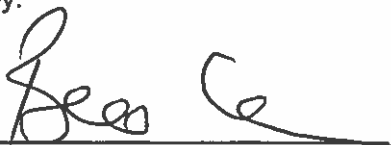
**WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK**

By:

\_\_\_\_\_  
Jeff Nesbitt, Acting Board Chair

\_\_\_\_\_  
Date

And by:



\_\_\_\_\_  
Bruce Lauckner, Chief Executive Officer

\_\_\_\_\_  
Date

Mar 29/19

# Hospital Service Accountability Agreements

Facility #:	661
Hospital Name:	Cambridge Memorial Hospital
Hospital Legal Name:	Cambridge Memorial Hospital

## 2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
<b>Section 1: FUNDING SUMMARY</b>			
<b>LHIN FUNDING</b>			
LHIN Global Allocation (Includes Sec. 3)		<b>[2] Base</b>	
Health System Funding Reform: HBAM Funding		\$47,084,541	
Health System Funding Reform: QBP Funding (Sec. 2)		\$29,322,655	
Post Construction Operating Plan (PCOP)		\$13,931,987	
Wait Time Strategy Services ("WTS") (Sec. 3) (Incremental Base)		\$1,640,000	[2] Incremental/One-Time
Provincial Program Services ("PPS") (Sec. 4 )		\$695,180	\$0
Other Non-HSFR Funding (Sec. 5)		\$0	\$0
<b>Sub-Total LHIN Funding</b>		<b>\$0</b>	<b>\$990,800</b>
		<b>\$92,674,363</b>	<b>\$990,800</b>

# Hospital Service Accountability Agreements

Facility #:	661
Hospital Name:	Cambridge Memorial Hospital
Hospital Legal Name:	Cambridge Memorial Hospital

## 2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
Section 2: HSPR - Quality-Based Procedures	Volume	[4] Allocation	
Acute Inpatient Stroke Hemorrhage	1	\$14,581	
Acute Inpatient Stroke Ischemic or Unspecified	15	\$72,140	
Acute Inpatient Stroke Transient Ischemic Attack (TIA)	8	\$30,424	
Stroke Endovascular Treatment (EVT)	0	\$0	
Hip Replacement BUNDLE (Unilateral)	0	\$0	
Knee Replacement BUNDLE (Unilateral)	0	\$0	
Acute Inpatient Primary Unilateral Hip Replacement	215	\$1,732,261	
Rehabilitation Inpatient Primary Unilateral Hip Replacement	4	\$26,869	
Elective Hips - Outpatient Rehab for Primary Hip Replacement	0	\$0	
Acute Inpatient Primary Unilateral Knee Replacement	380	\$2,742,482	
Rehabilitation Inpatient Primary Unilateral Knee Replacement	2	\$12,731	
Elective Knees - Outpatient Rehab for Primary Knee Replacement	0	\$0	
Acute Inpatient Primary Bilateral Joint Replacement (Hip/Knee)	0	\$0	
Rehab Inpatient Primary Bilateral Hip/Knee Replacement	0	\$0	
Rehab Outpatient Primary Bilateral Hip/Knee Replacement	0	\$0	
Acute Inpatient Hip Fracture	131	\$1,629,945	
Knee Arthroscopy	389	\$558,611	
Acute Inpatient Congestive Heart Failure	254	\$1,612,716	
Acute Inpatient Chronic Obstructive Pulmonary Disease	325	\$2,488,376	
Acute Inpatient Pneumonia	205	\$1,256,420	
Acute Inpatient Non-Cardiac Vascular Aortic Aneurysm excluding Advanced Pathway	0	\$0	
Acute Inpatient Non-Cardiac Vascular Lower Extremity Occlusive Disease	0	\$0	
Acute Inpatient Tonsillectomy	130	\$199,701	
Unilateral Cataract Day Surgery	1,722	\$645,532	
Retinal Disease	0	\$0	
Non-Routine and Bilateral Cataract Day Surgery	5	\$3,475	
Corneal Transplants	0	\$0	
Non-Emergent Spine (Non-Instrumented - Day Surgery)	0	\$0	
Non-Emergent Spine (Non-Instrumented - Inpatient Surgery)	0	\$0	
Non-Emergent Spine (Instrumented - Inpatient Surgery)	0	\$0	
Shoulder (Arthroplasties)	34	\$266,312	
Shoulder (Reverse Arthroplasties)	12	\$168,639	
Shoulder (Repairs)	152	\$414,912	
Shoulder (Other)	23	\$55,860	
<b>Sub-Total Quality Based Procedure Funding</b>	<b>4,007</b>	<b>\$13,931,987</b>	

# Hospital Service Accountability Agreements

Facility #:	661
Hospital Name:	Cambridge Memorial Hospital
Hospital Legal Name:	Cambridge Memorial Hospital

## 2019-2020 Schedule A Funding Allocation

		2019-2020	
		[1] Estimated Funding Allocation	
<b>Section 3: Wait Time Strategy Services ("WTS")</b>		<b>[2] Base</b>	<b>[2] Incremental Base</b>
General Surgery		\$0	\$15,840
Pediatric Surgery		\$0	\$0
Hip & Knee Replacement - Revisions		\$0	\$43,980
Magnetic Resonance Imaging (MRI)		\$0	\$535,860
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)		\$0	\$0
Computed Tomography (CT)		\$0	\$99,500
<b>Sub-Total Wait Time Strategy Services Funding</b>		<b>\$0</b>	<b>\$695,180</b>
<b>Section 4: Provincial Priority Program Services ("PPS")</b>		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
Cardiac Surgery		\$0	\$0
Other Cardiac Services		\$0	\$0
Organ Transplantation		\$0	\$0
Neurosciences		\$0	\$0
Bariatric Services		\$0	\$0
Regional Trauma		\$0	\$0
<b>Sub-Total Provincial Priority Program Services Funding</b>		<b>\$0</b>	<b>\$0</b>
<b>Section 5: Other Non-HSFR</b>		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
LHIN One-time payments (18-19 EDP4R)		\$0	\$990,800
MOH One-time payments (CC Nurse Training, High Priority MRI - TBD)		\$0	\$0
LHIN/MOH Recoveries		\$0	
Other Revenue from MOHLTC		\$0	
Paymaster		\$0	
<b>Sub-Total Other Non-HSFR Funding</b>		<b>\$0</b>	<b>\$990,800</b>
<b>Section 6: Other Funding</b>		<b>[2] Base</b>	<b>[2] Incremental/One-Time</b>
<i>(Info. Only. Funding is already included in Sections 1-4 above)</i>			
Grant in Lieu of Taxes (Inc. in Global Funding Allocation Sec. 1)		\$0	\$29,400
[3] Ontario Renal Network Funding (Inc. in Cancer Care Ontario Funding Sec. 4)		\$0	\$0
<b>Sub-Total Other Funding</b>		<b>\$0</b>	<b>\$29,400</b>
[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 #: 661  
Hospital Name: Cambridge Memorial Hospital  
Hospital Legal Name: Cambridge Memorial Hospital

## 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 Quarterly 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 #:	661
Hospital Name:	Cambridge Memorial Hospital
Hospital Legal Name:	Cambridge Memorial Hospital
Site Name:	TOTAL ENTITY

## 2019-2020 Schedule C1 Performance Indicators

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

*Performance Indicators	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
90th Percentile Emergency Department (ED) length of stay for Non-Admitted High Acuity (CTAS I-III) Patients	Hours	8.0	<=8.0
90th Percentile Emergency Department (ED) length of stay for Non-Admitted Low Acuity (CTAS IV-V) Patients	Hours	4.0	<=4.0
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Hip Replacements	Percent	Priority 2: 42 days Priority 3: 84 days Priority 4: 182 days	>=90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Knee Replacements	Percent	Priority 2: 42 days Priority 3: 84 days Priority 4: 182 days	>=90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for MRI	Percent	Priority 2: 2 days Priority 3: 2-10 days Priority 4: 28 days	>=90%
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for CT Scans	Percent	Priority 2: 2 days Priority 3: 2-10 days Priority 4: 28 days	>=90%
Readmissions to Own Facility within 30 days for selected HBAM Inpatient Grouper (HIG) Conditions	Percent	15.5%	15.5%
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.42	<=0.42

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	Priority 2: 14 days Priority 3: 28 days Priority 4: 84 days
Percent of Priority 2, 3 and 4 Cases Completed within Access Targets for Cataract Surgery	Percentage	Priority 2: 42 days Priority 3: 84 days Priority 4: 182 days



# Hospital Service Accountability Agreements

Facility #:	661
Hospital Name:	Cambridge Memorial Hospital
Hospital Legal Name:	Cambridge Memorial Hospital
Site Name:	TOTAL ENTITY

## 2019-2020 Schedule C1 Performance Indicators

<b>Part II - ORGANIZATION HEALTH - EFFICIENCY, APPROPRIATELY RESOURCED, EMPLOYEE EXPERIENCE, GOVERNANCE</b>			
<b>*Performance Indicators</b>	<b>Measurement Unit</b>	<b>Performance Target</b>	<b>Performance Standard</b>
		<b>2019-2020</b>	<b>2019-2020</b>
Current Ratio (Consolidated - All Sector Codes and fund types)	Ratio	1.08	>= 0.97
Total Margin (Consolidated - All Sector Codes and fund types)	Percentage	0.00%	>=0%
<b>Explanatory Indicators</b>		<b>Measurement Unit</b>	
Total Margin (Hospital Sector Only)	Percentage		
Adjusted Working Funds/ Total Revenue %	Percentage		

<b>Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth</b>			
<b>*Performance Indicators</b>	<b>Measurement Unit</b>	<b>Performance Target</b>	<b>Performance Standard</b>
		<b>2019-2020</b>	<b>2019-2020</b>
Alternate Level of Care (ALC) Rate	Percentage	12.70%	<=12.70%
<b>Explanatory Indicators</b>		<b>Measurement Unit</b>	
Percentage of Acute Alternate Level of Care (ALC) Days (Closed Cases)	Percentage	9.46%	
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions	Percentage	16.30%	
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions	Percentage	22.40%	

<b>Part IV - LHIN Specific Indicators and Performance targets: See Schedule C3</b>	
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 #:	661
Hospital Name:	Cambridge Memorial Hospital
Hospital Legal Name:	Cambridge Memorial Hospital

## 2019-2020 Schedule C2 Service Volumes

	Measurement Unit	Performance Target	Performance Standard
		2019-2020	2019-2020
<b>Clinical Activity and Patient Services</b>			
Ambulatory Care	Visits	89,677	>= 71,742 and <= 107,612
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Cases	3,003	>= 2,703 and <= 3,303
Elderly Capital Assistance Program (ELDCAP)	Patient Days	0	-
Emergency Department	Weighted Cases	2,926	>= 2,633 and <= 3,219
Emergency Department and Urgent Care	Visits	54,000	>= 43,200 and <= 64,800
Inpatient Mental Health	Patient Days	8,200	>= 7,380 and <= 9,020
Inpatient Rehabilitation Days	Patient Days	4,969	>= 4,224 and <= 5,714
Inpatient Rehabilitation Days	Weighted Cases	290	>= 247 and <= 334
Total Inpatient Acute	Weighted Cases	10,870	>= 10,218 and <= 11,522

# Hospital Service Accountability Agreements

Facility #: 661  
 Hospital Name: Cambridge Memorial Hospital  
 Hospital Legal Name: Cambridge Memorial Hospital

2019-2020 Schedule C3: LHIN

Priority Area	Obligation Type	Obligation Description, Indicators and Target	Reporting Requirements
<p>Patient Safety</p> <p>Number of individuals living with multiple chronic conditions and/or complex needs who are identified by your organization and have a new coordinated care plan (CCP) developed through the Health Link's approach to care</p>	<p>Compliance</p>	<p>HSPs activate Coordinated Care Plans for patients with hospital discharges for: Mental Health and Addictions, Chronic Disease - Congestive Heart Failure (CHF), Chronic Disease - Chronic Obstructive Pulmonary Disease (COPD), Behaviours of Dementia, Palliative Performance Indicator</p>	<p>Western Wellington LHIN to provide template</p>
<p>Patient Safety in Transitions of Care</p>	<p>Compliance</p>	<p>Hospitals will provide admission, discharge and ED readmissions and summaries, preferably in electronic format, to primary care within 48 hours of discharge to improve follow-up after leaving hospital.</p> <p>Hospitals will also provide the provide the client, community-based health care provider/ primary care provider, and community pharmacy (as appropriate) with a GP/MP (Best Possible Medication Discharge Plan) complete patient medication list upon discharge</p>	<p>Western Wellington LHIN to provide template</p>
<p>Capacity Planning</p>	<p>Compliance</p>	<p>Hospitals will participate in System Coordinated Access (SCA) for the following streams: Diabetes, Oncology/Oncosurgical, Musculoskeletal (MSK), Mental Health and Addictions (MHA), Chronic Disease Prevention and Management (CDPM), Diagnostic Imaging (DI), Older Adult, Ophthalmology, and Cancer (Colon Cancer). HSPs collectively provide a Project Manager for each stream.</p>	<p>Organization sign-off per stream with WWLHIN SCA Program</p>

