

2008-15 H-SAA AMENDING AGREEMENT

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of July, 2014

B E T W E E N:

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

University of Ottawa Heart Institute (the "Hospital")

WHEREAS the LHIN and the Hospital (together the "Parties") entered into a hospital service accountability agreement that took effect April 1, 2008 (the "H-SAA");

AND WHEREAS pursuant to various amending agreements the term of the H-SAA has been extended to June 30, 2014;

AND WHEREAS the LHIN and the Hospital have agreed to extend the H-SAA for a further nine month period to permit the LHIN and the Hospital to continue to work toward a multi-year H-SAA;

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 H-SAA. References in this Agreement to the H-SAA mean the H-SAA as amended and extended.

2.0 Amendments.

2.1 Agreed Amendments. The H-SAA is amended as set out in this Article 2.

2.2 Amended Definitions.

(s) The following terms have the following meanings.

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

- Schedule A: Funding Allocation
- Schedule B: Reporting
- Schedule C: Indicators and Volumes
 - C.1. Performance Indicators
 - C.2. Service Volumes
 - C.3. LHIN Indicators and Volumes

2.3 Term. This Agreement and the H-SAA will terminate on March 31, 2015.

Hospital Sector 2014-2015

Facility #: 961
 Hospital Name: University of Ottawa Heart Institute
 Hospital Legal Name: University of Ottawa Heart Institute

2014-2015 Schedule A: Funding Allocation

Intended Purpose or Use of Funding	2014-2015 Target	
¹FUNDING SUMMARY	Estimated ¹ Funding Allocation	
Other LHIN Allocations- Global Funding	Base ²	
Health System Funding Reform (HSFR) HBAM/QBP Funding	\$75,791,325	
Wait Time Strategy Services ("WTS") (Section 2 below)	\$45,972,975	Allocation ² /One-Time ²
Provincial Program Services ("PPS") (Section 3 below)	\$0	\$57,500
Other Non-HSFR LHIN Funding (Section 4 below)	\$0	\$2,222,664
Post Construction Operating Plan (PCOP)	\$0	\$4,115,242
	\$0	
Total 14/15 Estimated Funding Allocation	\$121,764,300	\$6,395,406
⁴Section 1: Health System Funding Reform - Quality-Based Procedures	Rate	Allocation ⁴
Cancer- Surgery	TBD	\$0
Cancer- Colposcopy	TBD	\$0
Cardiac- Aortic Valve Replacement	TBD	\$0
Cardiac- Coronary Artery Disease	TBD	\$0
Cataracts- Bilateral	TBD	\$0
Cataracts- Unilateral	TBD	\$0
Chemotherapy Systemic Treatment	TBD	\$0
Chronic Obstructive Pulmonary Disease	TBD	\$21,691
Congestive Heart Failure	TBD	\$3,688,854
Endoscopy	TBD	\$13,689
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	TBD	\$0
Hip Replacement- Unilateral Primary	TBD	\$0
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	TBD	\$0
Knee Replacement- Unilateral Primary	TBD	\$0
Non-Cardiac Vascular- Aortic Aneurysm (AA)	TBD	\$0
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	TBD	\$0
Orthopaedics- Hip Fracture	TBD	\$0
Orthopaedics- Knee Arthroscopy	TBD	\$0
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	TBD	\$0
Paediatric- Tonsillectomy	TBD	\$0
Respiratory- Pneumonia	TBD	\$0
Stroke- Transient Ischemic Attack (TIA)	TBD	\$2,977
Stroke- Hemorrhage	TBD	\$0
Stroke- Ischemic or Unspecified	TBD	\$59,066
Vision Care- Retinal Disease	TBD	\$0

Hospital Sector 2014-2017

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2014-2015 Schedule A: Funding Allocation

	Base ²	One-Time ²
Section 2: Wait Time Strategy Services ("WTS")		
General Surgery	\$0	\$0
Pediatric Surgery	\$0	\$0
Hip & Knee Replacement - Revisions	\$0	\$0
Magnetic Resonance Imaging (MRI)	\$0	\$0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	\$0	\$0
Computed Tomography (CT)	\$0	\$57,500
Other WTS Funding	\$0	\$0
Section 3: Provincial Program Services ("PPS")		
Cardiac Surgery	\$20,017,990	\$1,594,910
Other Cardiac Services	\$97,168,003	\$258,140
Organ Transplantation	\$792,030	\$369,614
Neurosciences	\$0	\$0
Bariatric Services	\$0	\$0
Regional Trauma	\$0	\$0
Section 4: Other Non-HSFR Funding		
LHIN One-time payments		\$420,000
MOH One-time payments		TBD
LHIN/MOH Recoveries	TBD	
Other Revenue from MOHLTC	TBD	
Paymaster	\$0	
TAVI	\$0	\$1,350,000
HSFR mitigation	\$0	\$1,722,969
HOCC	\$0	\$622,273
Other Funding adjustment 4 ()	\$0	\$0
Other Funding (Not included in the Summary above)		
Grant in Lieu of Taxes	\$0	\$10,575
Cancer Care Ontario ³	TBD	TBD
Ontario Renal Funding ³	TBD	TBD
Funding adjustment 1 ()	\$0	\$0
Funding adjustment 2 ()	\$0	\$0
Funding adjustment 3 ()	\$0	\$0

* Targets for Years 2 and 3 of the agreement will be determined during the annual refresh process.

^[1] Estimated funding allocations are subject to appropriation and written confirmation by the LHIN.

^[2] Funding allocations are subject to change year over year.

^[3] Funding provided by Cancer Care Ontario, not the LHIN.

^[4] All QBP Funding is fully recoverable in accordance with Section 5.6 of the H-SAA. QBP Funding is not base funding for the purposes of the BOND policy.

Hospital Sector 2014-2015

Facility #:
 Hospital Name:
 Hospital Legal Name:

2014-2015 Schedule B: Reporting Requirements

1. MIS Trial Balance

	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 – Apr 01 to Sept 30	31-Oct-2014	31-Oct-2015	31-Oct-2016
Q3 – Oct 01- to Dec 31	31-Jan-2015	31-Jan-2016	31-Jan-2017
Q4 – Jan 01 to March 31	31-May-2015	31-May-2016	31-May-2017

2. Hospital Quarterly SRI Reports and Supplemental Reporting as Necessary

	Due Date 2014-2015	Due Date 2015-2016	Due Date 2016-2017
Q2 – Apr 01 to Sept 30	07-Nov-2014	07-Nov-2015	07-Nov-2016
Q3 – Oct 01- to Dec 31	07-Feb-2015	07-Feb-2016	07-Feb-2017
Q4 – Jan 01 to March 31	30-Jun-2015	30-Jun-2016	30-Jun-2017
Year End 2014-2015	30-Jun-2015	30-Jun-2016	30-Jun-2017

3. Audited Financial Statements

Fiscal Year	Due Date
2014-15	30-Jun-2015
2015-16	30-Jun-2016
2016-17	30-Jun-2017

4. French Language Services Report

Fiscal Year	Due Date
2014-15	30-Apr-2015
2015-16	30-Apr-2016
2016-17	30-Apr-2017

Hospital Sector 2014-2015

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute
Site Name:	TOTAL ENTITY

2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

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

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
90th Percentile Emergency Room (ER) Length of Stay for Admitted Patients	Hours	N/A	
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	Hours	N/A	
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	Hours	N/A	
Cancer Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Cardiac Bypass Surgery: % Priority 4 cases completed within Target	Percent	90.0%	>= 90
Cataract Surgery: % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Hip): % Priority 4 cases completed within Target	Percent	N/A	
Joint Replacement (Knee): % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Magnetic Resonance Imaging (MRI) Scan: % Priority 4 cases completed within Target	Percent	N/A	
Diagnostic Computed Tomography (CT) Scan: % Priority 4 cases completed within Target	Percent	95.0%	≥90
Rate of Ventilator-Associated Pneumonia	Rate	0.00	
Central Line Infection Rate	Rate	0.00	
Rate of Hospital Acquired Clostridium Difficile Infections	Rate	0.00	
Rate of Hospital Acquired Vancomycin Resistant Enterococcus Bacteremia	Rate	0.00	
Rate of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia	Rate	0.00	

Explanatory Indicators	Measurement Unit
30-Day Readmission Of Patients With Stroke Or Transient Ischemic Attack (TIA) To Acute Care For All Diagnoses.	Percentage
Percent Of Stroke Patients Discharged To Inpatient Rehabilitation Following An Acute Stroke Hospitalization.	Percentage
Percent Of Stroke Patients Admitted To A Stroke Unit During Their Inpatient Stay.	Percentage
Hospital Standardized Mortality Ratio (HSMR)	Ratio
Readmissions Within 30 Days For Selected Case Mix Groups (CMGS)	Percentage

Part II - ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance

Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Current Ratio (Consolidated – all sector codes and fund types)	Ratio	0.67	0.67 to 2.00
Total Margin (Consolidated – all sector codes and fund types)	Percentage	1.08%	>=0

Explanatory Indicators	Measurement Unit
Total Margin (Hospital Sector Only)	Percentage
Adjusted Working Funds	Amount
Adjusted Working Funds / Total Revenue %	Percentage

Hospital Sector 2014-2017

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute
Site Name:	TOTAL ENTITY

2014-2015 Schedule C1: TOTAL ENTITY Performance Indicators

Part III - SYSTEM PERSPECTIVE: Integration, Community Engagement, eHealth			
Performance Indicators	Measurement Unit	2014-2015 Performance Target	**2014-2015 Performance Standard
Percentage of Acute Alternate Level of Care (ALC) Days (closed cases)	Percentage	1.30%	<=1.3
Explanatory Indicators			
Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Methodology Updated)	Percentage		
Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Methodology Updated)	Percentage		
Part IV - LHIN Specific Indicators and Performance targets, see Schedule C3 2014-2015			
* Targets for Year 2 and 3 of the Agreement will be set during the Annual Refresh process **Refer to 2014-17 H-SAA Indicator Technical Specification for further details.			

Hospital Sector 2014-2015

Facility #: 961
 Hospital Name: University of Ottawa Heart Institute
 Hospital Legal Name: University of Ottawa Heart Institute

2014-2015 Schedule C2: Service Volumes

Part I - Global Volumes

	Measurement Unit	2014-2015 Performance Target	2014-2015 Performance Standard
Ambulatory Care	Visits	49,253	>= 38,402.4
Complex Continuing Care	Weighted Patient Days	0	-
Day Surgery	Weighted Visits	2,665	>= 2398.5 and <= 2931.5
Elderly Capital Assistance Program (ELDCAP)	Inpatient Days	0	-
Emergency Department	Weighted Cases	0	-
Emergency Department and Urgent Care	Visits	0	-
Inpatient Mental Health	Weighted Patient Days	0	-
Inpatient Mental Health	Days	0	-
Inpatient Rehabilitation	Days	0	-
Rehabilitation Separations	Days	0	-
Total Inpatient Acute	Weighted Cases	18,350	>= 17432.5 and <= 19267.5

Part II - Hospital Specialized Services

	Measurement Unit	2014-2015 Primary	2014-2015 Revision
Cochlear Implants	Cases	0	0

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cleft Palate	Cases	0	0
HIV Outpatient Clinics	Visits	0	
Sexual Assault/Domestic Violence Treatment Clinics	# of Patients	0	

Hospital Sector 2014-2015

Facility #: 961

Hospital Name: University of Ottawa Heart Institute

Hospital Legal Name: University of Ottawa Heart Institute

2014-2015 Schedule C2: Service Volumes

Part III - Wait Time Volumes

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
General Surgery	Cases	0	0
Paediatric Surgery	Cases	0	0
Hip & Knee Replacement - Revisions	Cases	0	0
Magnetic Resonance Imaging (MRI)	Total Hours	0	0
Ontario Breast Screening Magnetic Resonance Imaging (OBSP MRI)	Total Hours	0	0
Computed Tomography (CT)	Total Hours	0	230

Part IV - Provincial Programs

	Measurement Unit	2014-2015 Base	2014-2015 Incremental
Cardiac Surgery	Cases	1,159	41
Cardiac Services - Catheterization	Cases	6,000	
Cardiac Services- Interventional Cardiology	Cases	5,835	
Cardiac Services- Permanent Pacemakers	Procedures	535	
Automatic Implantable Cardiac Defib's (AICDs)- New Implants	# of New Implants	282	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements	# of Replacements	93	
Automatic Implantable Cardiac Defib's (AICDs)- Replacements done at Supplier's request	# of Replacements	0	
Automatic Implantable Cardiac Defib's (AICDs)- Manufacturer Requested ICD Replacement Procedure	Procedures	0	
Organ Transplantation	Cases	15	
Neurosciences	Procedures	0	0
Regional Trauma	Cases	0	
Number of Forensic Beds- General	Beds	0	
Number of Forensic Beds- Secure	Beds	0	
Number of Forensic Beds- Assessment	Beds	0	
Bariatric Surgery	Procedures	0	
Medical and Behavioural Treatment	Cases	0	

Hospital Sector 2014-2017

Facility #:	961
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2014-2015 Schedule C2: Service Volumes

Part V - Quality Based Procedures

	Measurement Unit	2014-2015 Volume
Cancer- Surgery	Volume	0
Cancer- Colposcopy	Volume	0
Cardiac- Aortic Valve Replacement	Volume	TBD
Cardiac- Coronary Artery Disease	Volume	TBD
Cataracts- Bilateral	Volume	0
Cataracts- Unilateral	Volume	0
Chemotherapy Systemic Treatment	Volume	0
Chronic Obstructive Pulmonary Disease	Volume	4
Congestive Heart Failure	Volume	302
Endoscopy	Volume	0
Hip Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	0
Hip Replacement- Unilateral Primary	Volume	0
Knee Replacement- Inpatient Rehabilitation for Unilateral Primary	Volume	0
Knee Replacement- Unilateral Primary	Volume	0
Non-Cardiac Vascular- Aortic Aneurysm (AA)	Volume	TBD
Non-Cardiac Vascular Lower Extremity Occlusive Disease (LEOD)	Volume	TBD
Orthopaedics- Hip Fracture	Volume	0
Orthopaedics- Knee Arthroscopy	Volume	0
Paediatric- Neonatal Jaundice (Hyperbilirubinemia)	Volume	0
Paediatric- Tonsillectomy	Volume	0
Respiratory- Pneumonia	Volume	0
Stroke- Transient Ischemic Attack (TIA)	Volume	1
Stroke- Hemorrhage	Volume	0
Stroke- Ischemic or Unspecified	Volume	7
Vision Care- Retinal Disease	Volume	0

Hospital Sector 2014-2015

Facility #: 961

Hospital Name: University of Ottawa Heart Institute

Hospital Legal Name: University of Ottawa Heart Institute

2014-2015 Schedule C3: Local Indicators and Obligations

Self-Management Programs for Chronic Diseases	Hospitals which offer chronic self-management programs will register such with the Living Healthy Champlain Program
FLS Partial Designation	The Hospital will work with the French Language Health Services Network of Eastern Ontario (le Réseau) to meet its French language services obligations and to update the designation plan of the Hospital. The Hospital will: 1) Initiate contact with le Réseau to understand purpose, process and requirement of FLS by Q1 2014/15; 2) set up FLS working group with representation from le Réseau in Q2 2014/15; 3) develop work plan to include actions required to update designation plan by Q4 2015/16; 4) submit progress report through the LHN by Q4 2015; 5) submit revised designation plan through the LHN by Q4 2016/17; 6) complete FLS section in SRI (date to be determined)
IT Systems	The Hospital understands that as a partner in the health care system, it has an obligation to participate in e-Health initiatives. Hospitals participation is defined as including, but not limited to, the identification of project leads/champions, participation in regional/provincial planning and implementation groups, as well as any specific obligations that may be specified in e-Health initiatives. The Hospital understands that under legislation they are required to look for integration opportunities with other health service providers. The Hospital agrees that it will incorporate opportunities to collaborate / integrate IT services with other health service providers into their e-Health Strategic Plans. ... (see full wording in June 2012 HSAA)
Readmission Rates for Patients with Heart Failure	The Hospital will participate in the Acute Coronary Syndrome (ACS) and Congestive Heart Failure (CHF) Guidelines Applied in Practice (GAP) Projects, and submit the required data to the UOHI according to individual site agreements between UOHI and participating Hospital. UOHI will report to the LHN on the % of ACS and CHF patients discharged with best practices by site and by region. UOHI will ensure the development of a standardized care map for CHF. UOHI will ensure the development of a multi-sectoral plan to increase continuity of care for heart failure.
Ottawa Model of Smoking Cessation	The Hospital will ensure that the Ottawa Model of Smoking Cessation (OMSC) is implemented and provided to Hospital inpatients working toward reaching 80% of inpatient smokers. (Reach= number of individuals provided OMSC and entered into centralized database divided by number of expected smokers).
Regional Health Services Programs	The Hospital will implement LHN-approved plans and will align its services with regional programs and networks such as, but not limited to, Champlain Hospice Palliative Care Regional Program, Champlain Regional Orthopaedic Program, Champlain Maternal Newborn Regional Program, Champlain Regional Stroke Network and the Champlain Telemedicine Coordinating Committee
Senior Friendly	Hospitals will utilize findings of the Senior Friendly (SF) self-assessment to develop quality improvement plans in line with Senior Friendly best practices and submit by Q4 a report (using the template provided) outlining what activities and accomplishments it has undertaken as part of its Senior Friendly Hospital Strategy
Cultural Dimension	Hospitals will support the development and implementation of a Champlain LHN Plan to capture information on Francophone clients/patients
Life or Limb Policy and Repatriation Agreement	The Hospital will comply with the Life or Limb Policy and the Champlain LHN Hospital Patient Repatriation Policy. Hospitals that have access to the online Repatriation Tool hosted by CritiCall Ontario are required to use the tool for all repatriations. The Hospital will collect and submit information that will support on-going monitoring and performance measurement as required.
Surgical and Diagnostic Wait Times	The Hospital will maintain awareness of regional wait time performance indicators and targets and will monitor the Hospital's contribution of the region's overall performance. The Hospital will work with all other Champlain hospitals that provide surgical and diagnostic services to ensure that the Champlain LHN wait time targets are met. Hospital-specific wait time targets may be renegotiated during the fiscal year, if services are redistributed as part of a LHN-approved strategy to improve regional wait time performance.

Hospital Sector 2014-2015

Facility #:	961
Hospital Name:	University of Ottawa Heart Institute
Hospital Legal Name:	University of Ottawa Heart Institute

2014-2015 Schedule C3: Local Indicators and Obligations



Schedule D – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Hospital Service Accountability Agreement

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 Hospital] (the "HSP")

Date: [insert date]

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

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

After making inquiries of the HSP's Chief Executive Officer 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 hospital service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the Board confirms that:

- (i) the HSP has complied with the provisions of the *Local Health System Integration Act, 2006* and the *Broader Public Sector Accountability Act (the "BPSAA")* that apply to the HSP;
- (ii) the HSP has complied with its obligations in respect of CritiCall that are set out in the Agreement;
- (iii) every Report submitted by the HSP is complete, accurate in all respects and in full compliance with the terms of the Agreement; and
- (iv) the representations, warranties and covenants made by the Board on behalf of the HSP in the Agreement remain in full force and effect.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement.

This Declaration of Compliance, together with its Appendix, will be posted on the HSP's website on the same day that it is issued to the LHIN.

[insert name of Board Chair or other board member authorized by the Board to make the Declaration on the Board's behalf],
[insert title]

Appendix 1 - Exceptions

Please identify each obligation under the H-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 E - Project Funding Agreement Template

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 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]

By:

[insert name and title]

[XX] Local Health Integration Network

By:

[insert name and title.]

By:

[insert name and title.]

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 funding and is not to exceed [X].