

March 23, 2015

Mr. Rob Kilgour  
District Branch Manager  
Canadian Red Cross Society  
1145 Barton Street  
Thunder Bay, ON P7B 5N3

Dear Mr. Kilgour:

Re: Refresh of Multi-Sector Service Accountability Agreement Schedules for 2015/16

Further to email correspondence dated March 4, 2015, the North West Local Health Integration Network (the "LHIN") is advising you of amendments to your 2014-17 Multi-Sector Service Accountability Agreement (the "M-SAA"), effective April 1, 2015. These amendments include updates to certain performance requirements as well as updates to directives, guidelines and policies.

Please find attached amended M-SAA schedules:

- Schedule D, which updates the directives, guidelines and policies and replaces the previous Schedule D; and
- Schedule E1, which reflects amendments to certain core indicators and replaces the previous Schedule E1.

Subject to the HSP's agreement, the M-SAA between the HSP and the LHIN will be amended effective April 1, 2015.

To the extent that there are any conflicts between the M-SAA and the amendments to the M-SAA through this letter, the terms of this letter and the accompanying Schedules will govern. All other terms and conditions and Schedules in the M-SAA will remain the same.

Please indicate the HSP's agreement to the amendment of the M-SAA by signing below and returning one copy of this letter to the North West LHIN by **March 31, 2015**.

If you have any questions or concerns about this letter or the M-SAA, please contact James Anderson at (807) 684-9425 x 2033.

Sincerely,



Laura Kokocinski  
Chief Executive Officer

*Healthier people, a strong health system - our future*

*Des gens en meilleure santé, un système de santé fort - voilà notre avenir*

Encls. Schedule D  
Schedule E1

- c. Tanya Elliot, Director General  
Dwight Gessie, Branch Council President, Board of Directors  
Joy Warkentin, Chair, Board of Directors, North West LHIN

**AGREED TO AND ACCEPTED BY:**

**Canadian Red Cross Society**

By:



\_\_\_\_\_  
Tanya Elliot, Director General, Ontario Zone  
I have the authority to bind Canadian Red Cross Society.

Core Indicators - All Sectors

Healthcare Service Provider:

The Canadian Red Cross Society

Schedule E1:  
Core Indicators - All Sectors

Performance Indicators	2014/15		2015/16		2016/17	
	Target	Performance Standard	Target	Performance Standard	Target	Performance Standard
% Total Margin (Note 1)	0%	>=0%	0%	>=0%	0%	>=0%
Fund Type 2- Balanced Budget (Note 2)	0	0	0	0	0	0
Proportion of Budget Spent on Administration (Notes 3, 4, 6, 7)	16.3%	< 17.6%	14.6%	< 16.0%	14.6%	< 16.0%
Variance Forecast to Actual Expenditures	0.0%	< 5%	0.0%	< 5%	0.0%	< 5%
Variance Forecast to Actual Units of Service	0.0%	< 5%	0.0%	< 5%	0.0%	< 5%
Percentage of Acute ALC Days (Closed Cases) (Notes 5, 8)	15.0%	<= 15.0%	15.0%	<= 15.0%	15.0%	<= 15.0%
<b>Explanatory Indicators</b>						
Cost per Individual Served (by program/service)			Proportion of Budget Spent on Volunteer Services (Note 9)			
Client Experience (client satisfaction surveys)			Proportion of Budget Spent on Information Systems Support (Note 9)			
Proportion of Budget Spent on Plant Operations (Note 9)			Proportion of Budget Spent on General Administration (Note 9)			

Note 1 - No negative variance is accepted for Total Margin  
 Note 2 - Fund Type 2- Balanced Budget: HSP's are required to submit a balanced budget  
 Note 3 - Target Setting Methodology (BM = Benchmark):  
 If HSP budget is > LHIN upper corridor, Target = upper limit of performance corridor, Corridor = lessor of (10% above Target) and (HSP budget)  
 If HSP budget is between LHIN BM target and upper corridor, Target = HSP budget, Corridor = LHIN benchmark for upper corridor  
 If HSP budget is < LHIN BM target, Target = HSP budget, Corridor = greater of (10% above HSP budget) and (LHIN BM target), unless 0, then 0  
 Note 4 - As of April 1, 2014, Proportion of Budget Spent on Administration includes Undistributed Accounting Centres (82%), Admin & Support Services (72.1%), Management Clinical Services (72.5.05), and Medical Resources (72.5.07). This definition applies to the North West LHIN and its Health Services Providers.  
 Note 5 - Target represents target established for the North West LHIN area.  
 Note 6 - Amended September 23, 2014 for Operating Pressures (one time funding of \$10,000).  
 Note 7 - Amended February 25, 2014 and February 20, 2015 for Transportation Program for High Users (2014/15 base portion of \$15,000 and \$11,250 respectively, annualized \$60,000)  
 Note 8 - Amended April 1, 2015 to update TBD targets for 2015/16 and 2016/17.  
 Note 9 - Amended April 1, 2015 for new explanatory indicators.

**SCHEDULE D – DIRECTIVES, GUIDELINES AND POLICIES  
COMMUNITY SUPPORT SERVICES**

(Amended effective April 1, 2015)

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

• Personal Support Services Wage Enhancement Directive, 2014
• Community Financial Policy, 2015
• Policy Guideline for CCAC and CSS Collaborative Home and Community-Based Care Coordination, 2014
• Policy Guideline Relating to the Delivery of Personal Support Services by CCACs and CSS Agencies, 2014
• Assisted Living Services for High Risk Seniors Policy, 2011 (ALS-HRS)
• Community Support Services Complaints Policy (2004)
• Assisted Living Services in Supportive Housing Policy and Implementation Guidelines (1994)
• Attendant Outreach Service Policy Guidelines and Operational Standards (1996)
• Screening of Personal Support Workers (2003)
• Ontario Healthcare Reporting Standards – OHRs/MIS – most current version available to applicable year
• Guideline for Community Health Service Providers Audits and Reviews, August 2012