

February 26, 2015

Electronic Delivery Only

Alfred O'Rourke, Administrator
Sherwood Park Manor
1814 County Road #2 East
Brockville, ON K6V 5T1

Dear Mr. O'Rourke:

Re: 2013-16 Long-Term Care Home Service Accountability Agreement

When the South East Local Health Integration Network (South East LHIN), and Sherwood Park Manor entered into a service accountability agreement for a three-year term effective April 1, 2013 (L-SAA), the performance indicators for 2015-16 were indicated as replicated based on 2013-14 planning assumptions. The South East LHIN would now like to update the L-SAA to include new indicators, targets and standards for 2015-16 fiscal year to Schedule D.

Subject to your agreement, the L-SAA will be amended effective April 1, 2015, by adding the amended Schedule D that is included as Appendix 1 to this letter.

To the extent that there are any conflicts between the current L-SAA and this amendment, the amendment will govern in respect of the Schedule D. All other terms and conditions in the L-SAA will remain the same.

Please indicate your acceptance of, and agreement to this amendment, by signing below and returning one copy of this letter to Anne Hagerman by March 25, 2015. If you have any questions or concerns please contact Tracy Stevenson, Senior Consultant, at tracy.stevenson@lhins.on.ca

The South East LHIN appreciates your and your team's collaboration and hard work during this 2015-16 L-SAA indicator refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,



Paul Huras
Chief Executive Officer,
South East Local Health Integration Network

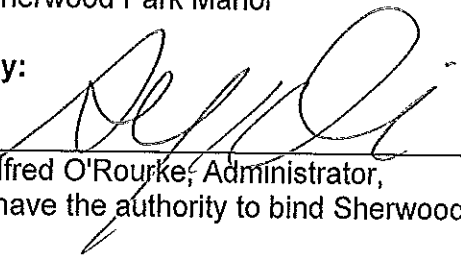
- c. Steven Read, Chair
Ann Rodger, Director of Care

encl.: Appendix 1 – Schedule D

AGREED TO AND ACCEPTED BY:

Sherwood Park Manor

By:

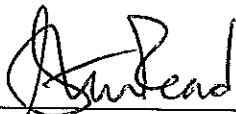


Alfred O'Rourke, Administrator,
I have the authority to bind Sherwood Park Manor

Date

March 2, 2015

And By:



Steven Read, Chair,
I have the authority to bind Sherwood Park Manor

Date

March 2, 2015



Schedule D – Performance

1.0 Performance Indicators

The HSP's delivery of the Services will be measured by the following Indicators, Targets and where applicable Performance Standards. In the following table: *n/a* means 'not-applicable'; that there is no defined Performance Standard for the indicator for the applicable year. *tbd* means a Target, and a Performance Standard; if applicable, will be determined during the applicable year.

INDICATOR CATEGORY	INDICATOR P=Performance Indicator E=Explanatory Indicator	2015/16	
		Performance	
		Target	Standard
Organizational Health and Financial Indicators	Debt Service Coverage Ratio (P)	> = 1	N/A
	Total Margin (P)	> = 0	N/A
Coordination and Access Indicators	Please indicate here if you wish to have your DSCR calculated at a corporate level		
	Average Long-Stay Occupancy / Average Long-Stay Utilization (E)	n/a	n/a
	Wait Time from CCAC Determination of Eligibility to LTC Home Response (E)	n/a	n/a
	Long-Term Care Home Refusal Rate (E)	n/a	n/a
	Percentage of Residents Who Fell in the Last 30 days (E)	n/a	n/a
Quality and Resident Safety Indicators	Percentage of Residents Whose Pressure Ulcer Worsened (E)	n/a	n/a
	Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis (E)	n/a	n/a
	Percentage of Residents in Daily Physical Restraints (E)	n/a	n/a

Appendix 1

2.0 LHIN-Specific Performance Obligations

Name	Objective to be achieved/ demonstrated	Measure	Reporting Protocol	Reporting Requirements
French language Services (FLS) Non-identified HSPs in the SE	To ensure compliance with L-SAAs. 8.1(d) Reporting French Language Services	Annual report to the LHIN with respect to how the HSP addresses the needs of its Francophone community.	In a format provided by the LHIN (Q4)	As per Schedule C – Reporting Requirements
In-home BSO Liaison	To assist in the development and sustainability of capacity in each LTC home, each home will be required to designate at least one (1) LTC staff member to act as a liaison with the BSO team. This staff member will work with the BSO team (MRT, PRC, GOC, psychiatry) to help develop capacity in each home. This liaison will work to establish a team/group within their home who deals specifically with complex residents with challenging behaviours. This does not have to be a new/separate team – we recognize that many LTC homes have groups/teams that deal specifically with complex residents with palliative care or high-intensity needs	<ul style="list-style-type: none"> ▪ Identification of Liaison ▪ Progress made in the development of behavioral support capacity within the LTCH home 	Template to be provided by the LHIN	Reporting requirements will be of an <u>explanatory</u> nature. <ul style="list-style-type: none"> ▪ Q2 – Identification of BSO liaison ▪ Q4 – Narrative report outlining the progress that has been made to date in the development of behavioral support capacity within the LTCH home.