

## MSAA AMENDING AGREEMENT

**THIS AMENDING AGREEMENT** (the "Agreement") is made as of the 1<sup>st</sup> day of April, 2017

**BETWEEN:**

**TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK** (the "LHIN")

**AND**

**PARKDALE QUEEN WEST COMMUNITY HEALTH CENTRE** (the "HSP")

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

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

**NOW THEREFORE** in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows.

**1.0 Definitions.** Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the MSAA. References in this Agreement to the MSAA mean the MSAA as amended and extended.

### **2.0 Amendments.**

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

**2.2 Amended Definitions.**

(a) The following terms have the following meanings.

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

Schedule B: Service Plan

Schedule C: Reports

Schedule D: Directives, Guidelines and Policies

Schedule E: Performance

**2.3 Term.** This Agreement and the MSAA will terminate on March 31, 2018.

**3.0 Effective Date.** The amendments set out in Article 2 shall take effect on April 1, 2017. All other terms of the MSAA shall remain in full force and effect.

- 4.0 Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.
- 5.0 Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.
- 6.0 Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

**IN WITNESS WHEREOF** the Parties have executed this Agreement on the dates set out below.

**TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK**

By:

\_\_\_\_\_  
Dr. Vivek Goel, Chair

\_\_\_\_\_  
Date

And by:

\_\_\_\_\_  
Susan Fitzpatrick, CEO

\_\_\_\_\_  
Date

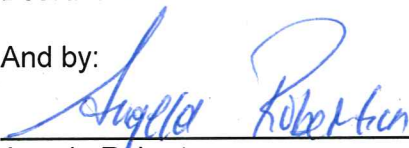
**PARKDALE COMMUNITY HEALTH CENTRE**

By:

  
\_\_\_\_\_  
Anu Radha Verma  
Board Chair

03 November 2017  
\_\_\_\_\_  
Date

And by:

  
\_\_\_\_\_  
Angela Robertson  
Executive Director

06 November 2017  
\_\_\_\_\_  
Date

# Schedule B1: Total LHIN Funding

Fiscal Year:2017/2018

Health Service Provider: Parkdale Queen West Community Health Centres

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS Version 9.0	2017/2018 Plan Target	
REVENUE				
LHIN Global Base Allocation	1	F 11006	\$12,466,580	
HBAM Funding (CCAC only)	2	F 11005	\$0	
Quality-Based Procedures (CCAC only)	3	F 11004	\$0	
MOHLTC Base Allocation	4	F 11010	\$0	
MOHLTC Other funding envelopes	5	F 11014	\$0	
LHIN One Time	6	F 11008	\$0	
MOHLTC One Time	7	F 11012	\$0	
Paymaster Flow Through	8	F 11019	\$96,666	
Service Recipient Revenue	9	F 11050 to 11090	\$150,000	
Subtotal Revenue LHIN/MOHLTC	10	Sum of Rows 1 to 9	\$12,713,246	
Recoveries from External/Internal Sources	11	F 120*	\$0	
Donations	12	F 140*	\$0	
Other Funding Sources & Other Revenue	13	F 130* to 190*, 110*, [excl. F 11006, 11008, 11010, 11012, 11014, 11019, 11050 to 11090, 131*, 140*, 141*, 151*]	\$321,135	
Subtotal Other Revenues	14	Sum of Rows 11 to 13	\$321,135	
TOTAL REVENUE	FUND TYPE 2	15	Sum of Rows 10 and 14	\$13,034,381
EXPENSES				
Compensation				
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	\$5,373,899	
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	\$1,245,815	
Employee Future Benefit Compensation	19	F 305*	\$0	
Physician Compensation	20	F 390*	\$3,161,101	
Physician Assistant Compensation	21	F 390*	\$0	
Nurse Practitioner Compensation	22	F 380*	\$966,699	
Physiotherapist Compensation	23	F 350*	\$164,258	
Chiropractor Compensation	24	F 390*	\$0	
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	\$100,716	
Sessional Fees	26	F 39092	\$0	
Service Costs				
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	\$144,920	
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	\$758,747	
Community One Time Expense	29	F 69596	\$0	
Equipment Expenses	30	F 7*, [excl. F 750*, 780* ]	\$48,500	
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	\$39,491	
Contracted Out Expense	32	F 8*	\$577,832	
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	\$491,894	
Building Amortization	34	F 9*	\$361,816	
TOTAL EXPENSES	FUND TYPE 2	35	Sum of Rows 17 to 34	\$13,435,688
NET SURPLUS/(DEFICIT) FROM OPERATIONS	36	Row 15 minus Row 35	(\$401,307)	
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	\$401,307	
SURPLUS/DEFICIT Incl. Amortization of	38	Sum of Rows 36 to 37	\$0	
FUND TYPE 3 - OTHER				
Total Revenue (Type 3)	39	F 1*	\$1,114,535	
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$1,109,966	
NET SURPLUS/(DEFICIT)	FUND TYPE 3	41	Row 39 minus Row 40	\$4,569
FUND TYPE 1 - HOSPITAL				
Total Revenue (Type 1)	42	F 1*	\$0	
Total Expenses (Type 1)	43	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	\$0	
NET SURPLUS/(DEFICIT)	FUND TYPE 1	44	Row 42 minus Row 43	\$0
ALL FUND TYPES				
Total Revenue (All Funds)	45	Line 15 + line 39 + line 42	\$14,550,223	
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	\$14,545,654	
NET SURPLUS/(DEFICIT)	ALL FUND TYPES	47	Row 45 minus Row 46	\$4,569
Total Admin Expenses: Allocated to the TPBEs				
Undistributed Accounting Centres	48	82*	\$401,307	
Plant Operations	49	72 1*	\$581,157	
Volunteer Services	50	72 1*	\$0	
Information Systems Support	51	72 1*	\$398,109	
General Administration	52	72 1*	\$1,023,124	
Other Administrative Expense	53	72 1*	\$0	
Admin & Support Services	54	72 1*	\$2,002,390	
Management Clinical Services	55	72 5 05	\$0	
Medical Resources	56	72 5 07	\$0	
Total Admin & Undistributed Expenses	57	Sum of Rows 48,54,55-56 (Included In Fund Type 2 expenses above)	\$2,403,697	

## Schedule B2: Clinical Activity-Summary

2017/2018

Health Service Provider: Parkdale Queen West Community Health Centres

Service Category 2017/2018 Budget	OHRs Framework Level 3	Full-time equivalents (FTE)	Group Participant Attendances	Group Sessions	Individuals Served by Functional Centre	Net Uniquely Identified Service Recipient Interactions	Service Provider Group Interactions	Service Provider Interactions
Primary Care- Clinics/Programs	72 5 10*	66.67	2,450	302	14,496	543	384	53,607
Health Promotion and Education	72 5 50	26.01	17,736	981	3,006	15,414	1,650	3,385

**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 information that is related to the funding that is provided under this Agreement. Reports that require full entity reporting are followed by an asterisk.

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

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

**SCHEDULE C – REPORTS  
COMMUNITY HEALTH CENTRES**

<b>2017-2018</b>	<b>Due five (5) business days following Trial Balance Submission Due Date</b>
2017-18 Q2	November 7, 2017
2017-18 Q3	February 7, 2018
2017-18 Q4	June 7, 2018 – Supplementary Reporting Due

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

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

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

**Board Approved Audited Financial Statements \***

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

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

**Declaration of Compliance**

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

**Community Health Centres – Other Reporting Requirements**

<b>Requirement</b>	<b>Due Date</b>	
<b>French Language Service Report</b>	2014-15	April 30, 2015
	2015-16	April 30, 2016
	2016-17	April 30, 2017
	2017-18	April 30, 2018

**Quality Improvement Plan**

***The HSP will submit annually a Quality Improvement Plan to Health Quality Ontario that is aligned with this Agreement and supports local health system***

**SCHEDULE C – REPORTS  
COMMUNITY HEALTH CENTRES**

***priorities. A copy of the QIP is to be provided to the LHIN at the time it is submitted to HQO.***

<b>Planning Period</b>	<b>Due Date</b>
April 1, 2016 – March 31, 2017	April 1, 2016
April 1, 2017 – March 31, 2018	April 1, 2017

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY HEALTH CENTRES**

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

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

**Note #1: Community Health Centre Guidelines**

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

- Historical information
- Best practice
- Administrative guidance

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



# Schedule E1: Core Indicators

2017/2018

Health Service Provider: Parkdale Queen West Community Health Centres

Performance Indicators		2017/2018 Target	Performance Standard
*Balanced Budget - Fund Type 2		\$0	>=0
Proportion of Budget Spent on Administration		14.9%	14.9% - 17.9%
**Percentage Total Margin		0.03%	>=0%
Variance Forecast to Actual Expenditures		\$0	<5%
Variance Forecast to Actual Units of Service		0	<5%
Service Activity by Functional Centre		Refer to Schedule E2a	-
Number of Individuals Served		Refer to Schedule E2a	-
Percentage of Alternate Level of Care (ALC) days (closed cases)			
Alternate Level of Care (ALC) Rate			
Explanatory Indicators			
Cost per Unit Service (by Functional Centre)			
Cost per Individual Served (by Program/Service/Functional Centre)			
Client Experience			
* Balance Budget Fund Type 2: HSPs are required to submit a balanced budget **No negative variance is accepted for Total Margin			

# Schedule E2a: Clinical Activity-Detail

2017/2018

Health Service Provider: Parkdale Queen West Community Health Centres

OHRS Description & Functional Centre			2017-2018	
†These values are provide for information purposes only. They are not Accountability Indicators.			Target	Performance Standard
<b>Primary Care- Clinics/Programs 72.5.10*</b>				
<b>Clinics/Programs - General Clinic 72.5.10.20</b>				
†Full-time equivalents (FTE)	72.5.10.20	41.23	n/a	
Not Uniquely Identified Service Recipient Interactions	72.5.10.20	463	370 - 556	
Individuals Served by Functional Centre	72.5.10.20	10,300	9,785 - 10,815	
Group Sessions	72.5.10.20	22	18 - 26	
†Total Cost for Functional Centre	72.5.10.20	\$6,241,467	n/a	
Group Participant Attendances	72.5.10.20	170	136 - 204	
Service Provider Interactions	72.5.10.20	37,800	36,288 - 39,312	
Service Provider Group Interactions	72.5.10.20	28	22 - 34	
<b>Clinics/Programs - Therapy Clinic - Foot Care</b>				
†Full-time equivalents (FTE)	72.5.10.40.20	2.09	n/a	
Not Uniquely Identified Service Recipient Interactions	72.5.10.40.20	17	14 - 20	
Individuals Served by Functional Centre	72.5.10.40.20	880	748 - 1,012	
Group Sessions	72.5.10.40.20	3	2 - 4	
†Total Cost for Functional Centre	72.5.10.40.20	\$194,857	n/a	
Group Participant Attendances	72.5.10.40.20	9	7 - 11	
Service Provider Interactions	72.5.10.40.20	2,970	2,673 - 3,267	
Service Provider Group Interactions	72.5.10.40.20	6	5 - 7	
<b>Clinics/Programs - Therapy Clinic - Nutrition</b>				
†Full-time equivalents (FTE)	72.5.10.40.45	0.54	n/a	
Individuals Served by Functional Centre	72.5.10.40.45	135	108 - 162	
Group Sessions	72.5.10.40.45	6	5 - 7	
†Total Cost for Functional Centre	72.5.10.40.45	\$44,560	n/a	
Group Participant Attendances	72.5.10.40.45	36	29 - 43	

OHRS Description & Functional Centre		2017-2018	
<sup>1</sup> These values are provide for information purposes only. They are not Accountability Indicators.		Target	Performance Standard
Service Provider Interactions	72 5 10 40 45	227	182 - 272
Service Provider Group Interactions	72 5 10 40 45	8	6 - 10
<b>Clinics/ Programs - Therapy Clinic - Physiotherapy</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 5 10 40 50	1.96	n/a
Individuals Served by Functional Centre	72 5 10 40 50	570	485 - 656
Group Sessions	72 5 10 40 50	61	49 - 73
<sup>1</sup> Total Cost for Functional Centre	72 5 10 40 50	\$197,247	n/a
Group Participant Attendances	72 5 10 40 50	625	531 - 719
Service Provider Interactions	72 5 10 40 50	1,810	1,629 - 1,991
Service Provider Group Interactions	72 5 10 40 50	82	66 - 98
<b>Clinics/ Programs - Therapy Clinic - Counselling</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 5 10 40 60	17.35	n/a
Not Uniquely Identified Service Recipient Interactions	72 5 10 40 60	63	50 - 76
Individuals Served by Functional Centre	72 5 10 40 60	1,971	1,774 - 2,168
Group Sessions	72 5 10 40 60	210	168 - 252
<sup>1</sup> Total Cost for Functional Centre	72 5 10 40 60	\$1,687,196	n/a
Group Participant Attendances	72 5 10 40 60	1,610	1,449 - 1,771
Service Provider Interactions	72 5 10 40 60	9,600	9,120 - 10,080
Service Provider Group Interactions	72 5 10 40 60	260	208 - 312
<b>Clinics/ Programs - Oral Health Clinic 72 5 10 45</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 5 10 45	3.50	n/a
Individuals Served by Functional Centre	72 5 10 45	640	544 - 736
<sup>1</sup> Total Cost for Functional Centre	72 5 10 45	\$352,433	n/a
Service Provider Interactions	72 5 10 45	1,200	1,080 - 1,320
<b>Health Promotion and Education 72 5 50</b>			
<b>COM Health Prom/Educ. &amp; Com.Dev. - Community Engagement and Capacity Building 72 5 50 14</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 5 50 14	4.99	n/a
<sup>1</sup> Total Cost for Functional Centre	72 5 50 14	\$430,722	n/a
<b>Health Prom/Educ. &amp; Com. Dev.- Chronic Disease Education, Awareness and Prevention- Diabetes 72 5 50 35 20</b>			
<sup>1</sup> Full-time equivalents (FTE)	72 5 50 35 20	4.42	n/a

OHRS Description & Functional Centre			2017-2018	
†These values are provide for information purposes only. They are not Accountability Indicators.			Target	Performance Standard
Not Uniquely Identified Service Recipient Interactions	72 5 50 35 20	5		4 - 6
Individuals Served by Functional Centre	72 5 50 35 20	920		782 - 1,058
Group Sessions	72 5 50 35 20	151		121 - 181
†Total Cost for Functional Centre	72 5 50 35 20	\$429,024		n/a
Group Participant Attendances	72 5 50 35 20	1,130		1,017 - 1,243
Service Provider Interactions	72 5 50 35 20	2,010		1,809 - 2,211
Service Provider Group Interactions	72 5 50 35 20	183		146 - 220
<b>Health Prom/Educ. &amp; Com. Dev - Personal Health and Wellness 72 5 50 45</b>				
†Full-time equivalents (FTE)	72 5 50 45	4.46		n/a
Not Uniquely Identified Service Recipient Interactions	72 5 50 45	310		248 - 372
Individuals Served by Functional Centre	72 5 50 45	521		443 - 599
Group Sessions	72 5 50 45	356		285 - 427
†Total Cost for Functional Centre	72 5 50 45	\$545,150		n/a
Group Participant Attendances	72 5 50 45	6,070		5,767 - 6,374
Service Provider Interactions	72 5 50 45	290		232 - 348
Service Provider Group Interactions	72 5 50 45	716		609 - 823
<b>CHC Client Support Services 72 5 85</b>				
†Full-time equivalents (FTE)	72 5 85	6.42		n/a
Not Uniquely Identified Service Recipient Interactions	72 5 85	2,084		1,876 - 2,292
Individuals Served by Functional Centre	72 5 85	1,495		1,346 - 1,645
Group Sessions	72 5 85	76		61 - 91
†Total Cost for Functional Centre	72 5 85	\$434,196		n/a
Group Participant Attendances	72 5 85	1,765		1,589 - 1,942
Service Provider Interactions	72 5 85	990		842 - 1,139
Service Provider Group Interactions	72 5 85	78		62 - 94
<b>Health Prom/Educ. &amp; Com. Dev.- Chronic Disease Education, Awareness and Prevention- Hepetitis C / HIV/AIDS 73 5 50 35 40</b>				
†Full-time equivalents (FTE)	73 5 50 35 40	5.72		n/a
Not Uniquely Identified Service Recipient Interactions	73 5 50 35 40	13,015		12,364 - 13,666
Individuals Served by Functional Centre	73 5 50 35 40	70		56 - 84
Group Sessions	73 5 50 35 40	398		318 - 478

OHRS Description & Functional Centre			2017-2018	
<sup>1</sup> These values are provide for information purposes only. They are not Accountability Indicators.			Target	Performance Standard
<sup>1</sup> Total Cost for Functional Centre	73 5 50 35 40	\$475,139	n/a	
Group Participant Attendances	73 5 50 35 40	8,771	8,332 - 9,210	
Service Provider Interactions	73 5 50 35 40	95	76 - 114	
Service Provider Group Interactions	73 5 50 35 40	673	572 - 774	
<b>Total Administration Expenses</b>				
<b>Administration and Support Services 72 1*</b>				
<sup>1</sup> Full-time equivalents (FTE)	72 1*	12.00	n/a	
<sup>1</sup> Total Cost for Functional Centre	72 1*	\$2,002,390	n/a	
<b>Undistributed Accounting Centres 82*</b>				
<sup>1</sup> Total Cost for Functional Centre	82*	\$401,307	n/a	
Total Full-Time Equivalents for All F/C		104.68		
Total Visits for all F/C		-		
Total Not Uniquely Identified Service Recipient Interactions for All F/C		15,957		
Total Hours of Care for all F/C		-		
Total Inpatient/Resident Days for all F/C		-		
Total Individuals Served by Functional Centre for all F/C		17,502		
Total Attendance Days for all F/C		-		
Total Group Sessions for All F/C		1,283		
Total Meal Delivered-Combined for All F/C		-		
Total Cost for All F/C		\$13,435,688		
Total Group Participant Attendances for All F/C		20,186		
Total Service Provider Interactions for All F/C		56,992		
Total Mental Health Sessions for All F/C		-		
Total Service Provider Group Interactions for All F/C		2,034		

## Schedule E2b: CHC Sector Specific Indicators

2017-2018

Health Service Provider: Parkdale Queen West Community Health Centre

Performance Indicators	2017-2018 Target	Performance Standard
Cervical Cancer Screening Rate (PAP Tests)	75%	> 54%
Colorectal Cancer Screening Rate	65%	>52%
Inter-professional Diabetes Care Rate	90%	>72%
Influenza Vaccination Rate	46%	>37%
Breast Cancer Screening Rate	70%	>40%
Periodic Health Exam Rate (Applicable to 2014-15 only)	-	-
Vacancy Rate (For NPs and Physicians - Replaced in 2015-16 with Retention Rate)	-	-
Access to Primary Care	70%	>56%
Retention Rate (For NPs and Physicians)	100%	> 80%
<b>Explanatory Indicators</b>		
Non-Insured Clients		
Client Satisfaction – Access		
Number of New Patients		

## Schedule E3a: LHIN Local Indicators and Obligations 2017-2018

Health Service Provider: Parkdale Queen West Community Health Centre

### **Toronto Central LHIN'S Strategic Plan:**

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

**Toronto Central LHIN Sub Regions:** Participate in the Toronto Central LHIN Local Collaboratives and in applicable endorsed initiatives, including the development of regional quality improvement activities and Quality Improvement Plans.

**Integrated Community Care:** Actively participate in the implementation of the Integrated Community Care model across the LHIN, including the development of local community networks.

**Primary Care:** Continued support of the Toronto Central LHIN primary care strategy, including its associated priority projects:

- Attachment, Access and Continuity with Primary Care;
- Access to Interprofessional Teams;
- Quality and Timeliness of Discharge Plans;
- Access to Specialists;
- Secured Communications; and
- Health Links.

**Promoting Integration:** All HSPs will annually complete the Strategic Options Assessment Tool contained in the Advancing the Integration Conversation Reference Document. Results will be reported to Toronto Central LHIN by end of each fiscal year.

**Palliative Care:** Implementation of regional palliative care quality improvement initiatives as endorsed by Toronto Central Palliative Care Network and the Toronto Central LHIN.

**Health Equity:** Continue to actively support Toronto Central LHIN Health Equity initiatives:

- Support approaches to service planning and delivery that: a) identify health inequities, b) actively seek new opportunities to address health inequities, and c) reduce existing health inequities.
- For CHCs only - Collect and submit demographic/equity data with the goal of covering more than 75% of patients in the system by March -2018. The expectation is that this data is linked to clinical outcomes and is made available for clinical application by health care professionals.
- 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.
- Participation in appropriate Toronto Central LHIN Indigenous and Francophone Cultural Competency Initiatives.

Participate 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

2017-2018

- For 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.

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

- Adherence to operational privacy and security policies related to the use of regional and provincial health technologies (e.g. Resource Matching and Referral (RM&R)).
- Submission of data to Community Business Intelligence (CBI).
- Participation and continued phased implementation (by 2019) of Staged Screening and Assessment Tools (GAINS) by LHIN funded Addiction Services Providers.

### **Ministry/LHIN Accountability Agreement Performance (MLAA):**

Toronto Central 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 Toronto Central LHIN MLAA Performance Indicators through the following specific initiatives:

- Case Management: All HSPs approved to deliver Case Management services will continue to collect the following information and report the results to the Toronto Central LHIN:
  - 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; and
  - Provide a report at Q4 consistent with the timing of reports contained in Schedule C - Reports.
- High Needs Clients: All Community Support Services HSPs will register and monitor 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.

**Emergency Management:** It is expected that HSPs review and maintain their Emergency Management and Business Continuity Plans. HSPs should:

- Maintain regulated standards; and
- Participate in initiatives to increase emergency preparedness and response levels at your organization, within your sector and the system overall.

**Patient Complaints:** All health service providers will have an internal patient and / or client complaints policy and procedure in place, and followed. Compliance with this obligation will be included in the annual declaration of compliance submitted at Q4 (consistent with the timing of reports contained in Schedule C – Reports).