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March 24, 2016

Ms. Joan Wallace
Program Director
George Herman Memorial Foundation
158 Madison Avenue
Toronto, ON M5R 2S5

Dear Ms. Wallace,

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the Toronto Central Local Health Integration Network (the “LHIN”) and the George Herman Memorial Foundation (the “HSP”) entered into a service accountability agreement for a three-year term effective April 1, 2014 (the “MSAA”), the budgeted financial data, service activities and performance indicators for the second and third year of the agreement (fiscal years 2015/16 and 2016/17) were indicated as “To Be Determined (TBD)”. The LHIN would now like to update the MSAA to include the required financial, service activity and performance expectations for 2016/17 fiscal year to the applicable Schedules listed in Appendix 1.

Subject to the HSP’s agreement, the MSAA will be amended with effect April 1, 2016, by adding the amended Schedules that are included in Appendix 1 to this letter.

To the extent that there are any conflicts between the current MSAA and this amendment, the amendment will govern in respect of the Schedules. All other terms and conditions in the MSAA will remain the same.

Please indicate the HSP’s acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to Kelly Cronin-Cowan, Administrative Assistant Performance Management within one week. If you have any questions or concerns please contact Nello Del Rizzo, Senior Consultant Performance Management at 416-969-3318, or nello.delrizzo@lhins.on.ca.

Toronto Central LHIN appreciates your team's collaboration and hard work during this 2016/17 MSA refresh process. We look forward to our continued work together.

Sincerely,

Susan Fitzpatrick
Chief Executive Officer
Toronto Central LHIN

c: Michelle Gibbs, Co-Chair, George Herman Memorial Foundation
Angela Ferrante, Board Chair, Toronto Central LHIN
Bill Manson, Senior Director, Performance Management, Toronto Central LHIN
Nello Del Rizzo, Senior Consultant, Performance Management, Toronto Central LHIN

encl.: Appendix 1

AGREED TO AND ACCEPTED BY:

George Herman Memorial Foundation

By:

Joan Wallace, Program Director on April 6, 2016
I have the authority to bind George Herman Memorial Foundation

And By:

Sonia Shields, Co-Chair on April 8, 2016
I have the authority to bind George Herman Memorial Foundation

APPENDIX 1

Schedule B1	Total LHIN Funding
Schedule B2	Clinical Activity – Summary
Schedule E1	Core Indicators
Schedule E2a	Clinical Activity – Detail
Schedule E3a	LHIN Local Indicators and Obligations

Schedule B1: Total LHIN Funding

2014-2017

Health Service Provider: George Herman Memorial Foundation

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	\$118,326	\$118,326	\$118,326	
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	\$106,000	\$109,000	\$110,000	
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$224,326	\$227,326	\$228,326	
Recoveries from External/Internal Sources	11	F 120*	\$0	\$0	\$0	
Donations	12	F 140*	\$26,000	\$17,000	\$17,000	
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*]	\$500	\$500	\$84,500	
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$26,500	\$17,500	\$101,500	
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14	\$250,826	\$244,826	\$329,826
EXPENSES						
Compensation						
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$149,100	\$150,000	\$150,000	
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$20,100	\$21,500	\$13,000	
Employee Future Benefit Compensation	19	F 305*	\$0	\$0	\$0	
Physician Compensation	20	F 390*	\$0	\$0	\$0	
Physician Assistant Compensation	21	F 390*	\$0	\$0	\$0	
Nurse Practitioner Compensation	22	F 380*	\$0	\$0	\$0	
Physiotherapist Compensation	23	F 350*	\$0	\$0	\$0	
Chiropractor Compensation	24	F 390*	\$0	\$0	\$0	
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$0	\$0	\$0	
Sessional Fees	26	F 39092	\$0	\$0	\$0	
Service Costs						
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$0	\$0	\$0	
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$57,626	\$49,326	\$53,826	
Community One Time Expense	29	F 69596	\$0	\$0	\$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	\$0	\$0	\$0	
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	\$0	\$0	\$0	
Contracted Out Expense	32	F 8*	\$0	\$0	\$0	
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$24,000	\$24,000	\$113,000	
Building Amortization	34	F 9*	\$0	\$0	\$0	
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34	\$250,826	\$244,826	\$329,826
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	\$0	\$0	\$0	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$0	\$0	\$0	
SURPLUS/DEFICIT Incl. Amortization of	38	Sum of Rows 36 to 37	\$0	\$0	\$0	
FUND TYPE 3 - OTHER						
Total Revenue (Type 3)	39	F 1*	\$0	\$0	\$0	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40	\$0	\$0	\$0
FUND TYPE 1 - HOSPITAL						
Total Revenue (Type 1)	42	F 1*	\$0	\$0	\$0	
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	\$0	\$0	
NET SURPLUS/(DEFICIT)	FUND TYPE 1	44	Row 42 minus Row 43	\$0	\$0	\$0
ALL FUND TYPES						
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$250,826	\$244,826	\$329,826	
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$250,826	\$244,826	\$329,826	
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46	\$0	\$0	\$0
Total Admin Expenses Allocated to the TPBEs						
Undistributed Accounting Centres	48	82*	\$0	\$0	\$0	
Plant Operations	49	72 1*			\$0	
Volunteer Services	50	72 1*			\$0	
Information Systems Support	51	72 1*			\$0	
General Administration	52	72 1*			\$100,000	
Admin & Support Services	53	72 1*	\$89,000	\$95,000	\$100,000	
Management Clinical Services	54	72 5 05	\$0	\$0	\$0	
Medical Resources	55	72 5 07	\$0	\$0	\$0	
Total Admin & Undistributed Expenses	56	Sum of Rows 48-51 (included in Fund Type 2 expenses above)		\$95,000	\$100,000	

Schedule B2: Clinical Activity-Summary

2014-2017

Health Service Provider: George Herman Memorial Foundation

Service Category 2014-2015 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits	Not Uniquely Identified Service Recipient Interactions	Hours of Care	Inpatient / Resident Days	Individuals Served by Functional Centre	Attendance Days Face- to-Face	Group Sessions	Meal Delivered- Combined	Group Participant Attendances	Service Provider Interactions	Mental Health Sessions	Service Provider Group Interactions
Residential Services	72 5 40 76*	1.50				3,468	15							
Service Category 2015-2016 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits	Not Uniquely Identified Service Recipient Interactions	Hours of Care	Inpatient / Resident Days	Individuals Served by Functional Centre	Attendance Days Face- to-Face	Group Sessions	Meal Delivered- Combined	Group Participant Attendances	Service Provider Interactions	Mental Health Sessions	Service Provider Group Interactions
Residential Services	72 5 40 76*	1.50				3,468	15					520		104
Service Category 2016-2017 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits	Not Uniquely Identified Service Recipient Interactions	Hours of Care	Inpatient / Resident Days	Individuals Served by Functional Centre	Attendance Days Face- to-Face	Group Sessions	Meal Delivered- Combined	Group Participant Attendances	Service Provider Interactions	Mental Health Sessions	Service Provider Group Interactions
Residential Services	72 5 40 76*	1.50				3,468	15					520		104

Schedule E1: Core Indicators

2014-2017

Health Service Provider: George Herman Memorial Foundation

Performance Indicators	2014/2015 Target	Performance Standard	2015/2016 Target	Performance Standard	2016/2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	0.00%	>=0	0.00%	>=0	0.00%	>=0
Proportion of Budget Spent on Administration	35.50%	35.5% - 42.6%	38.80%	38.8% - 46.6%	30.32%	30.3% - 36.4%
**Percentage Total Margin	0.00%	>=0%	0.00%	>=0%	0.00%	>=0%
Percentage of Alternate Level of Care (ALC) days (closed cases)					9.46%	<=10.41%
Variance Forecast to Actual Expenditures	5.00%	<5%	0.00%	<5%	0.00%	<5%
Variance Forecast to Actual Units of Service	0.00%	<5%	0.00%	<5%	0.00%	<5%
Service Activity by Functional Centre	Refer to Schedule E2a	-	Refer to Schedule E2a	-	Refer to Schedule E2a	-
Number of Individuals Served	Refer to Schedule E2a	-	Refer to Schedule E2a	-	Refer to Schedule E2a	-
Alternate Level of Care (ALC) Rate					12.70%	<=13.97%
Explanatory Indicators						
Cost per Unit Service (by Functional Centre)						
Cost per Individual Served (by Program/Service/Functional Centre)						
Client Experience						
Budget Spent on Administration - AS General Administration 72 1 10						
Budget Spent on Administration - AS Information System Support 72 1 25						
Budget Spent on Administration - AS Volunteer Services 72 1 40						
Budget Spent on Administration - AS Plant Operation 72 1 55						
* Balance 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: George Herman Memorial Foundation

OHRs Description & Functional 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
Residential Services 72 5 40 76*							
Res. Mental Health - Support within Housing 72 5 40 76 30							
¹ Full-time equivalents (FTE)	72 5 40 76 30	1.50	n/a	1.50	n/a	1.50	n/a
Inpatient/Resident Days	72 5 40 76 30	3,468	3,121 - 3,815	3,468	3,121 - 3,815	3,468	3,121 - 3,815
Individuals Served by Functional Centre	72 5 40 76 30	15	12 - 18	15	12 - 18	15	12 - 18
¹ Total Cost for Functional Centre	72 5 40 76 30	\$161,826	n/a	\$149,826	n/a	\$229,826	n/a
Service Provider Interactions	72 5 40 76 30			520	442 - 598	520	442 - 598
Service Provider Group Interactions	72 5 40 76 30			104	83 - 125	104	83 - 125
Total Administration Expenses							
Administration and Support Services 72 1*							
¹ Full-time equivalents (FTE)	72 1*	1.00	n/a	1.00	n/a	1.00	n/a
¹ Total Cost for Functional Centre	72 1*	\$89,000	n/a	\$95,000	n/a	\$100,000	n/a
Total Full-Time Equivalents for All F/C		2.50		2.50		2.50	
Total Cost for All F/C		\$250,826		\$244,826		\$329,826	

Schedule E3a: LHIN Local Indicators and Obligations

2016-2017

Health Service Provider: George Herman Memorial Foundation

TC LHIN Tables:

Participate in applicable initiatives endorsed by the Sector and Cross-Sector Tables, and approved by TC LHIN.

TC LHIN's Strategic Plan:

Support the implementation of TC LHIN's 2015-2018 Strategic Plan. In addition to the multiple initiatives underway related to Strategic Plan 2015-2018, TC LHIN looks to its Health Service Providers (HSPs) for a commitment to the specific initiatives outlined below.

Participate in the following TC LHIN specific initiatives related to:

- Planning and implementation of the primary care strategy including complex patients.
- Implementation of a regional palliative care program.

Continue to actively support TC LHIN Health Equity initiatives through:

- Support approaches to service planning and delivery that: a) improve existing health disparities and, b) actively seek new opportunities to reduce health disparities.
- For Community Health Centres only: Collect and submit demographic/equity data with the goal of covering more than 75% of new clients and existing clients accessing the system by March 2017. The expectation is that this data is linked to clinical outcomes and is made available for clinical application by health care professionals.
- Apply the Health Equity Impact Assessment (HEIA) tool and its supplement(s) in program and service planning.
- Collect Health Card information on clients receiving LHIN funded services. Record the number of clients receiving LHIN funded services that do not have a Health Card.

Participate in the Quality Table initiatives, including compliance with reporting requirements and participation in sector specific and cross-sector quality improvement efforts. As a subset of the work to support the Quality Table, it is required that the following activities related to the measurement of patient experience be conducted:

- Measure patient, client, resident, and family experience at a minimum annually.
- Measure patient experience in a comparable manner to peers, as applicable.
- Report on patient experience results to clients and/or to the public.

Participation in the Indigenous and Francophone Cultural Competency Initiatives.

Participation in French Language Service (FLS) planning:

- For identified HSPs that provide services in French, develop a FLS plan and demonstrate yearly progress towards meeting designation criteria.

Schedule E3a: LHIN Local Indicators and Obligations

2016-2017

- HSPs that are not identified for the provision of FLS, the expectation is to identify their French-speaking clients. This information is to be used by the HSP to help with the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning to ensure services are culturally and linguistically sensitive.

Adopt Digital Health and Information Management initiatives that encompass both provincial and local level priorities as identified by TC LHIN. This specifically includes, where applicable:

- Submission of data to Integrated Decision Support tool (IDS) and/or Community Business Intelligence (CBI).

Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall, including those guided by the TC LHIN Emergency Management Implementation Committee.

All health service providers will provide an annual attestation that an internal patient and/or client complaints policy and procedure is in place, and followed. The attestation will be submitted at Q4 consistent with the time of reports contained in Schedule C – Reports.

Ministry/LHIN Accountability Agreement Performance (MLAA):

TC LHIN is developing a system-wide plan to improve performance on its MLAA indicators including embedding performance targets in the Service Accountability Agreements. In addition, HSPs will contribute to the achievement of the TC LHIN MLAA Performance Indicators related to ALC and ED performance through the following specific initiatives:

All HSPs approved to deliver Case Management services will commit to collecting the following information with the intention of establishing a baseline in 2016/17 against which future reports and indicators will be measured:

- Record the number of client visits to hospital emergency departments, and admission to hospital.
- Record the number of repeat client visits and re-admissions to hospital that occur within 30 days of a previous visit or admission.
- Provide a report at Q4 consistent with the timing of reports contained in Schedule C - Reports.

All Community Support Services HSPs will register their moderate and high needs clients receiving LHIN funded services, using the RAI Tool or Health Links criteria, to the Community Agency Notification. Services include eADP, Attendant Outreach programs, Supportive Housing services, Assisted Living Services for High Risk Seniors and Right Place of Care program.