

CRITICALL ONTARIO HOSPITAL MASTER PARTICIPATION AGREEMENT

THIS MASTER PARTICIPATION AGREEMENT (“MPA” or “Agreement”) is made as of June 3, 2019 (the “Effective Date”), by and between Hamilton Health Sciences Corporation, a corporation incorporated under the *Corporations Act* (Ontario) and operating CritiCall Ontario out of 1725 Upper James Street, Suite 200, Hamilton, Ontario L9B 1K7 (“HHS”), and _____, a corporation incorporated under the *Corporations Act* (Ontario) that is a public hospital under the *Public Hospitals Act* (Ontario) (the “Hospital”), operating out of _____, (each a “Party” and together, the “Parties”).

BACKGROUND:

CritiCall Ontario

CritiCall Ontario is a 24-hour-a-day emergency consultation and referral service for hospital-based physicians in Ontario who require additional support or resources to care for their emergent or urgent patients. Formally established as a province-wide service in 1996, CritiCall Ontario began in 1988 in Hamilton, Ontario, as the Regional Emergency Access to On-Call Health Professionals Program. CritiCall Ontario is funded by the Ministry of Health and Long-Term Care (“MOHLTC”) to deliver the following key services to support the provincial healthcare system:

Case Facilitation: Hospital-based physicians who require additional support or resources to care for an urgent or emergently ill or injured patient can contact CritiCall Ontario's Call Centre at 1-800-668-4357 (HELP) to access a consultation from a physician specialist to assist with patient management issues and decision making. If the physicians determine the patient requires transfer to another hospital with higher level of care resources, CritiCall Ontario will use the Provincial Hospital Resource System (“PHRS”) which contains an inventory of services and resources at acute care hospitals in the province, to locate a hospital and physician specialist to accept the patient into care.

CritiCall Ontario Call Centre case facilitation data is entered real-time into an online documentation system that is linked from the telephone system to provide automatic time stamping of each call interaction.

As of December 9, 2015, CritiCall Ontario has further assisted hospitals by facilitating transport coordination for patients who in accordance with the Provincial Life or Limb Policy, are confirmed by the consulting specialist to be at risk of losing life or limb if they cannot be moved to a higher level of care within approximately four hours.

The Provincial Hospital Resource System: To further support case facilitation processes, CritiCall Ontario also manages the PHRS, an electronic information system and repository containing current information on the acute and critical care services each hospital provides and the availability of beds. This information is used by CritiCall Ontario to assist with day-to-day decisions related to patient transfer and during Moderate Surge or times of local, regional or provincial disaster or crisis when a coordinated response to patient decanting is required. The MOHLTC, LHINs and hospitals also use the PHRS to assess bed availability in real time to manage patient flow.

Provincial Quality Improvement Initiatives: CritiCall Ontario provides client relations services to hospitals, LHIN stakeholders, and provincial specialty groups and partners to assist with the identification, development and implementation of provincial and LHIN-based quality improvement initiatives that use CritiCall Ontario services and systems to enhance access to critical care and specialty services for urgent and emergent patients.

CritiCall Ontario also provides hospitals with access to a Repatriation Tool, which is a component of the PHRS that tracks requests for patient repatriation between tertiary care hospitals and acute care hospitals.

Decision Support: CritiCall Ontario produces reports on the volume and distribution of patients accessing and receiving critical care and specialty services in Ontario for hospitals, LHINS, the MOHTLC and specialty groups. These reports provide information on the types of services required by the healthcare system and where opportunities for resource allocation or process improvement exist to improve access to critical and emergent healthcare services within Ontario.

The Critical Care Information System (“CCIS”): CritiCall Ontario operates the CCIS on behalf of Hamilton Health Sciences Corporation, the "Prescribed Person" for the CCIS. A component of the Provincial Critical Care Strategy, the CCIS is used in all Ontario critical care units to collect data on the needs of critical care patients and associated workload for ICU staff. CritiCall Ontario provides educational, technical, administrative and operational support for the system with strategic input from Critical Care Services Ontario (“CCSO”).

This MPA sets out the terms and conditions on which the Services are being offered to the Hospital and which the Hospital accepts in return for the right to use those Services.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by each Party, HHS and the Hospital covenant and agree as follows.

1. DEFINITIONS, INTERPRETATION

The following terms have the following meanings in this MPA (capitalized terms not defined in this Section are defined in the preamble and the body of this MPA), words importing the singular include the plural and vice versa, and words importing the masculine include the feminine and vice versa):

- a) **“collect”, “use”, “disclose”, “health care”, “information practices”, and “prescribed person”** will each have the meaning ascribed to it in PHIPA;
- b) **“Applicable Law”** means the *Personal Health Information Protection Act, 2004* (“PHIPA”), the regulations made under PHIPA, the *Freedom of Information and Protection and Privacy Act* (“FIPPA”) and relevant sections of the *Public Hospitals Act* (“PHA”) and any other legislation in force from time to time that is applicable to privacy, personal information and/or personal health information;
- c) **“Call Centre”** means the CritiCall Ontario Call Centre;
- d) **“Case Record”** means the record of the Case Facilitation consultation services and maintained by CritiCall Ontario;
- e) **“CCIS”** has the meaning attributed to it in the preamble;
- f) **“Consulting Hospital”** means the Hospital that has provided a consultation to a Referring Hospital when contacted by CritiCall Ontario; the “Consulting Hospital” does not always receive the patient as a result of the consultation provided;
- g) **“Custodian”** has the same meaning as “health information custodian” in PHIPA;
- h) **“CritiCall Ontario”** means a program of Hamilton Health Sciences Corporation, funded by the MOHLTC to support Ontario hospitals by providing hospitals with access to the Services referenced under this MPA;
- i) **“CritiCall Ontario Data”** means records of actions taken and outcomes for cases that are facilitated through the Call Centre as part of Case Facilitation Services
- j) **“FIPPA”** means the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the regulations made thereunder, as amended from time to time;
- k) **“HIC”** has the same meaning as “health information custodian” in PHIPA;
- l) **“HINP”** has the same meaning as “health information network provider” in PHIPA;
- m) **“Local Registration Authority” or “LRA”** means an individual authorized by an authorized officer of the Hospital to direct HHS (via written confirmation, which may include an email to the CritiCall Ontario Help Desk; or, if implemented by HHS, via an authorization process within a CritiCall Ontario portal) to issue, revoke and/or revise any User login credentials and/or access permissions.

- n) **“Participants”** means Hospitals that have entered into an agreement with HHS in the form of this MPA to use the Services;
- o) **“Personnel”** means the staff of a Party, including but not limited to employees, individuals with a medical appointment, researchers, research support staff, students, agents, contractors, and volunteers using the Party’s facilities, equipment or resources;
- p) **“PHIPA”** means the *Personal Health Information Protection Act, 2004* and its regulations as amended, supplemented or superseded from time to time;
- q) **“PHIPA Agent”** has the meaning of “agent” as defined in PHIPA
- r) **“PHI”** means information that is defined as “personal health information” within the meaning of PHIPA and that is collected, used or disclosed in connection with CritiCall Ontario;
- s) **“PHRS”** has the meaning attributed to it in the preamble;
- t) **“Privacy Impact Assessment”** and **“PIA”** means an assessment designed to identify the effects that an electronic information system or process, or a change in such a system or process, has or could have on the protection of PHI;
- u) **“Public Hospitals Act”** or **“PHA”** means the *Public Hospitals Act (Ontario)* and the regulations made thereunder, as amended from time to time;
- v) **“Receiving Hospital”** means the Hospital that has admitted a patient into its care where the transfer was facilitated by CritiCall Ontario;
- w) **“Referring Hospital”** means the Hospital that contacted CritiCall Ontario for a consultation and/or transfer of a patient to a Receiving Hospital;
- x) **“Registration Authority”** or **“RA”** means an authorized officer of the Hospital;
- y) **“Regulation”** means Ontario Regulation 329/04 made under PHIPA, as amended, supplemented or superseded from time to time;
- z) **“Repatriation Tool”** has the meaning attributed to it in the preamble;
- aa) **“Reports”** shall have the same meaning as CritiCall Ontario Reports as described in Schedule 1.
- bb) **“Service(s)”** means the services provided by Hamilton Health Sciences Corporation through CritiCall Ontario as described in Schedules 1-5 of this Agreement;
- cc) **“Statement of Work”** or **“SOW”** means an agreement between the Parties that incorporates by reference the terms and conditions of this MPA and that sets out the terms and conditions for the

provision and use of any additional optional Services that may be added after the Effective Date of this MPA.

- dd) **“Threat Risk Assessment”** and **“TRA”** mean an assessment designed to assess the security of an information technology system by identifying and assessing the magnitude of threats that may put components of the information technology system at risk and remedying security concerns.
- ee) **“User(s)”** means an individual who has been authorized by the Hospital (in accordance with this MPA) to access the Services on behalf of the Hospital.

2. RELATIONSHIP OF THE PARTIES TO PHI, PRIVACY & SECURITY GOVERNANCE

- a) Referring Hospital, Consulting Hospital or Receiving Hospital are Custodians.
- b) In regard to the Services, HHS is:
- i. in relation to Call Centre Case Facilitation, a **PHIPA Agent** of the Referring Hospital, in connection with the provision of the case facilitation, as more particularly described in Schedule 1;
 - ii. in relation to the **PHRS** bed boards, an electronic service provider (“ESP”), as more particularly described in Schedule 2;
 - iii. in relation to the **PHRS Repatriation Tool**, a **HINP** to the extent that HHS is providing services to two or more Hospitals to enable them to use electronic means to disclose PHI to one another to facilitate the repatriation of patients, as more particularly described in Schedule 3; and
 - iv. when using CritiCall Ontario Data to generate aggregate, de-identified Reports on behalf of the Hospital for the Hospital’s own use, for the MOHLTC, LHINs, other hospitals and critical care stakeholders and provincial specialty groups/partners, a PHIPA Agent .
- c) The privacy and security safeguards used in connection with the Services are set out in Schedule 4.
- d) HHS has a Privacy Committee that includes CritiCall Ontario representation, to review and make recommendations and/or decisions in relation to any matter, in relation to the provision or use of Services that could have an impact on PHI or privacy.
- e) Hospital and HHS are also subject to FIPPA and any records relating to CritiCall Ontario and this relationship with the Hospital may be subject to both PHIPA and FIPPA.

3. SERVICES, INTELLECTUAL PROPERTY

- a) As of the Effective Date, the Services will be provided, in accordance with the description and specifications set out in Schedules 1-5, or any other Schedule, and/or the terms and conditions in any SOW executed by the Parties.
- b) HHS warrants that the Services will be performed in a good and workmanlike manner in accordance with standards and practices reasonably applicable to services of a similar nature and that the Services will substantially comply with their applicable description
- c) HHS warrants that it will perform the Services with personnel who are competent and qualified to perform their responsibilities.
- d) HHS warrants that it will otherwise comply with all Applicable Laws in its provision of the Services.
- e) HHS does not represent or warrant that its Services will be error free or uninterrupted beyond a commercially reasonable standard.
- f) All artifacts relating to Services, including applications, interfaces and databases, and the intellectual property rights therein will vest in and be owned by the MOHLTC. The MOHLTC and/or HHS own all hardware, software, infrastructure, development tools and intellectual property relating to the Services.

4. OBLIGATIONS OF HHS

- a) In relation to Call Centre Case Facilitation and to the extent that it is acting as a Referring Hospital's PHIPA Agent, HHS will:
 - i. collect, use and disclose PHI as authorized by the Referring Hospital and in compliance with PHIPA and its obligations contained herein;
 - ii. facilitate a telephone consultation for the Referring Hospital with one or more potential Consulting Hospitals and Receiving Hospitals in accordance with applicable guidelines;
 - iii. create a Case Record for each case facilitated for the Referring Hospital in accordance with applicable guidelines;
 - iv. provide a copy of a Case Record or other record of PHI on request of the applicable Referring Hospital;
 - v. notify the applicable Referring Hospital of any other requests for copies of or changes to Case Records or other records of PHI and seek authorization to release or correct such information on the Referring Hospital's behalf;
 - vi. de-identify Case Records and share CriteCall Ontario Data with the MOHLTC or other key stakeholders as required by HHS' funding agreements and applicable guidelines;

- vii. notify the applicable Referring Hospital at the first reasonable opportunity if PHI that HHS collected, used, disclosed, retained or disposed of on behalf of the Referring Hospital is stolen or lost or if it is used, disclosed, modified or destroyed without authority;
 - viii. if a temporary audio recording is made of a case facilitated consultation for quality and training purposes:
 - A. give notice to participating physicians of the recording;
 - B. only use the audio recordings to ensure accuracy, quality, and completeness of the information captured by HHS staff in Case Records;
 - C. only use recent audio recordings to teach its staff how to facilitate case consultations;
 - D. securely dispose of the audio recordings in accordance with HHS records retention policies;
- b) In relation to the PHRS Repatriation Tool, to the extent that HHS is acting as a HINP, HHS will comply with the obligations in Applicable Laws applicable to HINPs, which as of the Effective Date, obligate HHS to:
- i. notify the Hospital at the first reasonable opportunity if HHS accesses, uses, discloses or disposes of PHI for which the Hospital is the Custodian other than in accordance with this MPA or the Regulation, or if it becomes aware that an unauthorized person has accessed such PHI.
 - ii. provide the Hospital with a plain language description of the Services that is appropriate for release to the public, including a general description of the safeguards in place to protect against unauthorized use and disclosure, and the integrity of PHI;
 - iii. make available to the public a plain language description referred to above and any directives, guidelines and policies of HHS that apply to the Services, to the extent they do not reveal confidential information;
 - iv. to the extent reasonably practical, and in a manner that is reasonably practical, keep and make available to the Hospital on request, an electronic record of all accesses to and transfers of PHI through the Repatriation Tool for which the Hospital is the Custodian, which record will identify the person who accessed/transferred such PHI, the date and time of the access or transfer, and in regard to transfers, the person or address to whom the PHI was sent;
 - v. perform and provide the Hospital upon request with a written copy of the results of an assessment of the threats, vulnerabilities and risks to the security and integrity of PHI, in connection with the Services, and a description of how they may affect the privacy of patients;

- vi. to the extent that any third party it retains as a subcontractor to assist it in providing the Services requires access to PHI, ensure that the third party agrees in writing to comply with the restrictions and conditions that are necessary to enable HHS to comply with this MPA.
- c) To the extent that HHS is acting as the Hospital's PHIPA Agent for the purpose of the information collected through the Repatriation Tool, HHS will:
- i. use the information from the Repatriation Tool to generate activity-based reports for individual Hospitals contributing the information;
 - ii. use aggregate information that does not contain PHI from the Repatriation Tool to generate summary level activity reports for the Hospital, MOHLTC, LHINs, other hospitals and critical care stakeholders and provincial specialty groups/partners;
 - iii. collect, use and disclose PHI only as authorized by the Hospital and in compliance with its obligations contained herein; and
 - iv. notify the Hospital at the first reasonable opportunity if PHI that it used, disclosed, retained or disposed of on behalf of the Hospital is stolen or lost or if it is used or disclosed without authority.

5. OBLIGATIONS OF THE HOSPITAL

The Hospital will:

- a) only use the Services in accordance with this MPA, Applicable Law and any policies or directions established by HHS in connection with the Services from time to time, which policies or directives are made available on the CritiCall Ontario website or made known to Hospital;
- b) ensure its participating physicians document clinically relevant information about their patients' cases facilitated using the Services as they deem necessary in their own health information record systems;
- c) promptly inform HHS of any changes that may impact the provision of the Services to the Hospital;
- d) provide HHS with such reasonable assistance as requested in providing the Services and meeting its obligations under this MPA;
- e) comply with any Hospital-Service Accountability Agreement between the Hospital and its Local Health Integration Network (LHIN)/MOHLTC with respect to the Services;
- f) comply with the Provincial Life or Limb Policy related to the Services, a copy of which can be accessed at:
http://www.health.gov.on.ca/en/pro/programs/criticalcare/docs/provincial_life_or_limb_policy.pdf
- g) designate a Privacy Contact to be the contact person for communications on any privacy and security matters as between the Hospital and HHS regarding this MPA and the Services.

- h) have at least one LRA appointed at all times by the Hospital's RA for all Services to support the Services;
- i) ensure that LRAs required to support the Services set out in this MPA, are appointed by the Hospital's RA;
- j) ensure that LRAs appointed by the RA receive the training required to understand and be able to execute the role and responsibilities of an LRA to support the Services;
- k) ensure that the Hospital's designated LRA(s) validate the identity of each User of the Hospital who require access to the Services set out in this MPA;
- l) ensure that each User of the Hospital authorized by the Hospital's designated LRA(s), complete any privacy and security training required by HHS from time to time so long as they remain Users of the Hospital to access a Service;
- m) ensure that each User of the Hospital authorized by the Hospital's designated LRA(s) to access a Service complies with PHIPA, any Hospital required privacy and security training, applicable user terms and conditions for the Service they have been authorized to access, and any HHS policies relating to CritiCall Ontario as required;
- n) investigate and provide HHS with information in response to inquiries or complaints about any User of the Hospital and their use of the Services, including any non-compliance with PHIPA, the applicable terms and conditions of this MPA, user terms and conditions for the Services and HHS policies relating to CritiCall Ontario, and if requested by HHS, participate in discussions regarding any User's continued access to the applicable Services;
- o) promptly notify the CritiCall Ontario Help Desk where a User of the Hospital's access to a Service is to be suspended or terminated for any reason, including where a User no longer satisfies the criteria for being a User, providing the effective date of suspension or termination.
- p) Acknowledge and agree that HHS may terminate the access to the Services of any User of the Hospital where HHS in its sole discretion believes that such access threatens the operation of the Services, the privacy of a patient, the security or integrity of the Services and/or HHS' compliance with Applicable Laws.

6. DISCLAIMERS

- a) HHS does not represent or warrant that the Services will perform at 100% availability or be error-free or that CritiCall Ontario Data will be accessible or error-free. Hospital assumes sole responsibility for any reliance it places on having access to the Services.
- b) Without limiting the generality of the preceding:

- i. HHS creates aggregate data that does not contain PHI from the information collected from Hospitals and will not be responsible or liable for any lack of completeness, accuracy or timeliness of the data resulting from errors in the information provided by the Hospital;
- ii. HHS will not be responsible or liable for errors occurring during the transmission of information to HHS from the Hospital for the Services;
- iii. The Services and CriteCall Ontario Data are not a substitute for the consideration and judgment of a health professional and HHS assumes no liability for any diagnostic, treatment, health care or any other decision or action taken by any person on the basis of the Services;
- iv. Access to the Services may be suspended, limited, changed, or discontinued, temporarily or permanently, with or without notice and the Services may be inaccessible, unavailable or inoperable for any reason, including: (i) equipment or system malfunctions or internet/communication outages; (ii) periodic maintenance procedures or repairs which may be undertaken from time to time; or (iii) causes beyond the reasonable control of HHS;
- v. Except as expressly provided in this MPA, HHS does not make, and expressly disclaims, any other warranties, representations or conditions, express or implied, in fact or in law, including warranties and conditions of merchantable quality or fitness for a particular purpose;
- vi. It is understood that HHS does not relay clinical information between physicians or Hospitals or create clinical summaries of Case Facilitation Services. The Hospitals are solely responsible for their own clinical documentation in their own health record systems as they deem appropriate for Case Facilitation consultations. Any recordings of Case Facilitation, if at all, by HHS, is temporary and used for teaching, validation or quality improvement purposes for the creation of the Case Record, which belongs to the Referring Hospital. Consulting Hospitals and Receiving Hospitals accept that Case Records belong to Referring Hospitals. Disputes between Hospitals with respect to access to Case Records or other records created on behalf of Referring Hospitals will be addressed between the Hospitals.

7. INDEMNIFICATION AND LIMITATION OF LIABILITY

- a) HHS shall indemnify and hold harmless the Hospital, its agents, officers, directors, and Personnel from and against any and all third party civil or administrative actions, claims or proceedings (including proceedings or complaints under PHIPA) and reasonable legal fees, incurred by the Hospital and resulting from the negligence of HHS in its performance under this Agreement or the breach of its covenants and agreements under this Agreement, or a breach of privacy or confidentiality by HHS or its Personnel.
- b) Hospital shall indemnify and hold harmless HHS, its agents, officers, directors, and Personnel from and against any and all third party civil or administrative actions, claims or proceedings (including proceedings or complaints under PHIPA) and reasonable legal fees, incurred by HHS and resulting from

the negligence of Hospital in its performance under this Agreement or the breach of its covenants and agreements under this Agreement, or a breach of privacy or confidentiality by Hospital or its Personnel.

c) Each Party shall remain responsible for the acts and omissions of its agents, including its employees, subcontractors, and other “agents” as such term is defined in PHIPA, in relation to this MPA, as applicable, including for any damages arising out of a breach of privacy or security caused or contributed to by the agent of a Party.

d) In no event shall either Party be liable to the other Party for any indirect, special, consequential, incidental, punitive or exemplary losses, damages or expenses or for loss of data or lost revenue.

8. INSURANCE

Each Party agrees to maintain, for the duration of this MPA and at its sole cost, insurance against such risks and in such amounts that could reasonably be expected by persons acting prudently and engaged in similar activities as such Party. Without limiting the generality of the preceding, the coverage required under this Section will include a minimum of five million dollars (\$5,000,000) for any one occurrence, and which includes coverage in respect of: (i) commercial general liability; (ii) coverage for damages for breach of privacy, (iii) personal injury; (iv) cross liability; and (v) contractual liability. Each Party agrees to provide the other with at least thirty (30) days’ prior written notice of material change to, cancellation, or non-renewal of the coverage required under this Section. Hospital’s policy shall be required to: (i) name Hamilton Health Sciences Corporation as an additional insured, but only with respect to this MPA; and (ii) provide HHS with a copy of its policy or proof of insurance upon request. Such insurance will be with insurance carriers licensed to conduct business in the Province of Ontario.

9. TERM

This MPA will commence on the Effective Date and will terminate in accordance with Section 10 below.

10. TERMINATION

- a) Either Party may terminate this MPA on one (1) month’s prior written notice to the other Party.
- b) Either Party may terminate this MPA immediately on written notice for a material breach of this MPA or Applicable Law by the other Party.
- c) The termination of any Schedule or SOW will not terminate this MPA.
- d) Any Schedule or SOW then in effect will terminate immediately and automatically on the termination of this MPA.

11. DISPUTE RESOLUTION

Any disagreement or dispute between the Parties with respect to this MPA, including the interpretation of any provision of this MPA (“Dispute”), will be resolved as follows:

- a) Disputes will be referred to the Executive Director, CritiCall Ontario and the appropriate representative of the Hospital, who shall make reasonable efforts to resolve the Dispute within ten (10) Business Days of its referral, or such other period as agreed by the Parties;
- b) If the Executive Director, CritiCall Ontario and representative of the Hospital are unable to resolve the Dispute within the period set out in paragraph (a) above, the Dispute will be referred to the CEO, or their designate, of each Party for resolution.
- c) Notwithstanding the dispute resolution procedure described above, either Party may seek injunctive or other interim relief from a court of competent jurisdiction in the case of a breach of this MPA by the other Party resulting in any threat to patient safety or privacy or the security or integrity of PHI.

12. SURVIVAL

Except as otherwise provided in this MPA, those sections of this MPA which, by the nature of the rights or obligations set out in, sections might reasonably be expected to survive any termination or expiry of this MPA, will survive the termination or expiry of this MPA.

13. NOTICE

Any notice or other significant communication given pursuant this MPA will be in writing (which may include email) addressed to the attention of that Party's authorized representative as advised from time to time. Any such notice will be deemed to have been received either when: (i) delivered personally to the Party for whom intended; (ii) one Business Day following deposit with a globally recognized overnight delivery service, all delivery charges pre-paid; (iii) if sent by email, when it enters the receiving Party's information system and becomes capable of being retrieved and processed by the receiving Party; or (iv) the Business Day following transmission if sent by facsimile, with originals by mail, and receipt confirmed by the facsimile machine used. Either Party may designate a different address by notice to the other given in accordance herewith.

If to HHS, care of and at CritiCall Ontario:

Executive Director, CritiCall Ontario
1725 Upper James Street, Suite 200
Hamilton, Ontario L9B 1K7
Facsimile: 1(866) 900-1471

and, if to the Hospital, care of and at:

Insert below, details of Hospital Signing Officer and Privacy Contact

[MPA signing officer is an individual who is authorized to bind the Hospital in an agreement with HHS and will be the Hospital's designated RA under this MPA.]

Hospital Signing Officer Details:

First Name

Last Name
Job Title
Hospital Name:
Street Address
Suite
City/Town
Postal Code (e.g. K1A0B1)
Business Telephone (e.g. 1234567890)
Business Telephone Extension
Business Fax (e.g. 1234567890)
Business Email Address

Privacy Contact Details: [HHS may take day-to-day instruction from the Privacy Contact, as may be changed from time to time upon written notice to HHS.]

First Name
Last Name
Position Title
Street Address
Suite
City/Town
Postal Code (e.g. K1A0B1)
Hospital Telephone (e.g. 1234567890)
Hospital Telephone Extension
Hospital Fax (e.g. 1234567890)
Hospital Email Address

or such other address as may be provided by a Party in writing from time to time. If delivered or transmitted before 4:30 p.m. on a Business Day, Notices will be deemed to have been received on that Business Day and otherwise at the opening of business on the following Business Day. "Business Day" means a day that is not a Saturday or Sunday or statutory holiday in Ontario.

14. ASSIGNMENT

Neither Party may assign its rights or obligations under this MPA without the prior written consent of the other Party, not to be unreasonably withheld, except that either Party may without consent assign its rights under this MPA to a successor entity, or an acquirer of all or substantially all of its assets.

15. FURTHER ASSURANCES

Each Party agrees that it will do all such acts and execute all such further documents, conveyances, deeds, assignments, transfers and the like, and will cause the doing of all such acts and the execution of all such further documents as are within its power to cause the doing or execution of, as the other Party may from time to time reasonably request in writing and as may be necessary or desirable to give effect to this MPA.

16. ENTIRE AGREEMENT

This MPA, the Schedules, and any agreements and other documents to be delivered pursuant to it or referenced in it, constitute the entire agreement between the Parties pertaining to the subject matter of this MPA and supersedes all prior agreements, understandings, negotiations and discussions, oral or written between the Parties. The execution of this MPA has not been induced by, nor do either Party rely upon or regard as material, any representations, warranties, conditions, other agreements or acknowledgements not expressly made in this MPA or in the agreements and other documents to be delivered pursuant to this MPA.

17. SEVERABILITY

Should any provision of this MPA be found to be invalid by a court of competent jurisdiction, that provision will be deemed severed and the remainder of this MPA will remain in full force and affect.

18. AMENDMENTS

This MPA may only be amended by written agreement signed by each of the Parties. Notwithstanding the foregoing, HHS may, upon reasonable prior notice: (i) amend Schedules and Exhibits; (ii) amend any SOW for optional services.

19. GOVERNING LAW

This MPA will be interpreted, construed, and governed by and in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable in Ontario (other than any conflict of law rules that would result in the choice of laws of another jurisdiction). The Parties agree to submit to the exclusive jurisdiction of the courts of Ontario.

20. COUNTERPARTS

This MPA may be executed in counterparts, each of which will be deemed to be an original and both of which taken together will be deemed to constitute one and the same instrument. Receipt of e-signature, a facsimile or email version of an executed signature page by a Party will constitute satisfactory evidence of execution of this MPA by such Party.

21. CONFIDENTIALITY

- a) In this MPA, “Confidential Information” means information about a Party that reveals scientific, technical, commercial, financial or similar information, the disclosure of which could reasonably be expected to prejudice the Party including resulting in undue loss to the Party.
- b) Each Party will treat as strictly confidential and not disclose to any third party, any Confidential Information of the other Party. Notwithstanding the foregoing, nothing in this MPA will prevent a Party from disclosing Confidential Information as required by a law, court order or order of a regulator

or governmental authority applicable in Ontario, if the Party required to make the disclosure provides prompt written notice (unless prohibited by law) to the Party to which the Confidential Information belongs in order to allow that Party to take whatever actions it deems necessary to protect its Confidential Information.

- c) Each Party will only permit access to Confidential Information of the other Party to those of its directors, officers, employees and agents who have a need to know the Confidential Information for purposes related to this MPA, provided that all such persons are obligated to treat the Confidential Information in a manner consistent with the terms of this MPA.
- d) The obligations in this Section will not apply to Confidential Information which is:
- i. published or becomes generally available to the public other than as a result of a breach of this MPA;
 - ii. in the possession of a Party prior to its receipt from the other Party, as evidenced by contemporaneous written evidence, and is not subject to a duty of confidentiality;
 - iii. obtained from a third party that is not subject to a duty of confidentiality;
 - iv. created by a Party without reference to Confidential Information of the other Party; or
 - v. expressly permitted to be disclosed under this Agreement.
- e) Each Party will give prompt notice to the other Party of any breach it has experienced that affects the Confidential Information of that Party.
- f) The provisions relating to Confidential Information in this MPA will survive the expiration or termination of this MPA.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Parties have duly executed this MPA as of the Effective Date.

Hamilton Health Sciences Corporation

By: [insert signing officer name]

Signature

Date

[Insert Hospital Name]

By: [insert signing officer name]

Signature

Date

Schedule 1

CritiCall Ontario Call Centre Case Facilitation Services

This Schedule 1 to the MPA between HHS and the Hospital sets out the terms and conditions on which the CritiCall Ontario Call Centre Case Facilitation Services (“Case Facilitation Services”) are provided by HHS to the Hospital. A plain language description of Case Facilitation Services is included at Schedule 5.

1. PRIVACY

- a) The Referring Hospital, Consulting Hospital and Receiving Hospital are each a Custodian.
- b) By using the CritiCall Ontario Case Facilitation Services, the Referring Hospital is authorizing HHS to act as their PHIPA Agent to collect, use and disclose PHI on their behalf as required for the Case Facilitation Services.
- c) Each Referring Hospital will provide HHS with the following PHI for the Case Facilitation Services which will be captured in the Case Record:
 - i. Health card number
 - ii. patient name
 - iii. age and/or date of birth
 - iv. gender
 - v. health issues relevant to the request (the reason for requesting a referral)
 - vi. provisional diagnosis and/or medical specialty requested by the Referring Hospital.
- d) HHS will take reasonable steps to ensure that the information that it collects from hospitals using the Case Facilitation Services is as accurate, complete and up-to-date as is necessary.

2. CASE RECORD ACCESS AND RETENTION

- a) Case Records are created on behalf of Referring Hospitals.
- b) All Case Facilitation PHI and other information that is collected is entered real-time into an online documentation system that is linked to the CritiCall Ontario telephone system to provide automatic time stamping of every interaction. HHS will document PHI and other information regarding a referral in a Case Record, in electronic format consistent with any legislative and regulatory requirements.
- c) For clarity, Case Records contain information provided by a Referring Hospital to a Consulting Hospital, regardless of whether the Consulting Hospital provides any services to the Referring Hospital.
- d) HHS will provide the Referring Hospital, with a copy of a Case Record upon written request to the CritiCall Ontario Privacy Lead and in compliance with PHIPA.

- e) If a Consulting Hospital or Receiving Hospital would like a copy of a Case Record, HHS will require the permission of the applicable Referring Hospital to make such copy available to the Consulting Hospital or Receiving Hospital.
- f) When HHS receives a request from an individual or third parties for their Case Records, the CritiCall Ontario Privacy Lead will notify the Referring Hospital and either advise the requestor to contact the Referring Hospital or provide a copy of the Case Record with the authority of the Referring Hospital.

3. CALL CENTRE RECORDINGS ACCESS AND RETENTION

- a) Calls received and initiated by the Call Centre are recorded for quality, training and Case Record validation purposes. More particularly, the audio file created by the recording (“Audio File”) may be used to:
 - permit HHS to address any quality issues arising from a particular call or series of calls;
 - train Call Centre call agents; and
 - validate information in the Case Record.
- b) HHS will retain Audio Files for up to seven (7) days. Such Audio Files are transitory in nature and are securely disposed of within a commercially reasonable period of time after they have been used for their intended purpose.

4. CRITICALL ONTARIO DATA USES

- a) CritiCall Ontario will use PHI and Criticall Ontario Data to generate aggregate reports, that do not contain PHI, regarding access to and the provision of acute care services by Hospitals in order to fulfill its reporting obligations to the MOHLTC and for the benefit of Hospitals and the public (“**CritiCall Ontario Reports**”).
- b) The CritiCall Ontario Reports and Criticall Ontario Data created by HHS are the property of HHS.
- c) HHS will provide CritiCall Ontario Reports and Data that do not contain PHI to a Referring Hospital, Consulting Hospital and/or Receiving Hospital on request. HHS will also provide aggregate CritiCall Ontario Reports and Data that do not contain PHI, including performance indicators, to the MOHLTC, LHINs, Hospitals, Critical Care Stakeholders and Provincial Specialty Groups/Partners.
- d) To the extent permitted by PHIPA, HHS will provide CritiCall Ontario Data and Reports containing PHI at the request of a Referring Hospital, Consulting Hospital or Receiving Hospital for:
 - i) planning or delivering programs or services, allocating resources, evaluating or monitoring programs or services;
 - ii) the purpose of risk management or for the purpose of activities to improve or maintain the quality of care or to improve or maintain the quality of any related programs or services of the Hospital; or

- iii) the purpose of obtaining payment or processing, monitoring, verifying or reimbursing claims for payment for the provision of health care or related goods and services.

5. PUBLICATION/PRESENTATIONS

- a) HHS may publish or present comparative CritiCall Ontario Reports and Data which may identify Hospitals, but will not contain PHI.
- b) Prior to publishing, presenting or otherwise disclosing CritiCall Ontario Reports and Data contained in, or an entire CritiCall Ontario Report, the Hospital will seek HHS's written permission. HHS will be provided an opportunity to review the intended publication, presentation or disclosure prior to it being made and may require the Hospital to de-identify the source or make any other changes deemed necessary in the sole discretion of HHS. The Hospital will alert HHS if it needs HHS to conduct its review by a particular date.

Schedule 2

Provincial Hospital Resource System

This Schedule 2 to the MPA between HHS and the Hospital sets out the terms and conditions on which the Provincial Hospital Resource System (PHRS) Services are provided by HHS to the Hospital. A plain language description of the PHRS Services are included at Schedule 5.

1. OBLIGATIONS OF HOSPITAL IN CONNECTION WITH PHRS

Without limiting the generality of the foregoing, the Hospital's obligations are:

- a) the RA will identify (via written notice), at least one Registration Manager ("RM") for the PHRS and it will provide a prompt update of any changes, via written notice from the RA of the Hospital.
- b) the RM(s) shall have the authority to direct HHS (via written confirmation, which may include an email to the CritiCall Help Desk; or, if implemented by HHS, via an authorization process within an application) to issue, revoke and/or revise any User login credentials and/or access permissions for the PHRS.
- c) require RMs to validate the identity of, register and de-register agents of the Hospital as Users in accordance with the "PHRS Registration Process" documented in the "*PHRS Registration Manager User Manual*" and:
 - i. ensure individuals authorized as Users have received the privacy training required to permit the Hospital to comply with this MPA and PHIPA;
 - ii. receive inquiries or complaints about any User's non-compliance with the applicable requirements of this MPA, PHIPA, and PHRS policies and procedures in the PHRS Document Library;
 - iii. participate in decisions regarding whether an User's access to the PHRS should be limited or terminated.
- d) it controls the right to authorize or de-authorize access for its Users on its behalf, by providing instructions to the CritiCall Ontario Help Desk. In the event the CritiCall Ontario Help Desk detects inappropriate use of any PHI in the Repatriation Tool, then the CritiCall Ontario Help Desk may disable such User's access to the Repatriation Tool. In the event that it detects inappropriate use of any of the Services by one of its Users, the Hospital shall notify the CritiCall Ontario Help Desk as soon as possible so that the CritiCall Ontario Help Desk may disable such User's access to the Services;
- e) it will ensure that only its Users who have been granted unique login credentials will access or use the PHRS on its behalf; and
- f) it agrees to use, and to cause its Users to use the PHRS in accordance with user agreements, the terms and conditions of this MPA and associated Policies and PHIPA.

Schedule 3

Provincial Hospital Resource System Repatriation Tool

This Schedule 3 to the MPA between HHS and the Hospital sets out the terms and conditions on which the PHRS Repatriation Tool (“Repatriation Tool”) are provided by HHS to the Hospital. A plain language description is included at Schedule 5.

1. PRIVACY

HHS is a HINP in respect of the Repatriation Tool, and will comply with the obligations of a HINP under PHIPA and the Regulation.

2. OBLIGATIONS OF HHS IN CONNECTION WITH THE REPATRIATION TOOL

- a) Without limiting the generality of the foregoing, HHS’s obligations are:
- i. to notify the applicable Custodian(s) at the first reasonable opportunity if HHS accessed, used, disclosed or disposed of PHI other than in accordance with PHIPA and the Regulation;
 - ii. to provide each Custodian, and make available to the public, a plain language description of the Repatriation Tool;
 - iii. to make available any directives, guidelines and policies that apply to the Repatriation Tool, provided that they do not reveal a trade secret or confidential scientific, technical, commercial or labour relations information;
 - iv. to the extent that it is reasonably practical and in a manner that is reasonably practical, keep and make available upon request by a Custodian, an electronic record of HHS access to and transfers of all or part of PHI (associated with the Custodian) being held in or by means of the Repatriation Tool, including the person who accessed or transferred the information, and the date and time of the access or transfer and the person or address to whom the information was sent;
 - v. to perform threat risk assessments and privacy impact assessments on the Repatriation Tool, and upon request, provide a written copy of the results to any participating Custodian;
 - vi. to comply with its privacy and security policies;
 - vii. to ensure any third parties retained to assist it in providing the services of the Repatriation Tool, comply with the restrictions and conditions that are necessary to enable HHS to fulfill its obligations and will remain responsible for any such third parties retained by it.
- b) In addition, HHS will:

- i. Provide User training and education in relation to the Repatriation Tool as determined by HHS from time to time;
- ii. Provide technical support for the Repatriation Tool, through the CritiCall Ontario Help Desk;
- iii. Generate Reports that do not contain PHI, based on data in the Repatriation Tool, and provide the reports to the Hospitals, MOHLTC, LHINS and Critical Care Stakeholders and Provincial Specialty Groups/Partners;

3. OBLIGATIONS OF HOSPITALS

As a condition of using the Repatriation Tool, Hospital warrants that:

- a) no person other than its Users who have a need to access PHI for the provision of health care services to patients in their care will access PHI in or through the Repatriation Tool and will use unique login credentials issued to each individual user;
- b) it will, and will cause each of its Users to only access and use PHI in or through the Repatriation Tool in compliance with PHIPA and this MPA.
- c) it will take, and require its Users to take, all reasonable steps to protect PHI in the Repatriation Tool from and against any unauthorized access, collection, use, disclosure, modification, retention or disposal;
- d) it will not, and will require its Users to not, intentionally insert into any part or component of the Repatriation Tool, any virus, time lock, clock, back door, disabling device or other code, routine or instruction which tends to destroy, corrupt or disable software, data or systems or allow unauthorized access thereto;
- e) it accepts and agrees to comply with any privacy policies as made available in the PHRS Document Library within the PHRS Portal or and as amended from time to time, such amendments to be communicated by email, webinar or other training and communication vehicles. HHS will take reasonable steps to make any new or amended policies available prior to their effective date.
- f) it has an appointed Privacy Contact to manage the Hospital's obligations under this MPA and to act as a liaison with the CritiCall Ontario Privacy Lead.
- g) it will identify (via written notice from the Hospital's RA) in writing, at least one Registration Manager ("RM") for the Repatriation Tool and it will provide a prompt update of any changes, via written notice from an authorized officer of the Hospital.
- h) the RM(s) shall have the authority to direct HHS (via written confirmation, which may include an email to the CritiCall Ontario Help Desk; or, if implemented by HHS, via an authorization process within an application) to issue, revoke and/or revise any User login credentials and/or access permissions.

- i) without limiting the generality of the preceding, require RMs to validate the identity of, register and de-register agents of the Hospital as Users in accordance with the “PHRS Registration Process” documented in the “*PHRS Local Registration Manager User Manual*” and:
 - i. ensure individuals authorized as Users have received the privacy training required to permit the Hospital to comply with this MPA and PHIPA;
 - ii. receive inquiries or complaints about any User’s non-compliance with the applicable requirements of this MPA, PHIPA, and PHRS policies and procedures in the PHRS Document Library;
 - iii. participate in decisions regarding whether an User’s access to the Repatriation Tool should be limited or terminated.
- j) if it has a Help Desk in respect of its own IT systems, then it shall provide its Users with access to its Level/Tier 1 Help Desk. Such Help Desk will also need to be available to assist HHS in resolving issues involving its Users;
- k) it controls the right to authorize or de-authorize access for its Users on its behalf, by providing instructions to the CritiCall Ontario Help Desk. In the event the CritiCall Ontario Help Desk detects inappropriate use of any PHI in the Repatriation Tool, then the CritiCall Ontario Help Desk may disable such User’s access to the Repatriation Tool. In the event that it detects inappropriate use of any of the Services by one of its Users, the Hospital shall notify the CritiCall Ontario Help Desk as soon as possible so that the CritiCall Ontario Help Desk may disable such User’s access to the Services;
- l) it will ensure that only its Users who have been granted unique login credentials will access or use the Repatriation Tool on its behalf;
- m) it agrees to use, and to cause its Users to use the Repatriation Tool in accordance with user agreements, the terms and conditions of this MPA and associated Policies and PHIPA;
- n) it will notify the CritiCall Ontario Privacy Lead at the first reasonable opportunity upon discovery or reasonable suspicion of any theft, loss or unauthorized access to or use of any PHI through the Repatriation Tool, including any use or disclosure without authority;
- o) in the event of a privacy breach or an alleged or suspected privacy breach, it will co-operate with the CritiCall Ontario Privacy Lead to verify compliance with this MPA and PHIPA;
- p) it will take steps that are reasonable in the circumstances to ensure that no User collects, uses, discloses, retains or disposes of PHI through the Repatriation Tool except in accordance with PHIPA;
- q) it will ensure as soon as reasonably possible that the CritiCall Ontario Help Desk is notified, when a User no longer requires access;
- r) it will take steps to contain any breach affecting PHI in the Repatriation Tool and notify HHS of the breach at the earliest opportunity by contacting the CritiCall Ontario Help Desk at 1-877-601-7477.

- s) It will co-operate with HHS in the event of a privacy or security investigation and the actions deemed necessary to protect PHI in the Repatriation Tool as a result of such investigation.
- t) to use the Repatriation Tool in accordance with the Provincial Life or Limb Policy and any policies, procedures, training and any directives provided by HHS and/or on behalf of the MOHLTC.
- u) to accurately document requests, acceptances and reasons for declining requests and delays in the Repatriation Tool in accordance with the CCSO Repatriation Guide.

Schedule 4

Privacy and Security Safeguards

1. HHS warrants that it has implemented and will maintain strong administrative, physical and technical safeguards, consistent with industry best practices as applicable to health care systems in Ontario, to protect the PHI being transferred, processed or stored from theft, loss, unauthorized use, modification, disclosure, destruction and/or damage and will ensure its representatives comply with its privacy and security requirements. These safeguards include security software and encryption protocols, firewalls, locks and other access controls, privacy impact assessments, staff training and confidentiality agreements.
2. HHS will put in place, or cause its third party service providers to put in place, reasonable security measures to secure HHS data centre facilities and any other facilities where PHI and CritiCall Ontario Data is stored from unauthorized entry, and which may include access controls and maintaining logs of all personnel who enter.
3. HHS will ensure that its personnel and contractors who are permitted access to its data centre facilities or any other facilities where PHI or CritiCall Ontario Data are subject to appropriate confidentiality obligations.
4. HHS will design, implement, and manage the technology infrastructure used to provide the Services in a manner consistent with good information security practices and all Applicable Laws.
5. HHS agrees to actively monitor its systems by installing commercially available anti-virus and system monitoring software that among other things, contemporaneously detect the status and findings of anti-virus scans and other monitoring reasonably applicable in health care information technology systems. HHS agrees to have in place and maintain such software at all times.
6. Hospital agrees to maintain privacy and security procedures, practices and controls in compliance with Applicable Laws, including any orders and decisions of the Office of the Information and Privacy Commissioner of Ontario.
7. Hospital agrees to actively monitor its systems used to access the Services by installing commercially available anti-virus and system monitoring software that, among other things, contemporaneously detects the status and findings of anti-virus scans and other monitoring reasonably applicable in health care information technology stems. Hospital agrees to have in place and maintain such software at all times.

Schedule 5

Plain Language Descriptions of Services

CritiCall Ontario Call Centre Case Facilitation Services

- a) Hamilton Health Sciences Corporation, operating CritiCall Ontario, provides hospital-based physicians in Ontario who are caring for urgent and emergently ill Ontario patients with access to 24/7/365 support through a Call Centre. When a Referring Hospital physician requires a consultation with specialist services, that hospital contacts the CritiCall Ontario Call Centre. A Call Centre agent then facilitates a telephone consultation with a specialist at a hospital with a higher level of care. The Call Centre call agent uses applicable resources which may include the Provincial Hospital Resource System (PHRS) to facilitate the telephone consultation between the physicians. Together, the physicians determine if the patient should continue to be cared for at the Referring Hospital or if the patient requires and/or is stable for transfer to a hospital with a higher level of care resources and expertise. CritiCall Ontario's mandate is to connect physicians on the telephone so they can consult together to make clinical decisions about how best to provide care and treatment for a patient. CritiCall Ontario Call Agents do not assess patients, approve transfers, make medical decisions or direct physician decision making.
- b) CritiCall Ontario is required by its MOHLTC funding agreement to create a Case Record of the case facilitations and consultations. Specific information is recorded in the Case Record to assist with the case facilitation and CritiCall Ontario de-identifies information from Case Records to prepare reports that are shared with the MOHLTC, Local Health Integration Networks (LHINs), participating Hospitals, other health care stakeholders and the public to assist with the planning and evaluation of critical care services coordination in Ontario.
- c) A Case Facilitation is almost always audio recorded to assist CritiCall Ontario for quality, training and to validate data entered in the CritiCall Ontario Case Record. Within 7 days of a Case Facilitation, CritiCall Ontario validates the information in the Case Records to ensure that required data elements are complete and accurate. From time to time, CritiCall Ontario may need to replay parts of the audio recordings for quality and training and to collect, update or correct data in the Case Record. Within 7 days, the validation is completed and the audio recordings are securely destroyed consistent with HHS policies. Recent audio recordings may be used to train CritiCall Ontario call agents on Case Facilitation processes, including the collection of accurate data within Case Records.
- d) Physicians participating in the CritiCall Ontario Case Facilitation are required to document in their own Hospital's health information record system as required by Hospital policy and legislative and regulatory requirements.

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- e) HHS will facilitate calls related to the provincial Critical Care Moderate Surge Capacity Management Plan through its Call Centre Surge Line (1-877-668-7874 or by prompt on 1-800-668-4357) for hospitals with critical care demand in excess of 115% of critical care capacity.
- f) HHS will facilitate the process for access to the Provincial Ventilator Stockpile through its Call Centre (1-800-668-4357)
- g) Hospitals and HHS are subject to the *Freedom of Information and Protection of Privacy Act*.

Provincial Hospital Resource System (PHRS)

- a) The PHRS provides a common system for documenting information on the current availability of critical care beds which is fed to the CCIS automatically in real time through the Hospital's integrated admission, discharge and transfer (ADT) system. Critical care bed information is fed from the CCIS to the PHRS every ten minutes so that no data entry in PHRS is required on the Medical/Surgical, Cardiac, Paediatric Critical Care Unit or Neonatal Resource Beds. The CCIS system only records accurate data if critical care patient data is entered into the CCIS.
- b) For PHRS non-critical care, maternal, adult mental health & addiction and child & adolescent mental health & addiction resource boards, Hospitals may be required, consistent with Hospital Service Accountability Agreements, to ensure that the PHRS is manually updated 4 times a day (0800, 1200, 1600, 0000) by authorized hospital staff.
- c) At the Hospital's discretion, if they are able to fulfill PHRS application technical requirements, their non-critical care, maternal, adult mental health & addiction and child & adolescent mental health resource boards can be automatically updated in real time to the PHRS from the Hospital's integrated admission, discharge and transfer (ADT) system by HHS on the Hospital's behalf.

PHRS Repatriation Tool

- a) The Repatriation Tool is made available to Hospitals through the PHRS application and allows Hospitals to electronically send and receive data, including PHI, to support and document the movement of patients from higher level to lower level acute care hospitals. Use of the Repatriation Tool by Ontario hospitals is a requirement of the Provincial Life or Limb Policy.
- b) The data including PHI entered into the Repatriation Tool can be accessed and used among Hospitals so that they can act upon repatriation requests for the provision of health care to the patient.
- c) HHS uses aggregate data that does not contain PHI from the Repatriation Tool to generate activity-based reports for individual Hospitals and summary level reports for the MOHLTC, LHINs, other Hospitals and Critical Care Stakeholders and Provincial Specialty Groups/Partners.

Schedule 6

CritiCall Ontario Fact/Help Sheets

CritiCall Ontario Services Fact Sheet:

<https://admin.criticalcall.org/Criticalcall/media/Resources/Covers/2018-CritiCall-Ontario-Backgrounder-and-Fact-Sheet.pdf?ext=.pdf>

Guidelines for Physicians and Hospitals Help Sheet:

https://admin.criticalcall.org/getmedia/5470eb75-8570-437e-97d8-0e3607b92e4a/CritiCallOntarioHELP_Sheet_Nov_2015_Final.aspx

Transfers to the USA Help Sheet:

https://admin.criticalcall.org/getmedia/f3d15767-ccd4-4b67-83e9-907e4e0932ac/USAHelpSheet_July182013_.aspx

A Quick Guide for Physicians Calling CritiCall Ontario:

<https://admin.criticalcall.org/getmedia/04a19cb2-8aa1-4bdc-b51f-ab9ac0aa9008/CritiCallOntarioQuickGuideNov2015Final.aspx>

Endovascular Treatment Information for tPA Centres Help Sheet:

<https://admin.criticalcall.org/Criticalcall/media/Resources/CritiCall-Ontario-EVT-Help-Sheet.pdf?ext=.pdf>

CritiCall Ontario Guidelines for Switchboards Help Sheet

<https://admin.criticalcall.org/Criticalcall/media/Resources/Covers/CritiCall-Ontario-Helpsheet-for-Hospital-Switchboard.pdf?ext=.pdf>

One-Number-to-Call (ONTC) Transport Coordination for Confirmed Life or Limb Adult Patients – ONTC Guide:

https://admin.criticalcall.org/Criticalcall/media/Resources/CritiCallOntarioONTC_Guide-April-2017_1.pdf?ext=.pdf

Repatriation of Ontario Patients A Guide For Hospitals:

https://admin.criticalcall.org/getmedia/a215561e-fe35-45c2-af86-1196de9a3dcc/RepatriationInformationforHospitals_July182013_.aspx