



Ontario Ministry of Health and Long-Term Care

Hospital Accountability Agreement

2007-08

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1. PURPOSE AND BACKGROUND

- A. The Ontario Ministry of Health and Long-Term Care (the “Ministry”) and the [full name of the hospital] (the “Hospital”) have a joint responsibility to ensure accessible and high quality, patient-centered care. To fulfill this responsibility, the Ministry and hospitals have, with the implementation of Hospital Accountability Agreements, strengthened their accountability relationship to improve hospital services, and the efficiency and effectiveness of Ontario’s hospital system.
- B. In June 2006, the Joint Policy and Planning Committee (“JPPC”) released a Policy Statement on Accountability (the “Policy Statement”). The Policy Statement identifies principles, shared commitments, and roles and responsibilities to support the accountability relationship between the Ministry and Ontario hospitals and updates the Policy Statement released by the JPPC in June 2005. The Ministry and the Ontario Hospital Association (“OHA”) have endorsed the content and approach of the Policy Statement.
- C. The Ministry and the Hospital are entering into this Agreement to set out their rights and obligations in respect of Funding (as herein defined) for Fiscal Year 2007/08 and the process for planning for funding for Fiscal Year 2008/09. The parties recognize that during the term of this Agreement the Ministry may assign part or all of its rights, obligations and liabilities under this Agreement to a local health integration network (“LHIN”).
- D. The Ministry and OHA developed the template for this Agreement in a collaborative process through the JPPC. The intent is to refine and improve the agreement template over the next year(s) to provide a basis for a Hospital Service Accountability Agreement to be entered into for Fiscal Year 2008/09 between the Hospital and a LHIN.

2. DEFINITIONS

Agreement means this agreement, including any Schedules to this agreement, as amended, supplemented, or revised.

Base Funding means the funding set out in Schedule C on the lines labeled, "Opening Base Funding" and "Incremental Base Funding";

Days means calendar days;

Fiscal Year means a period of twelve (12) consecutive months beginning on April 1 and ending the following March 31;

Funding means the funding provided by the Ministry to the Hospital under the Agreement with respect to Fiscal Year 2007/08 and set out in Schedule C.

Funding Category means a type of Funding as set out in the attached Schedule C;

HAPS means the Hospital Annual Planning Submission for the Hospital;

Hospital Services mean the operational and clinical activities of the Hospital as set out in the HAPS and the Schedules to the Agreement;

Improvement Plan means a plan that the Hospital may be required to submit to the Ministry under Section 9 of this Agreement in response to an actual or potential failure to meet a Performance Obligation;

Ministry Target means an expected numerical result determined by the Ministry, and may be used as a base to negotiate the Negotiated Target;

Negotiated Target is a numerical result for a Performance Indicator, or Service Volume as set out in Schedules D, and G and negotiated by the Hospital and the Ministry;

Performance Corridor means the numerical range for Performance Indicators or Service Volumes as set out in Schedules B and D;

Performance Indicator means a measure of Hospital performance as set out in Schedules B and D;

Performance Obligation means the Hospital performance obligations, as set out in Section 6 and in the Schedules to the Agreement;

Performance Standard means an acceptable result for Hospital performance, or a numerical result within an acceptable range of Hospital performance, under this Agreement, as set out in Schedules B, D, and G. Performance Standards relating to Base Funding derive from the application of a Performance Corridor to a Negotiated Target or Service Volume;

Physician Clinical Services mean services in which physicians are paid by the Hospital to provide patient care, or paid to support the provision of patient care, but does not include stipends paid to physicians for Hospital administrative services;

Planning Obligation means a requirement that the Hospital or Ministry must meet in relation to the planning and negotiation process supporting the Agreement as set out in Section 10 and Schedule A;

Service Volume means a numerical result for Hospital Services as outlined in Schedules B, F, G and H; and,

Variance means an actual, or potential result for a Negotiated Target that does not achieve a Performance Standard.

3. APPLICATION AND TERM OF AGREEMENT

3.1 Term and Scope

The Agreement will commence on the date of signing and applies to the following:

- (a) Fiscal Year 2007/08 Funding and the Performance Obligations herein and attached hereto as Schedules B-H; and
- (b) Any Planning Obligations for Fiscal Year 2008/09 as set out in Schedule A.

3.2 Application

This Agreement only applies to the Funding provided under this Agreement for Hospital Services. For greater certainty, the Agreement does not apply to or supercede other funding or contractual arrangements that the Hospital may have with:

- (a) The provincial Crown, including other funding provided by the Ministry and funding from Ministries other than the Ministry;
- (b) Cancer Care Ontario; and
- (c) The federal Crown.

This Agreement is an agreement for the purposes of Part III of *The Commitment to the Future of Medicare Act, 2004*. If part or all of the Agreement is assigned under Section 15 by the Ministry to a LHIN, the Agreement or the part that is assigned is also an agreement for the purposes of *sub-section 20(1) of the Local Health System Integration Act, 2006*, upon that sub-section being proclaimed.

4. ACCOUNTABILITY

4.1 Ministry Accountability

The accountabilities of the Ministry under this Agreement include:

- (a) Providing Funding to the Hospital for Hospital Services;
- (b) In accordance with Section 11, providing approvals or comments for any written submissions that the Hospital is required to submit to the Ministry for its review and approval under the Agreement; and
- (c) Meeting any Planning Obligations in Schedule A.

4.2 Hospital Accountability

The accountabilities of the Hospital under this Agreement include:

- (a) Meeting the Performance Obligations; and
- (b) Meeting any Planning Obligations in Schedule A.

5. MINISTRY FUNDING

5.1 *Provision of Funding*

The Ministry will provide the Hospital with Funding as set out by Funding Category in Schedule C.

5.2 *Flow of Funds*

The Ministry will provide the Funding to the Hospital in equal installments twice a month, unless otherwise determined.

5.3 *Adjustment of 2007/08*

If the Ministry announces an adjustment to the Funding for the Hospital's Fiscal Year 2007/08, the parties will, if necessary, plan and negotiate any revised results for a Performance Indicator, Performance Standard or Service Volume in accordance with the timelines outlined in Schedule A.

5.4 *Settlement and Recovery*

- (a) *Retention of Operating Surplus.* In accordance with the Ministry's 1982 (revised 1999) Business Oriented New Development Policy (B.O.N.D.), the Hospital will retain any net income or operating surplus of income over expenses earned in a Fiscal Year, subject to any in-year or year-end funding adjustments to Funding by the Ministry in accordance with Section 5.4 (b). Any operating surplus retained by the Hospital must be applied toward Hospital operations, including, for example, new or existing programs, equipment purchases, debt retirement, or capital.

- (b) *Settlement and Recovery of Funding.* The Ministry will settle with the Hospital and, where applicable, recover Funding from the Hospital as set out in the Schedules. The manner of settlement and recovery for each Funding Category is set out in the Schedules. The Ministry will not recover Base Funding so long as the Hospital fulfills the requirements of sections 5.4 (a), and 6.2 (a) and (c), with the exception that Base Funding is recoverable for Specialized Hospital Services as set out in Schedule G and critical care funding in respect of those hospitals that received such funding in Fiscal Year 2006/07.
- (c) *Consideration of Weighted Cases.* Where a settlement and recovery is primarily based on volumes of cases performed by the Hospital, the Ministry may consider the Hospital's weighted cases.
- (d) *Ministry Discretion Regarding Case Load Volumes.* The Ministry may consider, where appropriate, accepting case load volumes that are less than a Service Volume or Performance Standard, and the Ministry may decide not to settle or recover from the Hospital if such variations in volumes are (i) only a small percentage of volumes, or (ii) due to a fluctuation in demand for the services.
- (e) *Funding for Additional Services.* Subject to Section 7.2, the Ministry is not required to provide additional Funding to the Hospital for exceeding a Performance Standard or Service Volume, unless the Hospital has received prior Ministry approval. The Hospital may make a written request for additional Funding for additional services.
- (f) *Process for Implementing Funding Adjustments.* Prior to implementing an in-year or year-end adjustment of a Funding Category, the Ministry will follow the process set out below (unless waived by the parties):

- (i) The Ministry will give written notice to the Hospital where the Ministry believes that the Hospital has not met a Performance Obligation.
- (ii) The notice under subsection (i) will briefly describe the circumstances that lead the Ministry to give the notice and the amount of the adjustment that the Ministry proposes to make.
- (iii) After receiving a notice under subsection (i), where a Hospital disputes the matters set out in the notice, the Ministry and the Hospital will discuss the circumstances that resulted in the notice and the Hospital may make representations to the Ministry about the matters set out in the notice within fourteen (14) Days of receiving the notice.
- (iv) The Ministry will consider the representations made by the Hospital before implementing any adjustment to the Funding and no such adjustment will be made earlier than thirty (30) Days after the delivery of the notice referred to in subsection (i). The Ministry will notify the hospital before making the adjustment.

5.5 *In-year Funding Allocations*

In addition to the Funding set out in Schedule C, the Ministry may make in-year funding allocations to the Hospital. These in-year funding allocations may require the Hospital to comply with specific performance targets and conditions, including targets and conditions related to reporting and service levels. These targets and conditions will be set out in any additional Schedules to be appended to the Agreement in accordance with Section 14.

6. HOSPITAL PERFORMANCE OBLIGATIONS

The Hospital's Performance Obligations are as follows:

6.1 *Performance Obligations in the Schedules*

The Hospital will:

- (a) Achieve the Performance Standards for the following Performance Indicators as set out in Schedules B, and D:
 - (1) Total Margin;
 - (2) Current Ratio;
 - (3) Rate of Readmission to the same Hospital for Selected CMGs;
 - (4) Percentage of Full-time Nurses;
 - (5) Percentage of Chronic Care Patients with New Stage 2 or Greater Skin Ulcers;
 - (6) Any other Performance Indicators set out in the Schedules; and
- (b) Perform in accordance with the terms and conditions as set out in the Schedules.

6.2 *Use of Funding*

The Hospital will ensure that the Funding is:

- (a) Used to provide Hospital Services and support Hospital operations;
- (b) Used in accordance with the provisions in Schedules B-H; and,
- (c) Not used for the following purposes:

- (i) Major building renovation or construction without the approval of the Ministry, or
- (ii) Direct expenses relating to research projects.

6.3 *Hospital Reporting*

- (a) *Quarterly Performance Reports.* The Hospital will provide quarterly reports to the Ministry on its performance under this Agreement, including any potential or actual Variance in accordance with the timelines in the HAPS. The Hospital's report will include a brief explanation of any Variance and any actions the Hospital is taking to remedy the Variance.
- (b) *Annual Reporting of Funding Spent on Certain Services or Physician Clinical Services.* To assist the Ministry to plan and develop policy, the Hospital will report at the end of each Fiscal Year to the Ministry the amount of Funding spent in that Fiscal Year on any of the following services:
 - (i) Long-Term Care Homes,
 - (ii) Community Mental Health, and
 - (iii) Children and Youth Services.

In addition to these services, the Hospital will report at the end of each Fiscal Year to the Ministry the amount of Base Funding spent in that Fiscal Year on payments for Physician Clinical Services.

7. PERFORMANCE MANAGEMENT

7.1 *Notice of Performance Issues*

Both parties must notify the other party and, where appropriate, other health care providers, as soon as reasonably possible of any events, information, or developments that will significantly affect a party's ability to perform its obligations under the Agreement.

7.2 *Responding to Unexpected Increases in Demand*

The parties recognize that despite best efforts by the Hospital, an unexpected increase in demand for urgent and medically necessary Hospital Services, such as emergency services, may compromise, or may have the potential to compromise, Hospital Services in other areas. In this situation, the Ministry and Hospital will meet to discuss any actual or potential shortfall in service levels or Funding, and discuss possible solutions. Notwithstanding Section 5.4(e), the Ministry may make, where appropriate, and in the Ministry's discretion, an in-year or year end adjustment to the Funding to reflect an unexpected increase in demand.

7.3 *Performance Meetings*

- (a) *Follow-up Meetings to Quarterly Reports.* The Ministry may require a meeting with the Hospital to discuss issues arising out of a quarterly report, including any actions the Hospital is taking to remedy a Variance. If the Ministry requires a meeting, or if remedial action on a quarterly report requires modification, it will notify the Hospital. The Hospital will continue with the remedial action identified in its quarterly report until receiving notice or direction from the Ministry to modify the remedial action.

- (b) *Request for Performance Meeting.* Either party may request a meeting at any time to discuss any difficulties experienced by the Hospital in meeting a Performance Obligation. The parties will use their best efforts to meet as soon as possible following a request.

8. FACTORS BEYOND HOSPITAL CONTROL

- (a) The parties agree that a factor beyond the Hospital's control may result in the failure of the Hospital to achieve a Performance Obligation in the Schedules. Such a factor may be partly or completely beyond the control of a Hospital. Factors beyond the Hospital's control will generally include occurrences that are:
 - (i) Caused by persons or organizations beyond the Hospital's control; or,
 - (ii) Reasonably unforeseeable events beyond the Hospital's control.
- (b) Examples of factors beyond the Hospital's control include, but are not limited, the following:
 - (i) Significant costs associated with complying with new or amended Government of Ontario guidelines, policies or legislation;
 - (ii) The availability of health care in the community (long-term care, home care, and primary care);
 - (iii) The availability of health human resources;
 - (iv) Arbitration decisions that affect Hospital employee compensation packages, including wage, benefit and pension

compensation, which exceed reasonable Hospital planned compensation settlement increases and in certain cases non-monetary arbitration awards that significantly impact upon Hospital operational flexibility; and,

- (v) Unforeseen and catastrophic events, such as natural disasters and infectious disease outbreaks.

8.1 Decision-Making Process for Applying Section 8.2

The provisions of Section 8.2 apply if the following decision-making process is followed:

- (a) The Hospital:
 - (i) Notifies the Ministry that, in the Hospital's opinion, a failure to meet a Performance Obligation has occurred or is likely to occur due to a factor beyond the Hospital's control;
 - (ii) Provides to the Ministry an explanation of the reasons for the Hospital's opinion; and,
 - (iii) Provides to the Ministry a description of the efforts that the Hospital has taken or will take to mitigate the effects of the factor beyond the Hospital's control or to prevent that factor from occurring, if that factor is partly within the control of the Hospital; and,
- (b) The Ministry shall determine, acting reasonably and in consultation with the Hospital, whether the Ministry agrees or not that the failure to meet a Performance Obligation has been caused in whole or in part by a factor beyond the control of the Hospital. In making this

determination, the Ministry shall consider all relevant information, including:

- (A) Any information provided by the Hospital under subsection 8.1 (a);
- (B) Whether the Hospital is making sufficient efforts in the circumstances to mitigate the effects of the factor beyond its control and to comply with the Agreement; and,
- (C) Whether the Hospital is making sufficient efforts in the circumstances to prevent the factor beyond the Hospital's control from occurring, if the factor beyond the Hospital's control is partly within the control of the Hospital.

8.2 *Response to Factors Beyond the Control of the Hospital*

Where the Ministry agrees in accordance with Section 8.1 that the failure to meet a Performance Obligation has been caused in whole or in part by a factor beyond the control of the Hospital,

- (a) The parties will continue to act in accordance with the Agreement pending the joint development of a response plan;
- (b) The Hospital will collaborate with the Ministry to develop and implement a joint response plan;
- (c) Where necessary, the parties will adjust and amend the applicable Schedule(s) to reflect the effect of a factor beyond Hospital control;

- (d) The Ministry will not require the Hospital to prepare an Improvement Plan under Section 9; and,
- (e) The failure to meet a Performance Obligation will not be considered a breach of the Agreement for the purposes of paragraph 5 of sub-section 24(1) of the *Commitment to the Future of Medicare Act, 2004*.

9. HOSPITAL IMPROVEMENT PLAN

Subject to Section 8.2 (d), in response to an actual or potential failure to meet a Performance Obligation, the Ministry may require the Hospital to develop an Improvement Plan. The process for the development and management of the Improvement Plan is as follows:

- (a) The Hospital will submit the Improvement Plan to the Ministry within thirty (30) Days of receiving the Ministry's request. In the Improvement Plan, the Hospital will identify remedial action and milestones for monitoring performance improvement, and the date by which the Hospital expects to meet the Performance Obligation.
- (b) The Hospital will implement all aspects of the Improvement Plan for which it has received written approval from the Ministry, upon receipt of such approval.

- (c) The Hospital will report quarterly on progress under the Improvement Plan, unless the Ministry advises the Hospital to report on a more frequent basis. If Hospital performance under the Improvement Plan does not improve by the timelines in the Improvement Plan, the Ministry may agree to revisions to the Improvement Plan.

9.1 *Peer/Ministry Review of Improvement Plan*

If Hospital performance under the Improvement Plan does not improve by the timelines in the Improvement Plan, or where the Hospital is unable to develop an Improvement Plan satisfactory to the Ministry, the Ministry may appoint an independent team to assist the Hospital to develop an Improvement Plan or revise an existing Improvement Plan. The independent team will include a hospital representative from another hospital, selected with input from the OHA. The independent team will work closely with the representatives from the Hospital and the Ministry.

The Hospital will submit a new Improvement Plan or revisions to an existing Improvement Plan within sixty (60) Days from the appointment of the independent team.

9.2 *No Waiver of Statute*

For further certainty, except as provided in Section 8.2(e), despite Sections 5.4(b), 7, 8 and 9, the parties have not waived any provision of any applicable statute, including the *Commitment to the Future of Medicare Act, 2004*, the *Public Hospitals Act and the Local Health System Integration Act, 2006*.

10. PLANNING

10.1 *Planning Cycle and Planning Obligations*

The Ministry and Hospital will use the planning cycle in Schedule A (“Planning Cycle”) in respect of the funding and performance outcomes for Fiscal Year 2008/09. The Ministry and Hospital are both committed to meeting any Planning Obligations and due dates set out in Schedule A.

10.2 *Failure to Meet Planning Obligations and Due Dates*

The success of the Planning Cycle depends on the timely performance of each party. The failure of either party to meet Planning Obligations in a timely manner may have a material adverse effect on Hospital Services and Ministry operations. To ensure delays do not have a material adverse effect on Hospital Services or Ministry operations, the following conditions apply:

- (a) If the Ministry fails to meet an obligation or due date in Schedule A, the Ministry may do one or all of the following:
 - (i) Adjust funding for Fiscal Year 2008/09 to offset a material adverse effect on Hospital Services resulting from the delay; and/or,
 - (ii) Work with the Hospital in developing a plan to offset any material adverse effect on Hospital Services resulting from the delay, including providing Ministry approvals for any necessary changes in Hospital Services.
- (b) If the HAPS is received by the Ministry after the due date in Schedule A without prior Ministry approval of such delay, the Hospital may face financial reductions in accordance with the HAPS.

11. MINISTRY REVIEW AND APPROVAL

The Ministry will endeavor to provide timely approvals and comments for written submissions that the Hospital is required to submit to the Ministry for review and approval under this Agreement. If the Ministry does not provide written approval or written comments within thirty (30) Days after the Ministry received the submission from the Hospital, the Hospital may provide written notice (the "Hospital Notice") to the Ministry that it has not received a response to its submission.

The Hospital's submission will be deemed to be approved by the Ministry if the Ministry fails to respond to the Hospital's Notice within thirty (30) Days after receiving the Hospital's Notice either by:

- (a) Providing written comments on the Hospital's submission; or,
- (b) Providing written approval or refusal of the Hospital's submission.

12. ISSUE RESOLUTION

12.1 *Best Efforts at Informal Resolution*

The parties will use their best efforts to resolve issues and disputes in a collaborative manner. This includes avoiding disputes by clearly articulating expectations, establishing clear lines of communication, and respecting each party's interests.

Where necessary to facilitate and encourage informal resolution of disputes, both parties will use their best efforts to jointly develop a written issue statement before making use of the formal resolution process in Section 12.2. The issue statement will describe the facts and events leading to the dispute and will list potential options for resolving the issue.

12.2 *Formal Resolution*

If either party determines, in good faith, that an issue cannot be resolved informally, the issue will proceed as necessary through the following stages of formal resolution:

- (a) A party may give written notice to the other party requesting an exchange of issue statements. The issue statement will describe the facts and events leading to the dispute, and will list potential options for resolving the issue. Within fifteen (15) Days of sending or receiving notice under this section, each party will submit an issue statement to senior management of the other party. The parties will meet as necessary to discuss the issue statements and resolve the issue.
- (b) If the parties cannot resolve the issue within thirty (30) Days of the receipt of the written notice under subsection (a), the Minister may appoint an issue resolution committee to recommend a solution. The issue resolution committee will consist of a hospital representative from another hospital, selected with input from the OHA, and a senior representative from the Ministry (i.e., Assistant Deputy Minister or designate). If the issue resolution committee provides recommendations, it will do so in writing within fifteen (15) Days of being appointed by the Minister.
- (c) If the exchange of issue statements and appointment of an issue resolution committee fails to resolve the issue, the Minister, or the Minister's delegate, will meet with the parties within forty-five (45) Days and provide a decision to resolve the issue.

13. DENOMINATIONAL HOSPITALS

For the purpose of interpreting this Agreement, nothing in this Agreement is intended to, and this Agreement shall not be interpreted to, require a Hospital with a denominational mission to provide a service or to perform a service in a manner that is not consistent with the denominational mission of the Hospital.

14. AMENDMENT

The parties may amend this Agreement (including any amendment that adds additional Schedules or amends existing Schedules) and amendments will be in writing and executed by duly authorized representatives of each party.

15. ASSIGNMENT AND ASSUMPTION

- (a) The Hospital requires the prior written consent of the Minister to assign this Agreement. The Minister may assign this Agreement or any of its rights and obligations under the Agreement, to any local health integration network named in the assignment, and the local health integration network shall perform the rights and obligations that are assigned on behalf of the Minister, except for any matter that has already been referred at the time of assignment to resolution under Section 12.2. Upon the proclamation of subsection 20(1) of the *Local Health System Integration Act, 2006*, the Minister is released of the rights, obligations and liabilities that are assigned under this Agreement, and the local health integration network shall assume those rights, obligations and liabilities, except for any matter that has already been referred at the time of assignment to resolution under

Section 12.2 of this Agreement or any matter that has not been assigned by the Minister.

(b) For the purposes of interpreting this Agreement, in the event of an assignment under this section 15:

(i) sub-section 12.2(b) of the Agreement shall read as follows:

If the parties cannot resolve the issue within thirty (30) Days of the receipt of the written notice under subsection (a), the Board of Directors of the local health integration network may appoint an issue resolution committee to recommend a solution. The issue resolution committee will consist of a hospital representative from another hospital, selected with input from the OHA and a senior representative from the local health integration network (i.e., Chief Executive Officer or delegate). If the issue resolution committee provides recommendations, it will do so in writing within fifteen (15) Days of being appointed by the Board of Directors of the local health integration network.

(ii) Sub-section 12.2(c) shall read as follows:

If the exchange of issue statements and appointment of an issue resolution committee fails to resolve the issue, the Board of Directors of the local health integration network or the Board's delegate, will meet with the Hospital within forty-five (45) Days and the Board will provide a decision to resolve the issue.

- (c) For further clarity, despite any assignment or assumption under this section, the Hospital and local health integration network will require the approval of the Ministry for the purposes of paragraph 6.2(c)(i) of this Agreement (i.e., Funding may not be used for major building renovation or construction without the Ministry providing approval to the Hospital and the local health integration network, despite any assignment to a local health integration network);
- (d) Prior to any assignment by the Minister under this section, the Ministry will endeavour to provide reasonable notice to the Hospital of any assignment under this section and include in the notice the effective date of the assignment to the local health integration network and the appropriate local health integration network representative for the purposes of performance of the obligations and rights under this Agreement.

16. WAIVER

The Ministry or the Hospital may waive in writing any of the other party's obligations under this Agreement.

17. NOTICE

Notice under this Agreement must be in writing. Notice will be sufficiently given if a party personally delivers the notice, or sends it by prepaid registered mail or facsimile to the other party. The addresses for providing notice under this Agreement are as follows:

[Name of Ministry Representative]

[Address]

[Telephone]

[Name of Hospital]

[Title and Name of Contact]

[Address]

[Telephone]

Notwithstanding this section, the Ministry's representative for the purposes of implementing any adjustments to Funding in Section 5.4 (f) may be a person other than the person named in this section.

[Full name of the hospital] acknowledges and agrees to the terms and conditions of the agreement, including the Schedules attached.

_____	_____
Name	Date
Chair - title	

I sign as a representative of the Hospital, not in my personal capacity, and I represent that I have authority to bind the Hospital.

_____	_____
Signature	Date
CEO - Title	

I sign as a representative of the Hospital, not in my personal capacity, and I represent that I have authority to bind the Hospital.

Her Majesty the Queen in right of Ontario as represented by the Minister of Health and Long-Term Care acknowledges and agrees to the terms and conditions of the agreement, including the Schedules attached.

Mary Kardos Burton
Assistant Deputy Minister,
Acute Services Division
Ministry of Health and Long-Term Care

Date

Return a copy of the complete executed agreement, including Schedules, to:

[Name of Ministry Representative] NOTE do not use Regional Title
[Address]
[Telephone]

Facility No.