Hamilton Niagara Haldimand Brant **LHIN**
RLISS de Hamilton Niagara Haldimand Brant

264 Main Street East,
Grimsby, ON L3M 1P8
Tel: 1.905.945.4930
1.866.363.5446
Fax: 1.905.945.1992
www.hnhblhin.on.ca

264, rue Main Est,
Grimsby, ON L3M 1P8
Tel: 1.905.945.4930
1.866.363.5446
Téléc: 1.905.945.1992
www.hnhblhin.on.ca

April 7, 2014

Dear Health Service Provider:

Re: 2014-17 Multi Sector Accountability Agreement

On behalf of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) I would like to take this opportunity to thank you for working with the HNHB LHIN staff to successfully execute your 2014-17 Multi-Sector Service Accountability Agreement (M-SAA).

The LHIN values our partnership and collective commitment to dramatically improve the patient experience through quality, integration and value.

The HNHB LHIN staff is available to assist you throughout the year. If you have any questions, please do not hesitate to contact Lisa Muraca, Advisor, Finance at lisa.muraca@lhins.on.ca or (905) 945-4930 Ext. 4233, or Jim Borysko, Advisor, Quality and Risk Management at jim.borysko@lhins.on.ca or (905) 945-4930 Ext. 4219.

Yours truly,

Donna Cripps

Donna Cripps,
Chief Executive Officer

c: Mike Shea, Board Chair, HNHB LHIN
Philip Christoff, Director, Quality and Risk Management, HNHB LHIN
Derek Bodden, Director, Finance, HNHN LHIN
Steve Isaak, Director, Health System Transformation, HNHB LHIN
Rosalind Tarrant, Director, Access to Care, HNHB LHIN

MULTI-SECTOR SERVICE ACCOUNTABILITY AGREEMENT
April 1, 2014 to March 31, 2017

SERVICE ACCOUNTABILITY AGREEMENT

with

Quest Community Health Centre

Effective Date: April 1, 2014

Index to Agreement

ARTICLE 1.0 - DEFINITIONS & INTERPRETATION
ARTICLE 2.0 - TERM AND NATURE OF THIS AGREEMENT
ARTICLE 3.0 - PROVISION OF SERVICES
ARTICLE 4.0 - FUNDING
ARTICLE 5.0 - REPAYMENT AND RECOVERY OF FUNDING
ARTICLE 6.0 - PLANNING & INTEGRATION
ARTICLE 7.0 - PERFORMANCE
ARTICLE 8.0 - REPORTING, ACCOUNTING AND REVIEW
ARTICLE 9.0 - ACKNOWLEDGEMENT OF LHIN SUPPORT
ARTICLE 10.0 - REPRESENTATIONS, WARRANTIES AND COVENANTS
ARTICLE 11.0 - LIMITATION OF LIABILITY, INDEMNITY & INSURANCE
ARTICLE 12.0 - TERMINATION OF AGREEMENT
ARTICLE 13.0 - NOTICE
ARTICLE 14.0 - ADDITIONAL PROVISIONS
ARTICLE 15.0 - ENTIRE AGREEMENT

Schedules

A - Detailed Description of Services
B - Service Plan
C - Reports
D - Directives, Guidelines, Policies & Standards
E - Performance
F - Project Funding Agreement Template
G - Compliance

THE AGREEMENT effective as of the 1st day of April, 2014

BETWEEN:

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

- and -

Quest Community Health Centre (the "**HSP**")

Background:

The *Local Health System Integration Act, 2006* requires that the LHIN and the HSP enter into a service accountability agreement. The service accountability agreement supports a collaborative relationship between the LHIN and the HSP to improve the health of Ontarians through better access to high quality health services, to co-ordinate health care in local health systems and to manage the health system at the local level effectively and efficiently.

In this context, the HSP and the LHIN agree that the LHIN will provide funding to the HSP on the terms and conditions set out in this Agreement to enable the provision of services to the local health system by the HSP.

In consideration of their respective agreements set out below, the LHIN and the HSP covenant and agree as follows:

ARTICLE 1.0- DEFINITIONS & INTERPRETATION

1.1 **Definitions.** In this Agreement the following terms will have the following meanings:

"**Accountability Agreement**" refers to the agreement in place between the MOHLTC and the LHIN pursuant to the terms of section 18 of the Act;

"**Act**" means the *Local Health System Integration Act, 2006*, and the regulations made under the *Local Health System Integration Act, 2006*, as it and they may be amended from time to time;

"**Agreement**" means this agreement and includes the Schedules and any instrument amending this agreement or the Schedules;

"**Annual Balanced Budget**" has the meaning set out in subsection 4.5(b);

"**Applicable Law**" means all federal, provincial or municipal laws, regulations, common law, any orders, rules or by-laws that are applicable to the HSP, the Services, this Agreement and the Parties' obligations under this Agreement during the term of this Agreement;

"**Applicable Policy**" means any orders, rules, policies, directives, or standards of practice issued or adopted by the LHIN, the MOHLTC or other ministries or agencies of the province of Ontario that are applicable to the HSP, the Services, this Agreement and the Parties' obligations under this Agreement during the term of this Agreement. Without limiting the generality of the foregoing, Applicable Policy includes the other documents identified in Schedule D;

"**Board**" means:

(1) in respect of an HSP that does not have a Long-Term Care Home Service Accountability Agreement with the LHIN and is:

(a) a corporation, the board of directors;
(b) a First Nation, the band council; and
(c) a municipality, the municipal council;
and,

(2) in respect of an HSP that has a Long-Term Care Home Service Accountability Agreement with the LHIN and is:

(a) a corporation, the board of directors;
(b) a First Nation, the band council;
(c) a municipality, the committee of management;
(d) a board of management established by one or more municipalities or by one or more First Nations' band councils, the members of the board of management;

"**BPSAA**" means the *Broader Public Sector Accountability Act, 2010* and regulations made under the *Broader Public Sector Accountability Act, 2010*, as it and they may be amended from time to time;

"Budget" means the budget approved by the LHIN and appended to this Agreement in Schedule B;

"**CEO**" means the individual accountable to the Board for the provision of the Services in accordance with the terms of this Agreement;

"**Chair**" means, if the HSP is:

(a) a corporation, the Chair of the Board;
(b) a First Nation, the Chief; and
(c) a municipality, the Mayor,

or such other person properly authorized by the Board or under Applicable Law;

"**CFMA**" means the *Commitment to the Future of Medicare Act, 2004*, and the regulations made under the *Commitment to the Future of Medicare Act, 2004*, as it and they may be amended from time to time;

"Compliance Declaration" means a compliance declaration substantially in the form set out in Schedule G;

"**Confidential Information**" means information that is: (1) marked or otherwise identified as confidential by the disclosing Party at the time the information is provided

to the receiving Party; and (2) eligible for exclusion from disclosure at a public board meeting in accordance with section 9 of the Act. Confidential Information does not include information that: (a) was known to the receiving Party prior to receiving the information from the disclosing Party; (b) has become publicly known through no wrongful act of the receiving Party; or (c) is required to be disclosed by law, provided that the receiving Party provides Notice in a timely manner of such requirement to the disclosing Party, consults with the disclosing Party on the proposed form and nature of the disclosure, and ensures that any disclosure is made in strict accordance with Applicable Law;

"Conflict of Interest" in respect of an HSP, includes any situation or circumstance where: in relation to the performance of its obligations under this Agreement:

(a) the HSP;
(b) a member of the HSP's Board; or
(c) any person employed by the HSP who has the capacity to influence the HSP's decision,

has other commitments, relationships or financial interests that:

(a) could or could be seen to interfere with the HSP's objective, unbiased and impartial exercise of its judgement; or
(b) could or could be seen to compromise, impair or be incompatible with the effective performance of its obligations under this Agreement;

"**Controlling Shareholder**" of a corporation means a shareholder who or which holds (or another person who or which holds for the benefit of such shareholder), other than by way of security only, voting securities of such corporation carrying more than 50% of the votes for the election of directors, provided that the votes carried by such securities are sufficient, if exercised, to elect a majority of the board of directors of such corporation;

"**Days**" means calendar days;

"**Effective Date"** means April 1, 2014;

"**e-Health**" means the coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system;

"**FIPPA**" means the *Freedom of Information and Protection of Privacy Act* (Ontario) and the regulations made under the *Freedom of Information and Protection of Privacy Act* (Ontario), as it and they may be amended from time to time;

"**Funding**" means the amounts of money provided by the LHIN to the HSP in each Funding Year of this Agreement;

"Funding Year" means in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31, and in the case of Funding Years subsequent to the first Funding Year, the period commencing on the date that is April 1 following the end of the previous Funding Year and ending on the following March 31;

"**HSP's Personnel and Volunteers**" means the controlling shareholders (if any), directors, officers, employees, agents, volunteers and other representatives of the HSP. In addition to the foregoing, HSP's Personnel and Volunteers shall include the contractors and subcontractors and their respective shareholders, directors, officers, employees, agents, volunteers or other representatives;

"**Indemnified Parties**" means the LHIN and its officers, employees, directors, independent contractors, subcontractors, agents, successors and assigns and her Majesty the Queen in Right of Ontario and her Ministers, appointees and employees, independent contractors, subcontractors, agents and assigns. Indemnified Parties also includes any person participating on behalf of the LHIN in a Review;

"**Interest Income**" means interest earned on the Funding;

"**MOHLTC**" means the Minister of Health and Long-Term Care or the Ministry of Health and Long-Term Care, as is appropriate in the context;

"**Notice**" means any notice or other communication required to be provided pursuant to this Agreement, the Act or the CFMA;

"**Party**" means either of the LHIN or the HSP and "Parties" mean both of the LHIN and the HSP;

"**Performance Agreement**" means an agreement between an HSP and its CEO that requires the CEO to perform in a manner that enables the HSP to achieve the terms of this Agreement and any additional performance improvement targets set out in the HSP's annual quality improvement plan under the *Excellent Care for All Act, 2010;*

"**Performance Factor**" means any matter that could or will significantly affect a Party's ability to fulfill its obligations under this Agreement;

"**Project Funding Agreement**" means an agreement in the form of Schedule F that incorporates the terms of this Agreement and enables the LHIN to provide one-time or short term funding for a specific project or service that is not already described in Schedule A;

"**Reports**" means the reports described in Schedule C as well as any other reports or information required to be provided under the Act or this Agreement;

"**Review**" means a financial or operational audit, investigation, inspection or other form of review requested or required by the LHIN under the terms of the Act or this Agreement, but does not include the annual audit of the HSP's financial statements;

"**Schedule**" means any one of, and "Schedules" mean any two or more, as the context requires, of the schedules appended to this Agreement including the following:

Schedule A: Description of Services
Schedule B: Service Plan
Schedule C: Reports
Schedule D: Directives, Guidelines and Policies
Schedule E: Performance

Schedule F: Project Funding Agreement Template
Schedule G: Compliance

"**Service Plan**" means the Operating Plan and Budget appended as Schedule B; and

"**Services**" means the care, programs, goods and other services described in Schedule A and in any Project Funding Agreement executed pursuant to this Agreement. "Services" includes the type, volume, frequency and availability of the care, programs, goods and other services.

1.2 **Interpretation.** Words in the singular include the plural and vice-versa. Words in one gender include all genders. The headings do not form part of this Agreement. They are for convenience of reference only and will not affect the interpretation of this Agreement. Terms used in the Schedules shall have the meanings set out in this Agreement unless separately and specifically defined in a Schedule in which case the definition in the Schedule shall govern for the purposes of that Schedule.

ARTICLE 2.0- TERM AND NATURE OF THIS AGREEMENT

2.1 **Term**. The term of this Agreement will commence on the Effective Date and will expire on March 31, 2017 unless terminated earlier or extended pursuant to its terms.

2.2 **A Service Accountability Agreement.** This Agreement is a service accountability agreement for the purposes of subsection 20(1) of the Act and Part III of the CFMA.

2.3 **Notice.** Notice was given to the HSP that the LHIN intended to enter into this Agreement. The HSP hereby acknowledges receipt of such Notice in accordance with the terms of the CFMA.

2.4 **Prior Agreements**. The Parties acknowledge and agree that all prior agreements for the Services terminated on March 31, 2014. Notwithstanding the foregoing, Project Funding Agreements that by their terms continue beyond March 31, 2014 remain in effect.

ARTICLE 3.0- PROVISION OF SERVICES

3.1 **Provision of Services**.

(a) The HSP will provide the Services in accordance with, and otherwise comply with:

(1) the terms of this Agreement, including the Service Plan;

(2) Applicable Law; and

(3) Applicable Policy.

(b) When providing the Services, the HSP will meet the performance standards and conditions identified in Schedule E.

(c) Unless otherwise provided in this Agreement, the HSP will not reduce, stop, start, expand, cease to provide or transfer the provision of the Services or change its Service Plan except with Notice to the LHIN, and if required by Applicable Law or Applicable Policy, the prior written consent of the LHIN.

(d) Unless the HSP is a community care access centre, the HSP will not restrict or refuse the provision of Services to an individual, directly or indirectly, based on the geographic area in which the person resides in Ontario.

3.2 **Subcontracting for the Provision of Services.**

(a) The Parties acknowledge that, subject to the provisions of the Act, the HSP may subcontract the provision of some or all of the Services. For the purposes of this Agreement, actions taken or not taken by the subcontractor, and Services provided by the subcontractor, will be deemed actions taken or not taken by the HSP, and Services provided by the HSP.

(b) When entering into a subcontract the HSP agrees that the terms of the subcontract will enable the HSP to meet its obligations under this Agreement. Without limiting the foregoing, the HSP will include a provision that permits the LHIN or its authorized representatives, to audit the subcontractor in respect of the subcontract if the LHIN or its authorized representatives determines that such an audit would be necessary to confirm that the HSP has complied with the terms of this Agreement.

(c) Nothing contained in this Agreement or a subcontract will create a contractual relationship between any subcontractor or its directors, officers, employees, agents, partners, affiliates or volunteers and the LHIN.

3.3 **Conflict of Interest.** The HSP will use the Funding, provide the Services and otherwise fulfil its obligations under this Agreement, without an actual, potential or perceived Conflict of Interest. The HSP will disclose to the LHIN without delay any situation that a reasonable person would interpret as an actual, potential or perceived Conflict of Interest and comply with any requirements prescribed by the LHIN to resolve any Conflict of Interest.

3.4 **e-Health/Information Technology Compliance** The HSP agrees to:

(a) assist the LHIN to implement provincial e-health priorities for 2013-15 and thereafter in accordance with the Accountability Agreement, as may be amended from time to time;

(b) comply with any technical and information management standards, including those related to data, architecture, technology, privacy and security set for health service providers by the MOHLTC, eHealth Ontario or the LHIN within the timeframes set by the MOHLTC or the LHIN as the case may be;

(c) implement and use the approved provincial e-health solutions identified in the LHIN e-health plan;

(d) implement technology solutions that are compatible or interoperable with the provincial blueprint and with the LHIN e-health plan; and

(e) include in its annual planning submissions, plans for achieving eHealth priority initiatives, including full adoption of Ontario Laboratory Information System by March 2015.

3.5 **Policies, Guidelines, Directives and Standards**. Either the LHIN or the MOHLTC will give the HSP Notice of any amendments to the manuals, guidelines or policies identified in Schedule D. Amendments will be effective on the first day of April following the receipt of the Notice or on such other date as may be advised by the LHIN or MOHLTC as the case may be. By signing a copy of this Agreement the HSP acknowledges that it has a copy of the documents identified in Schedule D.

ARTICLE 4.0- FUNDING

4.1 **Funding.** Subject to the terms of this Agreement, and in accordance with the applicable provisions of the Accountability Agreement, the LHIN:

(a) will provide the funds identified in Schedule B to the HSP for the purpose of providing or ensuring the provision of the Services;

(b) may pro-rate the funds identified in Schedule B to the date on which this Agreement is signed, if that date is after April 1; and

(c) will deposit the funds in regular instalments, once or twice monthly, over the term of this Agreement, into an account designated by the HSP provided that the account resides at a Canadian financial institution and is in the name of the HSP.

4.2 **Limitation on Payment of Funding**. Despite section 4.1, the LHIN:

(a) will not provide any funds to the HSP until this Agreement is fully executed;

(b) will not provide any funds to the HSP until the HSP meets the insurance requirements described in section 11.4;

(c) will not be required to continue to provide funds in the event the HSP breaches any of its obligations under this Agreement, until the breach is remedied to the LHIN's satisfaction; and

(d) upon notice to the HSP, may adjust the amount of funds it provides to the HSP in any Funding Year based upon the LHIN's assessment of the information contained in the Reports.

4.3 **Appropriation.** Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the MOHLTC and funding of the LHIN by the MOHLTC pursuant to the Act. If the LHIN does not receive its anticipated funding the LHIN will not be obligated to make the payments required by this Agreement.

4.4 **Additional Funding.**

(a) Unless the LHIN has agreed to do so in writing, the LHIN is not required to provide additional funds to the HSP for providing additional Services or for exceeding the requirements of Schedule E.

(b) The HSP may request additional funding by submitting a proposal to amend its Service Plan. The HSP will abide by all decisions of the LHIN with respect to a proposal to amend the Service Plan and will make whatever changes are requested or approved by the LHIN. The Service Plan will be amended to include any approved additional funding.

4.5 **Conditions of Funding.**

(a) The HSP will:

(1) fulfill all obligations in this Agreement;

(2) use the Funding only for the purpose of providing the Services in accordance with Applicable Law, Applicable Policy and the terms of this Agreement;

(3) spend the Funding only in accordance with the Service Plan; and

(4) maintain an Annual Balanced Budget.

(b) "Annual Balanced Budget" means that, in each Funding Year of the term of this Agreement, the total expenses of the HSP are less than or equal to the total revenue, from all sources, of the HSP.

(c) The LHIN may impose such additional terms or conditions on the use of the Funding which it considers appropriate for the proper expenditure and management of the Funding.

4.6 **Interest.**

(a) If the LHIN provides the Funding to the HSP prior to the HSP's immediate need for the Funding, the HSP shall place the Funding in an interest bearing account in the name of the HSP at a Canadian financial institution.

(b) Interest Income must be used, within the fiscal year in which it is received, to provide the Services.

(c) Interest Income will be reported to the LHIN and is subject to year-end reconciliation. In the event that some or all of the Interest Income is not used to provide the Services,

(1) the LHIN may deduct the amount equal to the unused Interest Income from any further Funding instalments under this or any other agreement with the HSP; and/or

(2) the LHIN may require the HSP to pay an amount equal to the unused Interest Income to the Ministry of Finance.

4.7 **Rebates, Credits and Refunds**. The HSP:

(a) acknowledges that rebates, credits and refunds it anticipates receiving from the use of the Funding have been incorporated in its Budget;

(b) agrees that it will advise the LHIN if it receives any unanticipated rebates, credits and refunds from the use of the Funding, or from the use of funding received from either the LHIN or the MOHLTC in years prior to this Agreement that was not recorded in the year of the related expenditure;

(c) agrees that all rebates, credits and refunds referred to in (b) will be considered Funding in the year that the rebates are received, regardless of the year to which the rebate relates.

4.8 **Procurement of Goods and Services.**

(a) If the HSP is subject to the procurement provisions of the BPSAA, the HSP will abide by all directives and guidelines issued by the Management Board of Cabinet that are applicable to the HSP pursuant to the BPSAA.

(b) If the HSP is not subject to the procurement provisions of the BPSAA, the HSP will have a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over $25,000 through a competitive process that ensures the best value for funds expended. If the HSP acquires supplies, equipment or services with the Funding it will do so through a process that is consistent with this policy.

4.9 **Disposition**. The HSP will not, without the LHIN's prior written consent, sell, lease or otherwise dispose of any assets purchased with Funding, the cost of which exceeded $25,000 at the time of purchase.

ARTICLE 5.0- REPAYMENT AND RECOVERY OF FUNDING

5.1 **Repayment and Recovery**.

(a) **At the End of a Funding Year**. If, in any Funding Year, the HSP has not spent all of the Funding the LHIN will require the repayment of the unspent Funding.

(b) **On Termination or Expiration of this Agreement.** Upon termination or expiry of this Agreement, the LHIN will require the repayment of any Funding remaining in the possession or under the control of the HSP and the payment of an amount equal to any Funding the HSP used for purposes not permitted by this Agreement.

(c) **On Reconciliation and Settlement**. If the year-end reconciliation and settlement process demonstrates that the HSP received Funding in excess of its confirmed funds, the LHIN will require the repayment of the excess Funding.

(d) **As a Result of Performance Management or System Planning**. If Services are adjusted, as a result of the performance management or system planning processes, the LHIN may adjust the Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.

(e) **In the Event of Forecasted Surpluses**. If the HSP is forecasting a surplus, the LHIN may adjust the amount of Funding to be paid under Schedule B, require the repayment of excess Funding and/or adjust the amount of any future funding installments accordingly.

(f) **On the Request of the LHIN**. The HSP will, at the request of the LHIN, repay the whole or any part of the Funding, or an amount equal thereto if the HSP:

(1) has provided false information to the LHIN knowing it to be false;

(2) breaches a term or condition of this Agreement and does not, within 30 Days after receiving Notice from the LHIN take reasonable steps to remedy the breach; or

(3) breaches any Applicable Law that directly relates to the provision of, or ensuring the provision of, the Services.

(g) Subsections 5.1(c) and (d) do not apply to Funding already expended properly in accordance with this Agreement. The LHIN will, at its sole discretion, and without liability or penalty, determine whether the Funding has been expended properly in accordance with this Agreement.

5.2 **Provision for the Recovery of Funding.** The HSP will make reasonable and prudent provision for the recovery by the LHIN of any Funding for which the conditions of Funding set out in section 4.5 are not met and will hold this Funding in accordance with the provisions of section 4.6 until such time as reconciliation and settlement has occurred with the LHIN. Interest earned on Funding will be reported and recovered in accordance with section 4.6.

5.3 **Settlement and Recovery of Funding for Prior Years.**

(a) The HSP acknowledges that settlement and recovery of Funding can occur up to seven years after the provision of Funding.

(b) Recognizing the transition of responsibilities from the MOHLTC to the LHIN, the HSP agrees that if the Parties are directed in writing to do so by the MOHLTC, the LHIN will settle and recover funding provided by the MOHLTC to the HSP prior to the transition of the Funding for the Services to the LHIN, provided that such settlement and recovery occurs within seven years of the provision of the funding by the MOHLTC. All such settlements and recoveries will be subject to the terms applicable to the original provision of funding.

5.4 **Debt Due**.

(a) If the LHIN requires the re-payment by the HSP of any Funding, the amount required will be deemed to be a debt owing to the Crown by the HSP. The LHIN may adjust future funding instalments to recover the amounts owed or may, at its discretion direct the HSP to pay the amount owing to the Crown and the HSP shall comply immediately with any such direction.

(b) All amounts repayable to the Crown will be paid by cheque payable to the "Ontario Minister of Finance" and mailed or delivered to the LHIN at the address provided in section 13.1.

5.5 **Interest Rate.** The LHIN may charge the HSP interest on any amount owing by the HSP at the then current interest rate charged by the Province of Ontario on accounts receivable.

ARTICLE 6.0- PLANNING & INTEGRATION

6.1 **Planning for Future Years**.

(a) **Advance Notice.** The LHIN will give at least sixty Days' Notice to the HSP of the date by which a Community Accountability Planning Submission ("CAPS"), approved by the HSP's governing body, must be submitted to the LHIN.

(b) **Multi-Year Planning.** The CAPS will be in a form acceptable to the LHIN and may be required to incorporate (1) prudent multi-year financial forecasts; (2) plans for the achievement of performance targets; and (3) realistic risk

management strategies. It will be aligned with the LHIN's then current Integrated Health Service Plan and will reflect local LHIN priorities and initiatives. If the LHIN has provided multi-year planning targets for the HSP, the CAPS will reflect the planning targets.

(c) **Multi-year Planning Targets**. Schedule B may reflect an allocation for the first Funding Year of this Agreement as well as planning targets for up to two additional years, consistent with the term of this Agreement. In such an event,

(1) the HSP acknowledges that if it is provided with planning targets, these targets are: (A) targets only, (B) provided solely for the purposes of planning, (C) are subject to confirmation, and (D) may be changed at the discretion of the LHIN in consultation with the HSP. The HSP will proactively manage the risks associated with multi-year planning and the potential changes to the planning targets; and

(2) the LHIN agrees that it will communicate any changes to the planning targets as soon as reasonably possible.

(d) **Service Accountability Agreements**. The HSP acknowledges that if the LHIN and the HSP enter into negotiations for a subsequent service accountability agreement, subsequent funding may be interrupted if the next service accountability agreement is not executed on or before the expiration date of this Agreement.

6.2 **Community Engagement & Integration Activities**.

(a) Community Engagement. The HSP will engage the community of diverse persons and entities in the area where it provides health services when setting priorities for the delivery of health services and when developing plans for submission to the LHIN including but not limited to CAPS and integration proposals.

(b) Integration. The HSP will, separately and in conjunction with the LHIN and other health service providers, identify opportunities to integrate the services of the local health system to provide appropriate, co-coordinated, effective and efficient services.

(c) Reporting. The HSP will report on its community engagement and integration activities as requested by the LHIN and in any event, in its year-end report to the LHIN.

6.3 **Planning and Integration Activity Pre-proposals**

(a) **General**. A pre-proposal process has been developed to: (1) reduce the costs incurred by an HSP when proposing operational or service changes; (2) assist the HSP to carry out its statutory obligations; and (3) enable an effective and efficient response by the LHIN. Subject to specific direction from the LHIN, this pre-proposal process will be used in the following instances:

(1) the HSP is considering an integration or an integration of services, as defined in the Act between the HSP and another person or entity;

(2) the HSP is proposing to reduce, stop, start, expand or transfer the location of Services, which for certainty includes: the transfer of Services from the HSP to another person or entity whether within or outside of the LHIN; and the relocation or transfer of Services from one of the HSP's sites to another of the HSP's sites whether within or outside of the LHIN;

(3) to identify opportunities to integrate the services of the local health system, other than those identified in (1) or (2) above; or

(4) if requested by the LHIN.

(b) **LHIN Evaluation of the Pre-proposal**. Use of the pre-proposal process is not formal Notice of a proposed integration under section 27 of the Act. LHIN consent to develop the project concept outlined in a pre-proposal does not constitute approval to proceed with the project. Nor does LHIN consent to develop a project concept presume the issuance of a favourable decision, should such a decision be required by sections 25 or 27 of the Act. Following the LHIN's review and evaluation, the HSP may be invited to submit a detailed proposal and a business plan for further analysis. Guidelines for the development of a detailed proposal and business case will be provided by the LHIN.

6.4 **Proposing Integration Activities in the Planning Submission**. No integration activity described in section 6.3 may be proposed in a CAPS unless the LHIN has consented, in writing, to its inclusion pursuant to the process set out in subsection 6.3(b).

6.5 **Definitions.** In this section 6.0, the terms "integrate", "integration" and "services" have the same meanings attributed to them in subsection 2(1) and section 23 respectively of the Act, as it and they may be amended from time to time.

(a) "service" includes,

(1) a service or program that is provided directly to people,

(2) a service or program, other than a service or program described in clause (a), that supports a service or program described in that clause, or

(3) a function that supports the operations of a person or entity that provides a service or program described in clause (a) or (b).

(b) "integrate" includes,

(1) to co-ordinate services and interactions between different persons and entities,

(2) to partner with another person or entity in providing services or in operating,

(3) to transfer, merge or amalgamate services, operations, persons or entities,

(4) to start or cease providing services,

(5) to cease to operate or to dissolve or wind up the operations of a person or entity,

(c) and "integration" has a similar meaning.

ARTICLE 7.0- PERFORMANCE

7.1 **Performance**. The Parties will strive to achieve on-going performance improvement. They will address performance improvement in a proactive, collaborative and responsive manner.

7.2 **Performance Factors**.

(a) Each Party will notify the other Party of the existence of a Performance Factor, as soon as reasonably possible after the Party becomes aware of the Performance Factor. The Notice will:

(1) describe the Performance Factor and its actual or anticipated impact;

(2) include a description of any action the Party is undertaking, or plans to undertake, to remedy or mitigate the Performance Factor;

(3) indicate whether the Party is requesting a meeting to discuss the Performance Factor; and

(4) address any other issue or matter the Party wishes to raise with the other Party.

(b) The recipient Party will provide a written acknowledgment of receipt of the Notice within seven Days of the date on which the Notice was received ("Date of the Notice").

(c) Where a meeting has been requested under paragraph 7.2(a)(3), the Parties agree to meet and discuss the Performance Factors within fourteen Days of the Date of the Notice, in accordance with the provisions of section 7.3.

7.3 **Performance Meetings** During a meeting on performance, the Parties will:

(a) discuss the causes of a Performance Factor;

(b) discuss the impact of a Performance Factor on the local health system and the risk resulting from non-performance; and

(c) determine the steps to be taken to remedy or mitigate the impact of the Performance Factor (the "Performance Improvement Process").

7.4 **The Performance Improvement Process.**

(a) The Performance Improvement Process will focus on the risks of non-performance and problem-solving. It may include one or more of the following actions:

(1) a requirement that the HSP develop and implement an improvement plan that is acceptable to the LHIN;

(2) the conduct of a Review;

(3) a revision and amendment of the HSP's obligations; and/or

(4) an in-year, or year-end, adjustment to the Funding,

among other possible means of responding to the Performance Factor or improving performance.

(b) Any performance improvement process begun under a prior service accountability agreement that was not completed under the prior agreement will continue under this Agreement. Any performance improvement required by a LHIN under a prior service accountability agreement will be deemed to be a requirement of this Agreement until fulfilled or waived by the LHIN.

ARTICLE 8.0- REPORTING, ACCOUNTING AND REVIEW

8.1 **Reporting.**

(a) **Generally.** The LHIN's ability to enable its local health system to provide appropriate, co-ordinated, effective and efficient health services, as contemplated by the Act, is heavily dependent on the timely collection and analysis of accurate information. The HSP acknowledges that the timely provision of accurate information related to the HSP, and its performance of its obligations under this Agreement, is under the HSP's control.

(b) **Specific Obligations**. The HSP:

(1) will provide to the LHIN, or to such other entity as the LHIN may direct, in the form and within the time specified by the LHIN, the Reports, other than personal health information as defined in subsection 31(5) of the CFMA, that (1) the LHIN requires for the purposes of exercising its powers and duties under this Agreement, the Act or for the purposes

that are prescribed under the Act, or (2) may be requested under the CFMA;

(2) will fulfil the specific reporting requirements set out in Schedule C;

(3) will ensure that every Report is complete, accurate, signed on behalf of the HSP by an authorized signing officer where required and provided in a timely manner and in a form satisfactory to the LHIN; and

(4) agrees that every Report submitted to the LHIN by or on behalf of the HSP, will be deemed to have been authorized by the HSP for submission.

(c) **French Language Services.** If the HSP is required to provide services to the public in French under the provisions of the *French Language Services Act*, the HSP will be required to submit a French language services report to the LHIN. If the HSP is not required to provide services to the public in French under the provisions of the *French Language Service Act*, it will be required to provide a report to the LHIN that outlines how the HSP addresses the needs of its local Francophone community.

(d) **Declaration of Compliance.** Within 90 days of the HSP's fiscal year-end, the Board will issue a Compliance Declaration declaring that the HSP has complied with the terms of this Agreement. The form of the declaration is set out in Schedule G and may be amended by the LHIN from time to time through the term of this Agreement.

(e) **Financial Reductions.** Notwithstanding any other provision of this Agreement, and at the discretion of the LHIN, the HSP may be subject to a financial reduction in any of the following circumstances:

(1) its CAPS is received after the due date;

(2) its CAPS is incomplete;

(3) the quarterly performance reports are not provided when due; or

(4) financial or clinical data requirements are late, incomplete or inaccurate,

where the errors or delay were not as a result of LHIN actions or inaction. If assessed, the financial reduction will be as follows:

(1) if received within 7 days after the due date, incomplete or inaccurate, the financial penalty will be the greater of (1) a reduction of 0.02 percent (0.02%) of the Funding; or (2) two hundred and fifty dollars ($250.00); and

(2) for every full or partial week of non-compliance thereafter, the rate will be one half of the initial reduction.

8.2 **Reviews**.

(a) During the term of this Agreement and for seven years after the term of this Agreement, the HSP agrees that the LHIN or its authorized representatives may conduct a Review of the HSP to confirm the HSP's fulfillment of its obligations under this Agreement. For these purposes the LHIN or its authorized representatives may, upon twenty-four hours' Notice to the HSP and during normal business hours enter upon the HSP's premises to:

(1) inspect and copy any financial records, invoices and other finance-related documents, other than personal health information as defined in subsection 31(5) of the CFMA, in the possession or under the control of the HSP which relate to the Funding or otherwise to the Services; and

(2) inspect and copy non-financial records, other than personal health information as defined in subsection 31(5) of the CFMA, in the possession or under the control of the HSP which relate to the Funding, the Services or otherwise to the performance of the HSP under this Agreement.

(b) The cost of any Review will be borne by the HSP if the Review: (1) was made necessary because the HSP did not comply with a requirement under the Act or this Agreement; or (2) indicates that the HSP has not fulfilled its obligations under this Agreement, including its obligations under Applicable Law and Applicable Policy.

(c) To assist in respect of the rights set out in (a) above, the HSP shall disclose any information requested by the LHIN or its authorized representatives, and shall do so in a form requested by the LHIN or its authorized representatives.

(d) The HSP may not commence a proceeding for damages or otherwise against any person with respect to any act done or omitted to be done, any conclusion reached or report submitted that is done in good faith in respect of a Review.

(e) HSP's obligations under this section 8.2 will survive any termination or expiration of this Agreement.

8.3 **Document Retention and Record Maintenance**. The HSP will

(a) retain all records (as that term is defined in FIPPA) related to the HSP's performance of its obligations under this Agreement for seven years after the termination or expiration of the term of this Agreement. The HSP's obligations under this paragraph will survive any termination or expiry of this Agreement;

(b) keep all financial records, invoices and other finance-related documents relating to the Funding or otherwise to the Services in a manner consistent with either generally accepted accounting principles or international financial reporting standards as advised by the HSP's auditor; and

(c) keep all non-financial documents and records relating to the Funding or otherwise to the Services in a manner consistent with all Applicable Law.

8.4 **Disclosure of Information.**

(a) **FIPPA**. The HSP acknowledges that the LHIN is bound by FIPPA and that any information provided to the LHIN in connection with this Agreement may be subject to disclosure in accordance with FIPPA.

(b) **Confidential Information**. The Parties will treat Confidential Information as confidential and will not disclose Confidential Information except with the consent of the disclosing Party or as permitted or required under FIPPA or the *Personal Health Information Protection Act, 2004*, the Act, court order, subpoena or other Applicable Law. Notwithstanding the foregoing, the LHIN may disclose information that it collects under this Agreement in accordance with the Act and the CFMA.

8.5 **Transparency.** The HSP will post a copy of this Agreement and each Compliance Declaration submitted to the LHIN during the term of this Agreement in a conspicuous and easily accessible public place at its sites of operations to which this Agreement applies and on its public website, if the HSP operates a public website.

8.6 **Auditor General**. For greater certainty the LHIN's rights under this article are in addition to any rights provided to the Auditor General under the *Auditor General Act* (Ontario).

ARTICLE 9.0- ACKNOWLEDGEMENT OF LHIN SUPPORT

9.1 **Publication.** For the purposes of this Article 9, the term "publication" means any material on or concerning the Services that the HSP makes available to the public, regardless of whether the material is provided electronically or in hard copy. Examples include a web-site, an advertisement, a brochure, promotional documents and a report. Materials that are prepared by the HSP in order to fulfil its reporting obligations under this Agreement are not included in the term "publication".

9.2 **Acknowledgment of Funding Support.**

(a) The HSP agrees all publications will include

(1) an acknowledgment of the Funding provided by the LHIN and the Government of Ontario. Prior to including an acknowledgement in any publication, the HSP will obtain the LHIN's approval of the form of acknowledgement. The LHIN may, at its discretion, decide that an acknowledgement is not necessary; and

(2) a statement indicating that the views expressed in the publication are the views of the HSP and do not necessarily reflect those of the LHIN or the Government of Ontario.

(b) The HSP shall not use any insignia or logo of Her Majesty the Queen in right of Ontario, including those of the LHIN, unless it has received the prior written permission of the LHIN to do so.

ARTICLE 10.0 - REPRESENTATIONS, WARRANTIES AND COVENANTS

10.1 **General.** The HSP represents, warrants and covenants that:

(a) it is, and will continue for the term of this Agreement to be, a validly existing legal entity with full power to fulfill its obligations under this Agreement;

(b) it has the experience and expertise necessary to carry out the Services;

(c) it holds all permits, licences, consents, intellectual property rights and authorities necessary to perform its obligations under this Agreement;

(d) all information (including information relating to any eligibility requirements for Funding) that the HSP provided to the LHIN in support of its request for Funding was true and complete at the time the HSP provided it, and will, subject to the provision of Notice otherwise, continue to be true and complete for the term of this Agreement; and

(e) it does, and will continue for the term of this Agreement to, operate in compliance with all Applicable Law and Applicable Policy, including observing where applicable, the requirements of the *Corporations Act* or successor legislation and the HSP's by-laws in respect of, but not limited to, the holding of board meetings, the requirements of quorum for decision-making, the maintenance of minutes for all board and committee meetings and the holding of members meetings.

10.2 **Execution of Agreement.** The HSP represents and warrants that:

(a) it has the full power and authority to enter into this Agreement; and

(b) it has taken all necessary actions to authorize the execution of this Agreement.

10.3 **Governance.**

(a) The HSP represents, warrants and covenants that it has established, and will maintain for the period during which this Agreement is in effect, policies and procedures:

(1) that set out a code of conduct for, and that identify the ethical responsibilities for all persons at all levels of the HSP's organization;

(2) to ensure the ongoing effective functioning of the HSP;

(3) for effective and appropriate decision-making;

(4) for effective and prudent risk-management, including the identification and management of potential, actual and perceived conflicts of interest;

(5) for the prudent and effective management of the Funding;

(6) to monitor and ensure the accurate and timely fulfillment of the HSP's obligations under this Agreement and compliance with the Act;

(7) to enable the preparation, approval and delivery of all Reports;

(8) to address complaints about the provision of Services, the management or governance of the HSP; and

(9) to deal with such other matters as the HSP considers necessary to ensure that the HSP carries out its obligations under this Agreement.

(b) The HSP represents and warrants that:

(1) the HSP has, or will have within 60 days of the execution of this Agreement, a Performance Agreement with its CEO that ties the CEO's compensation plan to the CEO's performance;

(2) it will take all reasonable care to ensure that its CEO complies with the Performance Agreement;

(3) it will enforce the HSP's rights under the Performance Agreement; and

(4) any compensation award provided to the CEO during the term of this Agreement will be pursuant to an evaluation of the CEO's performance under the Performance Agreement and the CEO's achievement of performance goals and performance improvement targets and in compliance with Applicable Law.

"compensation award", for the purposes of Section 10.3(b)(4) above, means all forms of payment, benefits and perquisites paid or provided, directly or indirectly, to or for the benefit of a CEO who performs duties and functions that entitle him or her to be paid.

10.4 **Funding, Services and Reporting**. The HSP represents warrants and covenants that

(a) the Funding is, and will be continued to be, used only to provide the Services in accordance with the terms of this Agreement;

(b) the Services are and will continue to be provided;

(1) by persons with the expertise, professional qualifications, licensing and skills necessary to complete their respective tasks; and

(2) in compliance with Applicable Law and Applicable Policy;

(c) every Report is accurate and in full compliance with the provisions of this Agreement, including any particular requirements applicable to the Report and any material change to a Report will be communicated to the LHIN immediately.

10.5 **Supporting Documentation.** Upon request, the HSP will provide the LHIN with proof of the matters referred to in this Article.

ARTICLE 11.0- LIMITATION OF LIABILITY, INDEMNITY & INSURANCE

11.1 **Limitation of Liability**. The Indemnified Parties will not be liable to the HSP or any of the HSP's Personnel and Volunteers for costs, losses, claims, liabilities and damages howsoever caused arising out of or in any way related to the Services or otherwise in connection with this Agreement, unless caused by the negligence or wilful act of any of the Indemnified Parties.

11.2 **Ibid**. For greater certainty and without limiting section 11.1, the LHIN is not liable for how the HSP and the HSP's Personnel and Volunteers carry out the Services and is therefore not responsible to the HSP for such Services. Moreover the LHIN is not contracting with or employing any HSP's Personnel and Volunteers to carry out the terms of this Agreement. As such, it is not liable for contracting with, employing or terminating a contract with or the employment of any HSP's Personnel and Volunteers required to carry out this Agreement, nor for the withholding, collection or payment of any taxes, premiums, contributions or any other remittances due to government for the HSP's Personnel and Volunteers required by the HSP to carry out this Agreement.

11.3 **Indemnification**. The HSP hereby agrees to indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant costs), causes of action, actions, claims, demands, lawsuits or other proceedings (collectively, the "Claims"), by whomever made, sustained, brought or prosecuted (including for third party bodily injury (including death), personal injury and property damage), in any way based upon, occasioned by or attributable to anything done or omitted to be done by the HSP or the HSP's Personnel and Volunteers, in the course of the performance of the HSP's obligations under, or otherwise in connection with, this Agreement, unless caused by the negligence or wilful misconduct of any Indemnified Parties.

11.4 **Insurance**.

(a) **Generally.** The HSP shall protect itself from and against all claims that might arise from anything done or omitted to be done by the HSP and the HSP's

Personnel and Volunteers under this Agreement and more specifically all claims that might arise from anything done or omitted to be done under this Agreement where bodily injury (including personal injury), death or property damage, including loss of use of property is caused.

(b) **Required Insurance.** The HSP will put into effect and maintain, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all necessary and appropriate insurance that a prudent person in the business of the HSP would maintain, including, but not limited to, the following at its own expense:

(1) Commercial General Liability Insurance, for third party bodily injury, personal injury and property damage to an inclusive limit of not less than two million dollars per occurrence and not less than two million dollars products and completed operations aggregate. The policy will include the following clauses:

a. The Indemnified Parties as additional insureds;
b. Contractual Liability;
c. Cross-Liability;
d. Products and Completed Operations Liability;
e. Employers Liability and Voluntary Compensation unless the HSP complies with the Section below entitled "Proof of WSIA Coverage";
f. Tenants Legal Liability; (for premises/building leases only);
g. Non-Owned automobile coverage with blanket contractual coverage for hired automobiles; and,
h. A thirty-Day written notice of cancellation, termination or material change.

(2) Proof of WSIA Coverage. The HSP will provide the LHIN with a valid Workplace Safety and Insurance Act, 1997 (WSIA) Clearance Certificate and any renewal replacements, and will pay all amounts required to be paid to maintain a valid WSIA Clearance Certificate throughout the term of this Agreement.

(3) All Risk Property Insurance on property of every description, for the term, providing coverage to a limit of not less than the full replacement cost, including earthquake and flood. All reasonable deductibles and/or self-insured retentions are the responsibility of the HSP.

(4) Comprehensive Crime insurance, Disappearance, Destruction and Dishonest coverage.

(5) Errors and Omissions Liability Insurance insuring liability for errors and omissions in the provision of any professional services as part of the Services or failure to perform any such professional services, in the amount of not less than two million dollars per claim and in the annual aggregate.

(c) **Certificates of Insurance.** The HSP will provide the LHIN with proof of the insurance required by this Agreement in the form of a valid certificate of

insurance that references this Agreement and confirms the required coverage, on or before the commencement of this Agreement, and renewal replacements on or before the expiry of any such insurance. Upon the request of the LHIN, a copy of each insurance policy shall be made available to it. The HSP shall ensure that each of its subcontractors obtains all the necessary and appropriate insurance that a prudent person in the business of the subcontractor would maintain and that the Indemnified Parties are named as additional insureds with respect to any liability arising in the course of performance of the subcontractor's obligations under the subcontract.

ARTICLE 12.0- TERMINATION OF AGREEMENT

12.1 **Termination by the LHIN.**

(a) **Without Cause.** The LHIN may terminate this Agreement at any time, for any reason, upon giving at least sixty Days' Notice to the HSP.

(b) **Where No Appropriation**. If, as provided for in section 4.3, the LHIN does not receive the necessary funding from the MOHLTC, the LHIN may terminate this Agreement immediately by giving Notice to the HSP.

(c) **For Cause.** The LHIN may terminate this Agreement immediately upon giving Notice to the HSP if:

(1) in the opinion of the LHIN:

a. the HSP has knowingly provided false or misleading information regarding its funding request or in any other communication with the LHIN;
b. the HSP breaches any material provision of this Agreement;
c. the HSP is unable to provide or has discontinued the Services; or
d. it is not reasonable for the HSP to continue to provide the Services;

(2) the nature of the HSP's business, or its corporate status, changes so that it no longer meets the applicable eligibility requirements of the program under which the LHIN provides the Funding;

(3) the HSP makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or is petitioned into bankruptcy, or files for the appointment of a receiver; or

(4) the HSP ceases to carry on business.

(d) **Material Breach.** A breach of a material provision of this Agreement includes, but is not limited to:

(1) misuse of Funding;

(2) a failure or inability to provide the Services as set out in the Service Plan;

(3) a failure to provide the Compliance Declaration;

(4) a failure to implement, or follow, a Performance Agreement, Performance Improvement Process or a Transition Plan;

(5) a failure to respond to LHIN requests in a timely manner;

(6) a failure to: A) advise the LHIN of actual, potential or perceived Conflict of Interest; or B) comply with any requirements prescribed by the LHIN to resolve a Conflict of Interest; and

(7) a Conflict of Interest that cannot be resolved.

(e) **Transition Plan**. In the event of termination by the LHIN pursuant to this subsection, the LHIN and the HSP will develop a transition plan, acceptable to the LHIN that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected in a timely manner ("Transition Plan"). The HSP agrees that it will take all actions, and provide all information, required by the LHIN to facilitate the transition of the HSP's clients.

12.2 **Termination by the HSP**.

(a) The HSP may terminate this Agreement at any time, for any reason, upon giving six months' Notice (or such shorter period as may be agreed by the HSP and the LHIN) to the LHIN provided that the Notice is accompanied by:

(1) satisfactory evidence that the HSP has taken all necessary actions to authorize the termination of this Agreement; and

(2) a Transition Plan, acceptable to the LHIN, that indicates how the needs of the HSP's clients will be met following the termination and how the transition of the clients to new service providers will be effected within the six month Notice period.

(b) In the event that the HSP fails to provide an acceptable Transition Plan, the LHIN may reduce Funding payable to the HSP prior to termination of this Agreement to compensate the LHIN for transition costs.

12.3 **Opportunity to Remedy**.

(a) **Opportunity to Remedy.** If the LHIN considers that it is appropriate to allow the HSP an opportunity to remedy a breach of this Agreement, the LHIN may give the HSP an opportunity to remedy the breach by giving the HSP Notice of the particulars of the breach and of the period of time within which the HSP is

required to remedy the breach. The Notice will also advise the HSP that the LHIN will terminate this Agreement:

(1) at the end of the Notice period provided for in the Notice if the HSP fails to remedy the breach within the time specified in the Notice; or

(2) prior to the end of the Notice period provided for in the Notice if it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within that time or such further period of time as the LHIN considers reasonable, or the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN.

(b) **Failure to Remedy.** If the LHIN has provided the HSP with an opportunity to remedy the breach, and:

(1) the HSP does not remedy the breach within the time period specified in the Notice;

(2) it becomes apparent to the LHIN that the HSP cannot completely remedy the breach within the time specified in the Notice or such further period of time as the LHIN considers reasonable; or

(3) the HSP is not proceeding to remedy the breach in a way that is satisfactory to the LHIN,

(c) then the LHIN may immediately terminate this Agreement by giving Notice of termination to the HSP.

12.4 **Consequences of Termination.**

(a) If this Agreement is terminated pursuant to this Article, the LHIN may:

(1) cancel all further Funding instalments;

(2) demand the repayment of any Funding remaining in the possession or under the control of the HSP;

(3) determine the HSP's reasonable costs to wind down the Services; and

(4) permit the HSP to offset the costs determined pursuant to subsection (3), against the amount owing pursuant to subsection (2).

12.5 **Effective Date.** Termination under this Article will take effect as set out in the Notice.

12.6 **Corrective Action.** Despite its right to terminate this Agreement pursuant to this Article, the LHIN may choose not to terminate this Agreement and may take whatever corrective action it considers necessary and appropriate, including suspending Funding for such period as the LHIN determines, to ensure the successful completion of the Services in accordance with the terms of this Agreement.

ARTICLE 13.0- NOTICE

13.1 **Notice.** A Notice will be in writing; delivered personally, by pre-paid courier, by facsimile with confirmation of receipt, or by any form of mail where evidence of receipt is provided by the post office. A Notice may not be sent by e-mail. A Notice will be addressed to the other Party as provided below or as either Party will later designate to the other in writing:

To the LHIN:

Hamilton Niagara Haldimand Brant Local Health Integration Network
264 Main Street East
Grimsby, ON L3M 1P8

Attn: Board Chair
Fax: 905-945-1992
Telephone: 905-945-4930

To the HSP:

Quest Community Health Centre
145 Queenston Street, Suite 100
St. Catharines , ON L2R 2Z9

Attn: Board Chair
Fax: 905-688-4678
Telephone: 905-688-2558

13.2 **Notices Effective From.** A Notice will be effective at the time the delivery is made.

ARTICLE 14.0- ADDITIONAL PROVISIONS

14.1 **Interpretation**. In the event of a conflict or inconsistency in any provision of this Agreement, the main body of this Agreement will prevail over the Schedules, unless otherwise provided in the Schedules.

14.2 **Invalidity or Unenforceability of Any Provision**. The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision of this Agreement and any invalid or unenforceable provision will be deemed to be severed.

14.3 **Terms and Conditions on Any Consent**. Any consent or approval that the LHIN may grant under this Agreement is subject to such terms and conditions as the LHIN may reasonably require.

14.4 **Waiver**. A Party may only rely on a waiver of the Party's failure to comply with any term of this Agreement if the other Party has provided a written and signed Notice of waiver. Any waiver must refer to a specific failure to comply and will not have the effect of waiving any subsequent failures to comply.

14.5 **Parties Independent**. The Parties are and will at all times remain independent of each other and are not and will not represent themselves to be the agent, joint venturer, partner or employee of the other. No representations will be made or acts taken by either Party which could establish or imply any apparent relationship of agency, joint venture, partnership or employment and neither Party will be bound in any manner whatsoever by any agreements, warranties or representations made by the other Party to any other person or entity, nor with respect to any other action of the other Party.

14.6 **LHIN is an Agent of the Crown**. The Parties acknowledge that the LHIN is an agent of the Crown and may only act as an agent of the Crown in accordance with the provisions of the Act. Notwithstanding anything else in this Agreement, any express or implied reference to the LHIN providing an indemnity or any other form of indebtedness or contingent liability that would directly or indirectly increase the indebtedness or contingent liabilities of the LHIN or of Ontario, whether at the time of execution of this Agreement or at any time during the term of this Agreement, will be void and of no legal effect.

14.7 **Express Rights and Remedies Not Limited**. The express rights and remedies of the LHIN are in addition to and will not limit any other rights and remedies available to the LHIN at law or in equity. For further certainty, the LHIN has not waived any provision of

any applicable statute, including the Act and the CFMA, nor the right to exercise its rights under these statutes at any time.

14.8 **No Assignment**. The HSP will not assign this Agreement or the Funding in whole or in part, directly or indirectly, without the prior written consent of the LHIN. No assignment or subcontract shall relieve the HSP from its obligations under this Agreement or impose any liability upon the LHIN to any assignee or subcontractor. The LHIN may assign this Agreement or any of its rights and obligations under this Agreement to any one or more of the LHINs or to the MOHLTC.

14.9 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties hereto will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein. Any litigation arising in connection with this Agreement will be conducted in Ontario unless the Parties agree in writing otherwise.

14.10 **Survival**. The provisions in Articles 1.0, 5.0, 8.0, 10.5, 11.0, 13.0, 14.0 and 15.0 will continue in full force and effect for a period of seven years from the date of expiry or termination of this Agreement.

14.11 **Further Assurances**. The Parties agree to do or cause to be done all acts or things necessary to implement and carry into effect this Agreement to its full extent.

14.12 **Amendment of Agreement**. This Agreement may only be amended by a written agreement duly executed by the Parties.

14.13 **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.

ARTICLE 15.0- ENTIRE AGREEMENT

15.1 **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.

The Parties have executed this Agreement on the dates set out below.

HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

By:

Mike Shea, Chair — Date

And by:

Donna Cripps, Chief Executive Officer — Date

Quest Community Health Centre

By:

Christopher Bittle. Board Chair — Date: Feb 20/14
I have authority to bind the HSP

And by:

Coletta McGrath, Executive Director — Date: Feb. 20/14
I have authority to bind the HSP

Schedule A1: Description of Services
2014-2017

Health Service Provider: Quest Community Health Centre

Services Provided - With LHIN Funding

Service	Catchment Area Served																								
	Within LHIN											Other LHIN Areas													
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	ALL	ES	SW	WW	HNHB	CW	MH	TC	CEN	CE	SE	CH	NS	NE	NW
72 4 10 21 LAB Pre/Post Analysis					X		X								X										
72 5 10 20 Clinics/Programs - General Clinic					X		X								X										
72 5 10 40 Therapy Clinic					X		X								X										
72 5 10 50 Clinics/Programs – Chronic Disease Clinic					X		X								X										
72 5 10 78 11 Addictions Treatment-Substance Abuse					X		X								X										
72 5 50 14 COM Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building					X		X								X										
72 5 50 35 10 Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention-General					X		X								X										
72 5 50 45 Health Prom/Educ.& Com. Dev – Personal Health and Wellness					X		X								X										

Schedule A2: Population and Geography 2014-2017

Health Service Provider: Quest Community Health Centre

Client Population

Quest serves individuals who are challenged in accessing primary health care. This includes isolated seniors, persons who are homeless/under-housed, people experiencing mental health, addiction and/or concurrent disorders, at risk children, youth and families, and sexual diverse communities (LGBTT!QQ2S, lesbian, gay, bisexual, transgender, transsexual, intersex, queer, questioning, 2 spirited). Quest CHC offers a range of comprehensive, integrated primary health care, health promotion and community development programs. Services are structured and designed to eliminate system wide barriers to access such as poverty, geographic isolation, ethno and cultur-centrism, racism, heterosexism, ageism, language discrimination, ableism, and other harmful forms of social exclusion that can lead to an increased burden of risk of ill health. The Institute for Clinical Evaluative Sciences (ICES) has determined that Quest has a SAMI of ~~2.5.~~ A SAMI of ~~2.5~~ can be interpreted as an expected need for health care that is 150% higher

2.51 **2.51**

than in the general Ontario population. Quest's SAMI is the second highest among Ontario's CHCs. According to Quest's SAMI, our target number of clients would be ~~2,503~~. Quest is currently at ~~112%~~ of that target.

2,719.12 **72.9%**

Geography Served

Quest Community Health Centre's main service delivery site is located at 145 Queenston Street, St. Catharines. The site was selected following careful analysis of several socio-economic indicators including unemployment, low income, low birth weight, etc., as well as focus groups and interviews with community stakeholders. Quest's operating hours are Monday to Friday 8:30 am - 4:30 pm. Urgent Services Access Team operating hours are Monday to Friday, 11:00 am - 7:30 pm. Quest has established Points of Service throughout the region to facilitate access for our priority population: St Catharines Collegiate Institute, 8:00 am - 12:30 pm, 1 day/week. Start Me Up Niagara, 8:30 am - 2:30 pm, Tuesdays. Virgil Migrant Worker Program, growing season, June to October, Sundays. Niagara Health Systems - St Catharines General, 2 half days/week. LBGTQ Programs: Canadian Mental Health Association - Niagara Falls, 2 days/month. Bridges Community Health Centre, Port Colborne, 2 days/month. Niagara Falls Library, 2 days/month. Quest monitors and explores the need for other points of service and potential satellite offices.

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2014-2015 Plan Target	2015-2016 Plan Target	2016-2017 Plan Target
REVENUE					
LHIN Global Base Allocation	1	F 11006	$3,795,617	$3,795,617	$3,795,617
HBAM Funding (CCAC only)	2	F 11005	$0	$0	$0
Quality-Based Procedures (CCAC only)	3	F 11004	$0	$0	$0
MOHLTC Base Allocation	4	F 11010	$0	$0	$0
MOHLTC Other funding envelopes	5	F 11014	$0	$0	$0
LHIN One Time	6	F 11008	$0	$0	$0
MOHLTC One Time	7	F 11012	$0	$0	$0
Paymaster Flow Through	8	F 11019	$0	$0	$0
Service Recipient Revenue	9	F 11050 to 11090	$0	$0	$0
Subtotal Revenue LHIN/MOHLTC	**10**	**Sum of Rows 1 to 9**	$3,795,617	$3,795,617	$3,795,617
Recoveries from External/Internal Sources	11	F 120*	$45,970	$45,970	$45,970
Donations	12	F 140*	$0	$0	$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*]	$0	$0	$0
Subtotal Other Revenues	**14**	**Sum of Rows 11 to 13**	$45,970	$45,970	$45,970
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	$3,841,587	$3,841,587	$3,841,587
EXPENSES					
Compensation					
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$1,305,110	$1,305,110	$1,305,110
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$196,833	$196,833	$196,833
Employee Future Benefit Compensation	19	F 305*	$0	$0	$0
Physician Compensation	20	F 390*	$1,123,641	$1,123,641	$1,123,641
Physician Assistant Compensation	21	F 390*	$0	$0	$0
Nurse Practitioner Compensation	22	F 380*	$312,927	$312,927	$312,927
All Other Medical Staff Compensation	23	F 390*, [excl. F 39092]	$0	$0	$0
Sessional Fees	24	F 39092	$0	$0	$0
Service Costs					
Med/Surgical Supplies & Drugs	25	F 460*, 465*, 560*, 565*	$89,152	$89,152	$89,152
Supplies & Sundry Expenses	26	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$306,016	$306,016	$306,016
Community One Time Expense	27	F 69596	$0	$0	$0
Equipment Expenses	28	F 7*, [excl. F 750*, 780*]	$10,000	$10,000	$10,000
Amortization on Major Equip, Software License & Fees	29	F 750* , 780*	$0	$0	$0
Contracted Out Expense	30	F 8*	$0	$0	$0
Buildings & Grounds Expenses	31	F 9*, [excl. F 950*]	$497,908	$497,908	$497,908
Building Amortization	32	F 9*	$0	$0	$0
TOTAL EXPENSES FUND TYPE 2	**33**	**Sum of Rows 17 to 32**	$3,841,587	$3,841,587	$3,841,587
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**34**	**Row 15 minus Row 33**	$0	$0	$0
Amortization - Grants/Donations Revenue	35	F 131*, 141* & 151*	$0	$0	$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	**36**	**Sum of Rows 34 to 35**	$0	$0	$0
FUND TYPE 3 - OTHER					
Total Revenue (Type 3)	37	F 1*	$17,500	$0	$0
Total Expenses (Type 3)	38	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$17,500	$0	$0
NET SURPLUS/(DEFICIT) FUND TYPE 3	**39**	**Row 37 minus Row 38**	$0	$0	$0
FUND TYPE 1 - HOSPITAL					
Total Revenue (Type 1)	40	F 1*	$0	$0	$0
Total Expenses (Type 1)	41	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$0	$0	$0
NET SURPLUS/(DEFICIT) FUND TYPE 1	**42**	**Row 40 minus Row 41**	$0	$0	$0
ALL FUND TYPES					
Total Revenue (All Funds)	43	Line 13 + line 32 + line 35	$3,859,087	$3,841,587	$3,841,587
Total Expenses (All Funds)	44	Line 28 + line 33 + line 36	$3,859,087	$3,841,587	$3,841,587
NET SURPLUS/(DEFICIT) ALL FUND TYPES	**45**	**Row 43 minus Row 44**	$0	$0	$0
Total Admin Expenses Allocated to the TPBEs					
Undistributed Accounting Centres	46	82*	$0	$0	$0
Admin & Support Services	47	72 1*	$633,369	$633,369	$633,369
Management Clinical Services	48	72 5 05	$112,851	$112,851	$112,851
Medical Resources	49	72 5 07	$0	$0	$0
Total Admin & Undistributed Expenses	**50**	**Sum of Rows 46-50** ***(included in Fund Type 2 expenses above)***	$746,220	$746,220	$746,220

Schedule B2: Clinical Activity- Summary
2014-2017

Health Service Provider: Quest Community Health Centre

Service Category 2014-2015 Budget	OHRS Framework Level 3	Visits F2F, Tel.In House, Cont. Out	Not Uniquely identified Service Recipient interactions	Hours of Care In-House & Contracted Out	Inpatient/Reside nt Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
Diagnostic and Therapeutic Services (CHC's)	72 4*	0	0	3,218	0	0	0	0	0	0	0
Primary Care- Clinics/Programs	72 5 10*	18,500	0	30,304	0	2,061	0	0	0	0	0

Service Category 2015-2016 Budget	OHRS Framework Level 3	Visits F2F, Tel.In House, Cont. Out	Not Uniquely identified Service Recipient interactions	Hours of Care In-House & Contracted Out	Inpatient/Reside nt Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
Diagnostic and Therapeutic Services (CHC's)	72 4*	0	0	3,218	0	0	0	0	0	0	0
Primary Care- Clinics/Programs	72 5 10*	18,500	0	30,304	0	2,061	0	0	0	0	0

Service Category 2016-2017 Budget	OHRS Framework Level 3	Visits F2F, Tel.In House, Cont. Out	Not Uniquely identified Service Recipient interactions	Hours of Care In-House & Contracted Out	Inpatient/Reside nt Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions- not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions (All Time Intervals)
Diagnostic and Therapeutic Services (CHC's)	72 4*	0	0	3,218	0	0	0	0	0	0	0
Primary Care- Clinics/Programs	72 5 10*	18,500	0	30,304	0	2,061	0	0	0	0	0

SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES

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 the required information on 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	*Not required 2014-15*
2014-15 Q2	October 31, 2014
2014-15 Q3	January 31, 2015
2014-15 Q4	May 31, 2015
2015-16	**Due Dates (Must pass 3c Edits)**
2015-16 Q1	*Not required 2015-16*
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	*Not required 2016-17*
2016-17 Q2	October 31, 2016
2016-17 Q3	January 31, 2017
2016-17 Q4	May 30, 2017

Supplementary Reporting - Quarterly Report (through SRI) and Annual Reconciliation Report (ARR	
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
2014-15 ARR	June 30, 2015
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
2015-16 ARR	June 30, 2016

SCHEDULE C – REPORTS
COMMUNITY HEALTH CENTRES

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
2016-17 ARR	June 30, 2017

Board Approved Audited Financial Statement *	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

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

Community Health Centres – Other Reporting Requirements	
Requirement	**Due Date**
CHC Program Reporting System	All policies and standards related to data entry, extraction and reporting as outlined on the ministry's CHCISS website accessed via VPN.
French language service report through SRI	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 April 30, 2017

SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY HEALTH CENTRES

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

▪ **Community Health Centre – Requirements November 2013**
▪ **Ontario Healthcare Reporting Standards – OHRS/MIS - most current version available to applicable year**
▪ **Community Financial Policy (2011)** **(see Note #2)**
▪ **Model of Health and Wellbeing - May 2013**
▪ **Community Health Centre Guidelines November 2013 (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 D – DIRECTIVES, GUIDELINES AND POLICIES
COMMUNITY HEALTH CENTRES

Note #2: Community Financial Policy

A process has been initiated for reviewing the Community Financial Policy (2011) that includes community sector, LHIN and MOHLTC representatives.

Schedule E1: Core Indicators

2014-2017

Health Service Provider: Quest Community Health Centre

Performance Indicators	14-15 2014-2015 Target	Performance Standard	15-16 2015-2016 Target	Performance Standard	16-17 2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0	$0	>=0	$0	>=0
Proportion of Budget Spent on Administration	16%	13.2 - 19.8%	16%	13.2 - 19.8%	16%	13.2 - 19.8%
**Percentage Total Margin	0.00%	>= 0%	0.00%	>= 0%	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	12.00%	<13.2%	12.00%	<13.2%	12.00%	<13.2%
Variance Forecast to Actual Expenditures	$0	< 5%	$0	< 5%	$0	< 5%
Variance Forecast to Actual Units of Service	0	< 5%	0	< 5%	0	< 5%
Service Activity by Functional Centre	Refer to Sch E2a	-	Refer to Sch E2a	-	Refer to Sch E2a	-
Number of Individuals Served	Refer to Sch E2a	-	Refer to Sch E2a	-	Refer to Sch E2a	-

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
2014-2017

Health Service Provider: Quest Community Health Centre

OHRS Description & Functonal Centre [1]these values are provided for information purposes only. They are not Accountability Indicators.		2014-2015		2015-2016		2016-2017	
		Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
Administration and Support Services 72 1*							
[1]Full-time equivalents (FTE)	72 1*	4.79	n/a	4.79	n/a	4.79	n/a
[1]Total Cost for Functional Centre	72 1*	$633,369	n/a	$633,369	n/a	$633,369	n/a
Diagnostic and Therapeutic Services 72 4* (Community Health Centres) 72 4*							
LAB Pre/Post Analysis 72 4 10 21							
[1]Full-time equivalents (FTE)	72 4 10 21	1.65	n/a	1.65	n/a	1.65	n/a
Hours of Care	72 4 10 21	3,218	2896 - 3540	3,218	2896 - 3540	3,218	2896 - 3540
[1]Total Cost for Functional Centre	72 4 10 21	$86,830	n/a	$86,830	n/a	$86,830	n/a
Primary Care- Clinics/Programs 72 5 10*							
Clinics/Programs - General Clinic 72 5 10 20							
[1]Full-time equivalents (FTE)	72 5 10 20	7.20	n/a	7.20	n/a	7.20	n/a
Visits	72 5 10 20	12,350	11733 - 12968	12,350	11733 - 12968	12,350	11733 - 12968
Hours of Care	72 5 10 20	14,040	13338 - 14742	14,040	13338 - 14742	14,040	13338 - 14742
Individuals Served by Functional Centre	72 5 10 20	1,325	1193 - 1458	1,325	1193 - 1458	1,325	1193 - 1458
[1]Total Cost for Functional Centre	72 5 10 20	$2,181,322	n/a	$2,181,322	n/a	$2,181,322	n/a
Therapy Clinic 72 5 10 40							
[1]Full-time equivalents (FTE)	72 5 10 40	1.59	n/a	1.59	n/a	1.59	n/a
Visits	72 5 10 40	2,113	1902 - 2324	2,113	1902 - 2324	2,113	1902 - 2324
Hours of Care	72 5 10 40	3,101	2791 - 3411	3,101	2791 - 3411	3,101	2791 - 3411
Individuals Served by Functional Centre	72 5 10 40	208	166 - 250	208	166 - 250	208	166 - 250
[1]Total Cost for Functional Centre	72 5 10 40	$100,967	n/a	$100,967	n/a	$100,967	n/a
Clinics/Programs – Chronic Disease Clinic 72 5 10 50							
[1]Full-time equivalents (FTE)	72 5 10 50	1.25	n/a	1.25	n/a	1.25	n/a
Visits	72 5 10 50	1,787	1608 - 1966	1,787	1608 - 1966	1,787	1608 - 1966
Hours of Care	72 5 10 50	2,438	2194 - 2682	2,438	2194 - 2682	2,438	2194 - 2682
Individuals Served by Functional Centre	72 5 10 50	178	142 - 214	178	142 - 214	178	142 - 214
[1]Total Cost for Functional Centre	72 5 10 50	$88,374	n/a	$88,374	n/a	$88,374	n/a
Addictions Treatment-Substance Abuse 72 5 10 78 11							
[1]Full-time equivalents (FTE)	72 5 10 78 11	5.50	n/a	5.50	n/a	5.50	n/a
Visits	72 5 10 78 11	2,250	2025 - 2475	2,250	2025 - 2475	2,250	2025 - 2475
Hours of Care	72 5 10 78 11	10,725	10189 - 11261	10,725	10189 - 11261	10,725	10189 - 11261
Individuals Served by Functional Centre	72 5 10 78 11	350	280 - 420	350	280 - 420	350	280 - 420
[1]Total Cost for Functional Centre	72 5 10 78 11	$550,000	n/a	$550,000	n/a	$550,000	n/a
Health Promotion and Education 72 5 50							
COM Health Prom/Educ. & Com.Dev. – Community Engagement and Capacity Building 72 5 50 14							
[1]Full-time equivalents (FTE)	72 5 50 14	0.84	n/a	0.84	n/a	0.84	n/a
[1]Total Cost for Functional Centre	72 5 50 14	$57,173	n/a	$57,173	n/a	$57,173	n/a
Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention- General 72 5 50 35 10							
[1]Full-time equivalents (FTE)	72 5 50 35 10	1.65	n/a	1.65	n/a	1.65	n/a
[1]Total Cost for Functional Centre	72 5 50 35 10	$71,776	n/a	$71,776	n/a	$71,776	n/a
Health Prom/Educ.& Com. Dev – Personal Health and Wellness 72 5 50 45							
[1]Full-time equivalents (FTE)	72 5 50 45	1.58	n/a	1.58	n/a	1.58	n/a
[1]Total Cost for Functional Centre	72 5 50 45	$71,776	n/a	$71,776	n/a	$71,776	n/a
Total Full-Time Equivalents for All F/C		26.05		26.05		26.05	
Total Cost for All F/C		$3,841,587		$3,841,587		$3,841,587	

Schedule E2b: CHC Sector Specific Indicators

2014-2017

Health Service Provider: Quest Community Health Centre

Performance Indicators	2014-2015 Target	Performance Standard	2015-2016 Target	Performance Standard	2016-2017 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	70%	> 56.0%	70%	> 56.0%	70%	> 56.0%
Colorectal Screening Rate	60%	48 - 72%	60%	48 - 72%	60%	48 - 72%
Inter-professional Diabetes Care Rate	90%	72 - 100%	90%	72 - 100%	90%	72 - 100%
Influenza Vaccination Rate	15%	12 - 18%	15%	12 - 18%	15%	12 - 18%
Breast Cancer Screening Rate	50%	40 - 60%	50%	40 - 60%	50%	40 - 60%
Periodic Health Exam Rate	63%	50.4 - 75.6%	63%	50.4 - 75.6%	63%	50.4 - 75.6%
Vacancy Rate (For NPs and Physicians	25%	<= 30%	25%	<= 30%	25%	<= 30%
Access to Primary Care	70%	66.5 - 73.5%	70%	66.5 - 73.5%	70%	66.5 - 73.5%

Explanatory Indicators
Emergency visits best managed elsewhere
Client Satisfaction – Access
Clinic support staff per primary care provider
Cultural Interpretation
Exam rooms per primary care provider
New grads/new staff
Non-Primary Care Activities
Number of Registered Clients
Number of New Patients
Specialized Care
Supervision of students
Third next available appointment
Non-Insured Clients

Schedule E3a Local: All
2014-2017

Health Service Provider: Quest Community Health Centre

The HNHB LHIN's Behavioural Support Ontario's (BSO) Action Plan includes an Integrated Community Lead (ICL) service model that is applicable for LHIN funded health service providers that provide care in the community for the BSO target population. The BSO population is defined as: older adults with cognitive impairments due to mental health problems, dementia, or other neurological conditions, (who) exhibit, or are at risk of exhibiting, responsive or challenging behaviors such as aggression, wandering, physician resistance and agitation.

The ICL model is an "approach" to providing services where a single community service provider is identified for the client and their caregivers to coordinate and plan community services that meet their care needs. Refer to the HNHB LHIN's website for more information on the ICL service model.

Participate as a BSO ICL Contributing Agency. In this role your agency will be expected to:

- Participate in providing client-specific information to the client's identified ICL agency coordinating the care for mutual clients
- Participate in an action plan development where a formal client-specific collaborative are formed
- Notify the ICL upon any changes to service delivery that impacts mutual clients
- Notify the ICL when there are changes in a client's status that impact his/her ability to manage
- Support clients who engage their agency as an access point to the system by ensuring the client is linked to appropriate services ("warm connection").

Schedule E3b Local: CHC Local Indicators
2014-2017

Health Service Provider: Quest Community Health Centre

Quality Obligation

The CHC to develop a Quality Improvement Plan (QIP) with guidance from Health Quality Ontario (HQO) quality framework and templates for submission by the CHC to HQO on or before fiscal year end to inform HQO's review and feedback of the broader CHC sector alignment with its quality framework. The CHC will also align its quality strategies with the LHIN-wide Quality Plan set out by the Quality Guidance Council and provide the HNHB LHIN with a copy of their QIP to HQO.

	Target 2014-15	Performance Corridor 2014-15	Target 2015-16	Performance Corridor 2015-16	Target 2016-17	Performance Corridor 2016-17
% of clients registered with CHC diagnosed with diabetes who have had a foot exam within the last 12 months	80%	64-96%	80%	64-96%	80%	64-96%

Project Funding Agreement Template

Note: This project template is intended to be used to fund one-off projects or for the provision of services not ordinarily provided by the HSP. Whether or not the HSP provides the services directly or subcontracts the provision of the services to another provider, the HSP remains accountable for the funding that is provided by the LHIN.

THIS PROJECT FUNDING AGREEMENT ("PFA") is effective as of [insert date] (the "Effective Date") between:

XXX LOCAL HEALTH INTEGRATION NETWORK (the "**LHIN**")

- and -

[Legal Name of the Health Service Provider] (the "**HSP**")

WHEREAS the LHIN and the HSP entered into a service accountability agreement dated [insert date] (the "SAA") for the provision of Services and now wish to set out the terms of pursuant to which the LHIN will fund the HSP for [insert brief description of project] (the "Project");

NOW THEREFORE in consideration of their respective agreements set out below and subject to the terms of the SAA, the parties covenant and agree as follows:

1.0 Definitions. Unless otherwise specified in this PFA, capitalized words and phrases shall have the meaning set out in the SAA. When used in this PFA, the following words and phrases have the following meanings:

"**Project Funding**" means the funding for the Services;

"Services " mean the services described in Appendix A to this PFA; and

"Term" means the period of time from the Effective Date up to and including [insert project end date].

2.0 Relationship between the SAA and this PFA. This PFA is made subject to and hereby incorporates the terms of the SAA. On execution this PFA will be appended to the SAA as a Schedule.

3.0 The Services. The HSP agrees to provide the Services on the terms and conditions of this PFA including all of its Appendices and schedules.

4.0 Rates and Payment Process. Subject to the SAA, the Project Funding for the provision of the Services shall be as specified in Appendix A to this PFA.

5.0 Representatives for PFA.

(a) The HSP's Representative for purposes of this PFA shall be [insert name,

telephone number, fax number and e-mail address.] The HSP agrees that the HSP's Representative has authority to legally bind the HSP.

(b) The LHIN's Representative for purposes of this PFA shall be: [insert name, telephone number, fax number and e-mail address.]

6.0 Additional Terms and Conditions. The following additional terms and conditions are applicable to this PFA.

(a) Notwithstanding any other provision in the SAA or this PFA, in the event the SAA is terminated or expires prior to the expiration or termination of this PFA, this PFA shall continue until it expires or is terminated in accordance with its terms.

(b) [insert any additional terms and conditions that are applicable to the Project]

IN WITNESS WHEREOF the parties hereto have executed this PFA as of the date first above written.

[insert name of HSP]

By:

_____

[insert name and title]

[XX] Local Health Integration Network

By:

_____

[insert name and title.]

SCHEDULE F – PROJECT FUNDING AGREEMENT TEMPLATE

APPENDIX A: SERVICES

1. **DESCRIPTION OF PROJECT**

2. **DESCRIPTION OF SERVICES**

3. **OUT OF SCOPE**

4. **DUE DATES**

5. **PERFORMANCE TARGETS**

6. **REPORTING**

7. **PROJECT ASSUMPTIONS**

8. **PROJECT FUNDING**

   8.1 The Project Funding for completion of this PFA is as follows:

   8.2 Regardless of any other provision of this PFA, the Project Funding payable for the completion of the Services under this PFA is one-time finding and is not to exceed [X].

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2014

To: **The Board of Directors** of the [insert name of LHIN] Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: **The Board of Directors** (the "Board") of the [insert name of HSP] (the "HSP")

Date: [insert date]

Re: [insert date range - April 1, 201X – Sept. 30, 201X or October 1, 201x – March 31, 201x] (the "Applicable Period")

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

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the HSP on a day to day basis, e.g. the Chief Executive Office or the Executive Director] 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 "M-SAA") in effect during the Applicable Period.

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

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

_____

[insert name of Chair], [insert title]

HIROC
HIROC Insurance Services Limited
Part of the HIROC Group

4711 Yonge Street, Suite 1600
Toronto, Ontario
M2N 6K8
Tel: 416.733.2773
800.465.7357
Fax: 416.733.2438
800.668.6277

875 Gateway Road, Suite 9
Winnipeg, Manitoba
R2K 3L1
Tel: 204.943.4125
800.442.7751
Fax: 204.949.0250

HIROC INSURANCE SERVICES LIMITED
CERTIFICATE OF INSURANCE NO.
S107471-199/SHIP-P-XS-2000-2014

This Certificate is evidence that:

Quest Community Health Centre
145 Queenston Street
Suite 100
St. Catharines, Ontario
L2R 2Z9

is insured under Coverage J of Master Policy No. 2013/1 the HIROC Composite Health Care Insurance Policy and Excess Policy No. SHIP-P-XS-2000-2014 subject to the limits of liability outlined below.

POLICY SECTION	COVERAGE SECTION:			LIMIT
A	Property of Every Description (All Risks, including Flood, Earthquake)		$	1,150,000
	Coverage Extensions:			
B	Rental Income		$	0
C&D	Business Interruption/Extra Expense		$	500,000
E	Valuable Papers and Records		$	100,000
F	Accounts Receivable		$	0
	Patient Effects		$	0
	Fine Arts		$	0
		TOTAL LIMIT:	$	1,750,000
Premium for period January 1, 2014 - January 1, 2015			$	1,750.00
Deductible :	Each Loss		$	2,500
Except:	Sewer Back-up		$	10,000
	Flood		$	25,000
	Earthquake	Greater of 3% of Insured Value or	$	100,000

IMPORTANT:

THE INSURANCE PROVIDED BY THIS INDIVIDUAL CERTIFICATE IS SUBJECT TO ALL THE TERMS, CONDITIONS, PROVISIONS, LIMITATIONS AND EXCLUSIONS OF THE MASTER POLICY ISSUED TO HIROC INSURANCE MANAGEMENT LIMITED.

THIS CERTIFICATE MAY BE CANCELLED BY THE INSURERS PROVIDED NINETY DAYS PRIOR NOTICE IS GIVEN TO THE INSURED BY REGISTERED MAIL.

IN THE EVENT OF AN UNUSUAL OCCURRENCE, LOSS OR ACCIDENT IMMEDIATE NOTICE MUST BE GIVEN TO THE INSURERS OR TO HIROC INSURANCE SERVICES LIMITED, 4711 YONGE STREET, SUITE 1600, TORONTO, ONTARIO, M2N 6K8

January 29, 2014
Date Issued

Countersigned: Stephanie Kelley
HIROC INSURANCE SERVICES LIMITED

HIROC
HIROC
Insurance Services Limited
Part of The HIROC Group

4711 Yonge Street, Suite 1600
Toronto, ON M2N 6K8
T: 416.733.2773
800.465.7357
F: 416.733.2773
800.668.6277

875 Gateway Road, Suite 9
Winnipeg MB R2K 3L1
T: 204.943.4125
800.442.7751
F: 204.949.0250

CERTIFICATE OF INSURANCE
EFFECTED THROUGH
HIROC INSURANCE SERVICES LIMITED
TORONTO, ONTARIO

THIS IS TO CERTIFY THAT insurance has been effected to cover as shown below:

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies scheduled herein. It is furnished as a matter of information only, confers no right upon the holder and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policy or policies as they may be lawfully amended by endorsement from time to time.

INSURED:	**Quest Community Health Centre** **145 Queenston Street, Suite 100** **St. Catharines, Ontario** **L2R 2Z9**
INSURERS:	HIROC/Liberty International Canada
POLICY NO.:	**107471-199/SHIP-P-2000-14**
TERM:	January 1, 2014 - January 1, 2015
TYPE OF INSURANCE:	All Risks of Physical Loss or Damage (including theft), subject to usual policy exclusions. Includes Standard Mortgage Clause, and Waiver of Subrogation in favour of Certificate-holder.
POLICY LIMIT:	$ 350,000 any one loss/aggregate
COVERING:	Property of Every Description of the Insured or for which they have agreed prior to loss to insure on behalf of others.

LOCATION AND/OR SPECIFIC PROPERTY COVERED:

The Regional Municipality of Niagara is added as Additional Insured/ Loss Payee with respect to leased premises situated at 145 Queenston Street, Suites 405 and 100, St. Catharines, ON, L2R 2Z9

ADDITIONAL INSURED/ LOSS PAYEE:	**Regional Municpality of Niagara**
This Certificate is issued to:	Regional Municipality of Niagara 2201 St. David's Road, P.O. Box 1042 Thorold, Ontario L2V 4T7

CANCELLATION: *Should any of the above described policies be cancelled before the expiration date thereof, the Insurers(s) will endeavour to mail 30 days written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability to any kind upon either the Insurer(s) or* ***HIROC Insurance Services Limited.***

Date of Issue: November 25, 2013

HIROC Insurance Services Limited

Authorized to sign on behalf of the Insurer

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

Appendix 1 - Exceptions

[Please identify each obligation under the M-SAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.

SCHEDULE G - DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2013

To: **The Board of Directors** of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN"). Attn: Michael Shea, Board Chair.

From: **The Board of Directors** (the "Board") of the [QUEST COMMUNITY HEALTH CENTRE] (the "HSP")

Date: October 17th, 2013

Re: April 1, 2013 to September 30, 2013 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2013.

The Board has authorized me, by resolution dated October 17th, 2013], to declare to you as follows:

After making inquiries of [Coletta McGrath, the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Schedule G, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

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

(i) Article 4.8 of the M-SAA 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*.

[Chris Bittle], [Chair]
Signature