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ELECTRONIC DELIVERY ONLY

January 29, 2016

Peter McKenna
Executive Director
Rideau Community Health Services
354 Read Street
Merrickville, ON, K0G 1N0

Dear Mr. McKenna,

Re: 2014-17 Multi-Sector Service Accountability Agreement

When the South East Local Health Integration Network (the "LHIN") and the Rideau Community Health Services (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 Schedules B, C, D and E.

Subject to HSP's agreement, the MSAA will be amended with effect April 1, 2016, by adding the amended Schedules B, C, D and E (the "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 original hardcopy of this letter with schedules to the South East LHIN, Attn: Michelle Adams, Administrative Associate by March 11th, 2016. If you have any questions or concerns please contact Rose Tremblay, Financial Analyst at rose.tremblay@lhins.on.ca

The LHIN appreciates your and your team's collaboration and hard work during this 2016/17 MSAA refresh process. We look forward to maintaining a strong working relationship with you.

Sincerely,

Paul Huras
Chief Executive Officer
South East LHIN

c: Donna Segal, Board Chair, South East LHIN

encl.: Appendix 1 – Schedules B, C, D and E.

AGREED TO AND ACCEPTED BY:

Rideau Community Health Services
By:

_____
Peter McKenna, Executive Director,
I have the authority to bind Rideau Community Health Services

_____
Date

And By:

_____
Jacques Pelletier, Chair,
I have the authority to bind Rideau Community Health Services

_____
Date

APPENDIX 1

Schedule B1: Total LHIN Funding

2016-2017

Health Service Provider: Rideau Community Health Services

LHIN Program Revenue & Expenses	Row #	Account: Financial (F) Reference OHRS VERSION 9.0	2016-2017 Plan Target
REVENUE			
LHIN Global Base Allocation	1	F 11006	$5,937,586
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	$100,668
MOHLTC One Time	7	F 11012	$0
Paymaster Flow Through	8	F 11019	$0
Service Recipient Revenue	9	F 11050 to 11090	$0
Subtotal Revenue LHIN/MOHLTC	**10**	**Sum of Rows 1 to 9**	**$6,038,254**
Recoveries from External/Internal Sources	11	F 120*	$133,477
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*]	$12,000
Subtotal Other Revenues	**14**	**Sum of Rows 11 to 13**	**$145,477**
TOTAL REVENUE FUND TYPE 2	**15**	**Sum of Rows 10 and 14**	**$6,183,731**
EXPENSES			
Compensation			
Salaries (Worked hours + Benefit hours cost)	17	F 31010, 31030, 31090, 35010, 35030, 35090	$2,644,386
Benefit Contributions	18	F 31040 to 31085 , 35040 to 35085	$563,440
Employee Future Benefit Compensation	19	F 305*	$0
Physician Compensation	20	F 390*	$1,589,215
Physician Assistant Compensation	21	F 390*	$0
Nurse Practitioner Compensation	22	F 380*	$407,721
Physiotherapist Compensation (Row 128)	23	F 350*	$0
Chiropractor Compensation (Row 129)	24	F 390*	$0
All Other Medical Staff Compensation	25	F 390*, [excl. F 39092]	$0
Sessional Fees	26	F 39092	$0
Service Costs			
Med/Surgical Supplies & Drugs	27	F 460*, 465*, 560*, 565*	$50,129
Supplies & Sundry Expenses	28	F 4*, 5*, 6*, [excl. F 460*, 465*, 560*, 565*, 69596, 69571, 72000, 62800, 45100, 69700]	$406,969
Community One Time Expense	29	F 69596	$100,668
Equipment Expenses	30	F 7*, [excl. F 750*, 780*]	$37,500
Amortization on Major Equip, Software License & Fees	31	F 750* , 780*	$0
Contracted Out Expense	32	F 8*	$11,000
Buildings & Grounds Expenses	33	F 9*, [excl. F 950*]	$372,703
Building Amortization	34	F 9*	$0
TOTAL EXPENSES FUND TYPE 2	**35**	**Sum of Rows 17 to 34**	**$6,183,731**
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**36**	**Row 15 minus Row 35**	**$0**
Amortization - Grants/Donations Revenue	37	F 131*, 141* & 151*	$0
SURPLUS/DEFICIT Incl. Amortization of Grants/Donations	**38**	**Sum of Rows 36 to 37**	**$0**
FUND TYPE 3 - OTHER			
Total Revenue (Type 3)	39	F 1*	$194,335
Total Expenses (Type 3)	40	F 3*, F 4*, F 5*, F 6*, F 7*, F 8*, F 9*	$194,335
NET SURPLUS/(DEFICIT) FUND TYPE 3	**41**	**Row 39 minus Row 40**	**$0**
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	$6,378,066
Total Expenses (All Funds)	46	Line 16 + line 40 + line 43	$6,378,066
NET SURPLUS/(DEFICIT) ALL FUND TYPES	**47**	**Row 45 minus Row 46**	**$0**
Total Admin Expenses Allocated to the TPBEs			
Undistributed Accounting Centres	48	82*	$100,668
Plant Operations	49	72 1*	$386,703
Volunteer Services	50	72 1*	$0
Information Systems Support	51	72 1*	$320,667
General Administration	52	72 1*	$604,477
Admin & Support Services	53	72 1*	**$1,311,847**
Management Clinical Services	54	72 5 05	$768,502
Medical Resources	55	72 5 07	$0
Total Admin & Undistributed Expenses	**56**	**Sum of Rows 46-50 (included in Fund Type 2 expenses above)**	**$2,181,017**

Schedule B2: Clinical Activity- Summary
2016-2017

Health Service Provider: Rideau Community Health Services

Service Category 2016-2017 Budget	OHRS Framework Level 3	Full-time equivalents (FTE)	Visits F2F, Tel.,In-House, Cont. Out	Not Uniquely Identified Service Recipient Interactions	Hours of Care In-House & Contracted Out	Inpatient/Resident Days	Individuals Served by Functional Centre	Attendance Days Face-to-Face	Group Sessions (# of group sessions-not individuals)	Meal Delivered-Combined	Group Participant Attendances (Reg & Non-Reg)	Service Provider Interactions	Service Provider Group Interactions	Mental Health Sessions
Primary Care- Clinics/Programs	72 5 10*	**29.43**	**0**	**0**	**0**	**0**	**7,150**	**0**	**200**	**0**	**2,980**	**36,800**	**487**	**0**
Health Promotion and Education	72 5 50	**13.21**	**0**	**0**	**0**	**0**	**3,115**	**0**	**400**	**0**	**4,300**	**8,175**	**600**	**0**

Schedule C: Reports
Community Health Centres
2016-2017
Health Service Provider: Rideau Community Health Services

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 "*".

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

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

Schedule C: Reports
Community Health Centres
2016-2017
Health Service Provider: Rideau Community Health Services

Annual Reconciliation Report (ARR) through SRI and paper copy submission* *All HSPs must submit both a paper copy the Annual Revenue Reconciliation (ARR) submission, duly signed, to the Ministry and the respective LHIN where funding is provided; soft copy to be provided through SRI*	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Board Approved Audited Financial Statements *	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Declaration of Compliance	
Fiscal Year	**Due Date**
2014-15	June 30, 2015
2015-16	June 30, 2016
2016-17	June 30, 2017

Other Reporting Requirements	
Requirement	**Due Date**
French language service Report	2014-15 - April 30, 2015 2015-16 - April 30, 2016 2016-17 - April 30, 2017

Schedule D: Directives , Guidlelines and Policies
Commuity Health Centres
2016-2017
Health Service Provider: Rideau Community Health Services

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 Guidelines November 2013 V1.1
▪ 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
▪ Guideline for Community Health Service Providers Audits and Reviews, August 2012

***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

2016-2017

Health Service Provider: Rideau Community Health Services

Performance Indicators	2016-2017 Target	Performance Standard
*Balanced Budget - Fund Type 2	$0	>=0
Proportion of Budget Spent on Administration	35.3%	<=42.3%
**Percentage Total Margin	0.00%	>= 0%
Percentage of Alternate Level of Care (ALC) days (closed cases)	12.7%	<13.97%
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	-
Alternate Level of Care (ALC) Rate	0.0%	<0%

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 Systems Support 72 1 25
Budget Spent on Administration- AS Volunteer Services 72 1 40
Budget Spent on Administration- AS Plant Operation 72 1 55

* Balanced 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

2016-2017

Health Service Provider: Rideau Community Health Services

OHRS Description & Functonal Centre [1] These values are provided for information purposes only. They are not Accountability Indicators.		2016-2017 Target	2016-2017 Performance Standard
Undistributed Accounting Centres 82*			
Total Cost for Functional Centre	82*	**$100,668**	n/a
Administration and Support Services 72 1*			
Full-time equivalents (FTE)	72 1*	**7.08**	n/a
Total Cost for Functional Centre	72 1*	**$1,311,847**	n/a
Clinics/Programs - General Clinic 72 5 10 20			
Full-time equivalents (FTE)	72 5 10 20	**20.84**	n/a
Individuals Served by Functional Centre	72 5 10 20	**4,000**	3600 - 4400
Group Sessions	72 5 10 20	**10**	8 - 12
Total Cost for Functional Centre	72 5 10 20	**$2,835,306**	n/a
Group Participant Attendances	72 5 10 20	**80**	64 - 96
Service Provider Interactions	72 5 10 20	**30,000**	28500 - 31500
Service Provider Group Interactions	72 5 10 20	**36**	29 - 43
Clinics/Programs - Therapy Clinic - Foot Care 72 5 10 40 20			
Full-time equivalents (FTE)	72 5 10 40 20	**1.03**	n/a
Individuals Served by Functional Centre	72 5 10 40 20	**300**	240 - 360
Total Cost for Functional Centre	72 5 10 40 20	**$113,000**	n/a
Service Provider Interactions	72 5 10 40 20	**1,000**	900 - 1100
Clinics/Programs - Therapy Clinic - Nutrition 72 5 10 40 45			
Full-time equivalents (FTE)	72 5 10 40 45	**1.49**	n/a
Individuals Served by Functional Centre	72 5 10 40 45	**500**	425 - 575
Group Sessions	72 5 10 40 45	**90**	72 - 108
Total Cost for Functional Centre	72 5 10 40 45	**$133,345**	n/a
Group Participant Attendances	72 5 10 40 45	**1,400**	1260 - 1540
Service Provider Interactions	72 5 10 40 45	**1,200**	1080 - 1320
Service Provider Group Interactions	72 5 10 40 45	**95**	76 - 114
Clinics/Programs - Therapy Clinic - Counselling 72 5 10 40 60			
Full-time equivalents (FTE)	72 5 10 40 60	**1.31**	n/a
Individuals Served by Functional Centre	72 5 10 40 60	**350**	280 - 420
Total Cost for Functional Centre	72 5 10 40 60	**$120,625**	n/a
Service Provider Interactions	72 5 10 40 60	**1,000**	900 - 1100
Service Provider Group Interactions	72 5 10 40 60	**6**	5 - 7
Clinics/Programs – CHC Other Clinic 72 5 10 55			
Full-time equivalents (FTE)	72 5 10 55	**4.76**	n/a
Individuals Served by Functional Centre	72 5 10 55	**2,000**	1800 - 2200
Group Sessions	72 5 10 55	**100**	80 - 120
Total Cost for Functional Centre	72 5 10 55	**$360,281**	n/a
Group Participant Attendances	72 5 10 55	**1,500**	1350 - 1650
Service Provider Interactions	72 5 10 55	**3,600**	3240 - 3960
Service Provider Group Interactions	72 5 10 55	**350**	280 - 420
Health Prom/Educ. & Com. Dev.- Chronic Disease Education, Awareness and Prevention- Diabetes 72 5 50 35 20			

Schedule E2a: Clinical Activity- Detail

2016-2017

Health Service Provider: Rideau Community Health Services

OHRS Description & Functonal Centre [1]These values are provided for information purposes only. They are not Accountability Indicators.		2016-2017 Target	2016-2017 Performance Standard
Full-time equivalents (FTE)	72 5 50 35 20	**11.34**	n/a
Individuals Served by Functional Centre	72 5 50 35 20	**3,000**	2700 - 3300
Group Sessions	72 5 50 35 20	**300**	240 - 360
Total Cost for Functional Centre	72 5 50 35 20	**$1,044,314**	n/a
Group Participant Attendances	72 5 50 35 20	**2,500**	2250 - 2750
Service Provider Interactions	72 5 50 35 20	**8,000**	7600 - 8400
Service Provider Group Interactions	72 5 50 35 20	**400**	320 - 480
Health Prom/Educ.& Com. Dev – Personal Health and Wellness 72 5 50 45			
Full-time equivalents (FTE)	72 5 50 45	**1.87**	n/a
Individuals Served by Functional Centre	72 5 50 45	**115**	92 - 138
Group Sessions	72 5 50 45	**100**	80 - 120
Total Cost for Functional Centre	72 5 50 45	**$164,345**	n/a
Group Participant Attendances	72 5 50 45	**1,800**	1620 - 1980
Service Provider Interactions	72 5 50 45	**175**	140 - 210
Service Provider Group Interactions	72 5 50 45	**200**	160 - 240
ACTIVITY SUMMARY			
Total Full-Time Equivalents for all F/C		**49.72**	n/a
Total Individuals Served by Functional Centre for all F/C		**10,265**	9752 - 10778
Total Group Sessions for all F/C		**600**	510 - 690
Total Group Participants for all F/C		**7,280**	n/a
Total Service Provider Interactions for all F/C		**44,975**	42726 - 47224
Total Service Provider Group Interactions for all F/C		**1,087**	978 - 1196
Total Cost for All F/C		**$6,183,731**	n/a

Schedule E2b: CHC Sector Specific Indicators

2016-2017

Health Service Provider: Rideau Community Health Services

Performance Indicators	2016-2017 Target	Performance Standard
Cervical Cancer Screening Rate (PAP tests)	80.0%	> 64.0%
Colorectal Screening Rate	80.0%	64 - 96%
Inter-professional Diabetes Care Rate	95.0%	76 - 100%
Influenza Vaccination Rate	65.0%	52 - 78%
Breast Cancer Screening Rate	65.0%	52 - 78%
Periodic Health Exam Rate (Applicable to 2014-15 only)	N/A	-
Vacancy Rate (For NPs and Physicians- Replaced in 2015-16 with Retention Rate)	N/A	-
Retention Rate (For NPs and Physicians)	85.0%	>= 68%
Access to Primary Care	100.0%	95 - 100%
Client Satisfaction – Access		
Number of Registered Clients		
Third next available appointment		

Schedule E3a Local: All
2016-2017

Health Service Provider: Rideau Community Health Services

Name and Description	Objective to be achieved/demonstrated (desired outcome)	Measure (How will we know the outcome has been achieved?)	Data Source/Reporting Protocol	Progress target for each year of the agreement (as applicable)
Health Care Tomorrow: Contribute to regional initiative to improve access to high quality care through the development of a sustainable system of integrated care	Community agencies will work collaboratively with hospitals, LTCH, primary care providers and the LHIN to develop and implement approved Health Care Tomorrow initiatives that: • Build capacity in community support services and optimize community resources to prevent unnecessary use of hospitals • Improve service delivery and the integration of care for complex chronic/frail elderly through the development of automated, Integrated Coordinated Care Plans • Inform the development of an Older Adult Strategy for the SE LHIN region	Participate in next stage of plan development with approval, prioritization and implementation of initiatives as applicable.	Provide input to Monthly reports (where required) on each strategic area to the corresponding LHIN Lead	**2016-2017** Participate in next stage of plan development with approval, prioritization and implementation of initiatives as applicable.

Schedule E3a Local: All
2016-2017

Health Service Provider: Rideau Community Health Services

Name and Description	Objective to be achieved/demonstrated (desired outcome)	Measure (How will we know the outcome has been achieved?)	Data Source/Reporting Protocol	Progress target for each year of the agreement (as applicable)

System Patient Flow	To ensure patients receive the right care, at the right time in the right place, all providers are to collaborate to optimize patient flow internal to their organization and system wide.
	
	Community sector will support patient flow improvement by:
	• Ensure appropriate information flows between providers
	• Participate in collaboration to shift location of provision of care where appropriate
	• Participate and support the adoption of relative enabling technologies that would support the above
		Reduction in ALC days to in Home Service
		
		• % of patients needing CCAC services on discharge be referred to CCAC within a minimum of 48 hrs. prior to discharge
		
		• % of CCAC in home service clients received services within 48hours or a mutually agreed upon time with patients/ family
		
		Reduction in ER visit (CTAS 4-5) for known CCAC, CHC and HealthLink clients
		
		Reduction in 30 day readmission rate for complex care patients with COPD, CHF and Diabetes
		
		% high risk clients identified through InterRAI AUA screening process or ED CCAC notification system will be:
		• assessment within 72hrs and receive coordinated service plans with notification to appropriate primary care/ Health Links
		• followed up with appropriate action if client is known to CCAC , CSS, or SMILE(VON)
			Quarterly reports should be done in collaboration with system partners
			
			SE LHIN will provide baselines for all metrics by April 1st, 2016
				2016-2017
				Participate in initiatives as applicable
				
				• 90% of patients needing CCAC services on discharge be referred to CCAC within a minimum of 48hrs prior to discharge
				• 90% of CCAC in home service clients received services within 48hours of discharge or a mutually agreed upon time with patients/ family
				• 20% reduction in 30 day readmissions for client with COPD, CHF and Diabetes
				• 30% reduction in ER visits (CTAS 4 -5) for known CCAC, CHC and HealthLink clients
				• 90% high risk clients identified through InterRAI AUA screening process or ED CCAC notification system will be ;
				  ○ assessment within 72hrs and receive coordinated care plans with notification to primary care/ Health Links
				  ○ followed up with appropriate action if client is known to CCAC , CSS, or SMILE(VON)
				• Emergency Room avoidance. (manual count until SHIIP available)

Schedule E3a Local: All
2016-2017

Health Service Provider: Rideau Community Health Services

Name and Description	Objective to be achieved/demonstrated (desired outcome)	Measure (How will we know the outcome has been achieved?)	Data Source/Reporting Protocol	Progress target for each year of the agreement (as applicable)
Health Links	Providers and partners in a Health Link, including community, hospital, and primary care, will: • Participate in Health Link activities. • Contribute to development and use of a coordinated care plan for identified complex clients • Report on their respective metrics to the local Health Link • Participate in enabling technologies, including SHIIP, to support objectives and reporting **For CHCs:** In addition to the above, CHCs will report on acute hospital utilization for CHC clients who are identified as complex (using the HL definition) • Rate of acute inpatient admissions • Rate of 30 day readmissions • Rate of avoidable ED visits (CTAS IV & V)	**For CHCs:** • # identified CHC clients with complex needs with a coordinated care plan (identified as complex using HL definition) • % of CHC clients identified as complex (identified as complex using HL definition) • Rate of acute hospital admissions for CHC clients identified as complex (using HL definition) • Rate of 30-day acute hospital readmissions for CHC clients identified as complex (using HL definition) • Rate of avoidable ED visits (CTAS IV & V) for CHC clients identified as complex (using HL definition) (Where data from Hospitals is available) **Explanatory for CHCs:** • % of primary care follow-up visits for identified complex clients, using the HL definition, that occur within 7 days of discharge from an acute care setting. **Explanatory for Community:** • # identified patients with complex needs with a coordinated care plan	Manual until SHIIP fully implemented	Baseline to be established in 2016/17 for AMH, Hospitals, Community.

Schedule E3a Local: All
2016-2017

Health Service Provider: Rideau Community Health Services

Name and Description	Objective to be achieved/demonstrated (desired outcome)	Measure (How will we know the outcome has been achieved?)	Data Source/Reporting Protocol	Progress target for each year of the agreement (as applicable)
Health Links	**For CCAC:** CCAC will participate with local Health Link partners in accordance with the Health Link 2016/17 plan.	CCAC will embed care coordination function (in adherence to Health Links care coordination model) within each Health Link by 2016-17 Reduction in home care visits referral time for patients identified with complex needs (using HL definition of complex) **Explanatory Metric for 2016-17** • ED Visits • Admissions • Readmissions	• CCAC data base and/or manual until SHIIP fully implemented • 2015/16 CCAC pilot evaluation; implementation evaluation conducted in 2016/17	20% increase over 2015-2016 results (re: care coordination function embedded in Health Links)
Health Links	**For AMH and CSS:** AMH & CSS will participate with local Health Link partners in accordance with the Health Link 2016/17 plan. AMH and CSS providers will contribute to care coordination for patients with complex needs that are shared with Health Link partners including primary care.	In 2016/17, A&MH/CSS will work with HL partners to contribute to a coordinated care plan that addresses needs of patients identified as complex (using HL definition of complex). **Explanatory Metrics for 2016-17** • % of AMH clients identified as having complex needs (using the HL definition) who are attached to a primary care provider • # patients identified with complex needs and are a AMH client and have a coordinated care plan (identified as complex using HL definition) (NOTE – this metric has been revised as explanatory for 16/17) • # of CSS patients identified as complex (using the HL definition) who have a coordinated care plan	Manual until SHIIP fully implemented	Baseline and targets to be established in 2016/17.

Schedule E3a Local: All
2016-2017

Health Service Provider: Rideau Community Health Services

Name and Description	Objective to be achieved/demonstrated (desired outcome)	Measure (How will we know the outcome has been achieved?)	Data Source/Reporting Protocol	Progress target for each year of the agreement (as applicable)
Integrated Falls Prevention & Management Strategy – Development of a regional, integrated system of falls prevention and management strategy	Community agencies will work collaboratively with hospitals, LTCH, primary care providers and the LHIN to design and implement a regional falls prevention & management strategy. • Identification and adoption of a regional falls prevention & management pathway • Identification and adoption of screening/assessment tools	Reduction in the incidence of preventable falls and burden of negative health outcomes	Quarterly reports to LHIN from steering committee	**2016-2017** Participate in planning and development of regional work plan. Support work towards achievement of 2016-17 work plan goals.