William Osler Health System

*Going Beyond*

**DECLARATION OF COMPLIANCE**

Issued pursuant to the M-SAA effective April 1, 2020

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| **To:** | **The Board of Directors** of Ontario Health |
| **Attention:** | **Board Chair** |
| **From:** | **The Board of Directors** (the "Board") of William Osler Health System (the "HSP") |
| **Date:** | June 16, 2021 |
| **Re:** | April 1, 2020 – March 31, 2021 (the "Applicable Period") |

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Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the Central West LHIN and the HSP effective April 1, 2020.

The Board has authorized me, by resolution dated June 16, 2021 to declare to you as follows:

After making inquiries of Dr. Naveed Mohammad, 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 under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

i) Article 4.8 of the M-SAA concerning applicable procurement practices;
ii) The *Local Health System Integration Act, 2006*; and
iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

Geoff Ritchie
Chair, Board of Directors

## Appendix 1 - Exceptions

## Exceptions arising from the COVID-19 pandemic and beyond HSP control:

Schedule D2a: Clinical Activity

The COVID-19 pandemic had a significant impact on the traditional models of care and as a result affected the number of patient volumes for FY 2020/21 in a significant manner. Although a large number of volume metrics were under target, the HSP was able to realign its resources to provide increased access to care through virtual solutions. Despite this in-year shifting, actual volumes for the below metrics were under target.

- Visits – visits were lower compared to targets mainly due to clinic closures during the initial stages of the pandemic. Programs have since moved to hybrid models of virtual and in-person care, allowing HSP to increase its clinical activity.
- Not Uniquely Identified Service Recipient Interactions/Group Sessions/Group Participants – this clinical activity is mostly tied to care and education that was traditionally provided through in-person group sessions. The public health measures and IPAC requirements due to the pandemic prevented the HSP to provide this care in-person. As the HSP shifted this model of care to a virtual tool, the number of participants started to increase again. However, some of the participants that were actively attending the in-person sessions did not feel comfortable attending the virtual sessions.
- Inpatient/Resident Days - In order to comply with public health guidelines and physical distancing requirements from an IPAC perspective, the Withdrawal Management Centre had to reduce the number of beds it operates. As a result a lower number of patients were served in this facility. The HSP mitigated some of the health risks by ramping-up its virtual models of care for these patients. Although there was a drop in patients that could stay overnight, support provided to patients via telephone significantly increase the number of attendance days for this program.