

Appendix G

Annex A

DECLARATION OF COMPLIANCE

Issued pursuant to the Hospital Service Accountability Agreement

To: The Board of Directors of the Northwest Local Health Integration Network (the "LHIN")
Attn: Board Chair

From: The Board of Directors (the "Board") of Riverside Health Care

Date: June 1, 2017

Re: April 1, 2016 – March 31, 2017 (the "Applicable Period")

The Board has authorized me, by resolution dated June 1, 2017, to declare and attest to you that, after making inquiries of Ted Scholten, President and 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 in respect of CritiCall under the hospital service accountability agreement (the "Agreement") in effect during the Applicable Period.

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.



Janice Beazley, Chairperson

Appendix 1 - Exceptions

Please identify each obligation in respect of CritiCall 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.

Riverside Health Care has met the proceeding obligations with respect to Critical under the H-SAA for the period of April 1, 2016 to March 31, 2017 with no known exceptions.

The specific tasks for hospitals referenced above are listed below. They have been developed and reviewed by CritiCall Ontario, the CritiCall Secretariat and the Provincial Programs Branch:

- I. Hospitals will utilize CritiCall Ontario to access medical consultations and transfers for defined critically ill/emergent patients for Ministry of Health and Long-Term Care (ministry) mandatory cases that may require transfer to another hospital within or outside of the LHIN. (Currently includes Neurosurgery/Spine and Out of Country cases and any other cases that may be ministry-mandated in the future).
- II. Hospitals with accountability for the provision of specific specialty services within the LHIN will be responsive to requests for consultation from CritiCall on behalf of LHIN hospitals regardless of bed status and will implement minor surge strategies to accommodate transfers.
- III. Hospitals with accountability for the provision of specific specialty services for a defined set of referral hospitals within their LHIN and across LHINs (e.g., Neurosurgery, Trauma, Paediatric Critical Care Response Teams) will be responsive to requests for consultation from CritiCall on behalf of these hospitals regardless of bed status and will implement minor surge strategies to accommodate transfers according to the provincial Surge Capacity Management Plan.
- IV. Hospitals will update the Critical Care Information System (CCIS) immediately for each admission and discharge to a critical care bed and complete patient specific data a minimum of once per day during their stay in a critical care bed per the requirements of the CCIS Data Collection Policy Guide (V2.0). Note Neurosurgical centers are required to update their bed availability tool every four hours starting at 10am daily.
- V. Hospitals will update CritiCall Ontario's Provincial Hospital Resource System four (4) times a day (0800, 1200, 1600, 2400) to provide other hospital stakeholders with accurate bed availability information and to enable CritiCall Ontario to respond to urgent requests for non-critical beds during natural disasters or hospital Code Green or Orange situations.
- VI. Hospitals will partner with CritiCall Ontario and other hospitals within the LHIN and province to establish on-call coverage for critical care and related medical specialties. CritiCall Ontario will utilize these schedules to facilitate consultations and referrals for emergently ill or injured patients in Ontario.