



February 13, 2025

Mr. Cameron Love
President and Chief Executive Officer
The Ottawa Hospital
1053 Carling Avenue, Mailbox 100
Ottawa, ON K1Y 4E9
Email: clove@toh.ca

Dear Mr. Love,

Re: CCA s. 22 Notice and Extension of Multi-Sector Service Accountability Agreement (“Extending Letter”)

The *Connecting Care Act, 2019* (“CCA”) requires Ontario Health (“OH”) to notify a health service provider when OH proposes to enter into, or amend, a service accountability agreement with that health service provider.

OH hereby gives notice and advises The Ottawa Hospital (the “HSP”) of OH’s proposal to amend each multi-sector service accountability agreement (as described in the CCA) currently in effect between OH and the HSP (each “SAA”).

Subject to the HSP’s acceptance of this Extending Letter, each SAA will be amended with effect on March 31, 2025, as set out below. All other terms and conditions of each SAA will remain in full force and effect.

The terms and conditions in each SAA are amended as follows:

- 1) **Term** – In section 2.1, “March 31, 2025” is deleted and replaced by “March 31, 2026”.
- 2) **Schedules** – Except as set out in 3) and 4) below, the Schedules in effect on March 31, 2025, shall remain in effect until March 31, 2026, or until such other time as may be agreed to in writing by OH and the HSP.
- 3) **Schedule B: Report – Community Mental Health and Addiction Services** is hereby deleted and replaced with the schedule attached in Appendix A to this Extending Letter.
- 4) **Schedule C: Directives, Guidelines & Policies - Community Support Services And Community Mental Health and Addictions Services** is hereby deleted and replaced with the schedule attached in Appendix B to this Extending Letter.

CCA s. 22 Notice and Extension of Multi-Sector Service Accountability Agreement (“Extending Letter”)

AGREED TO AND ACCEPTED BY

The Ottawa Hospital

By:

Cameron Love,
President and Chief Executive Officer
I have authority to bind the health service provider.

Date: _____
mm/dd/yyyy

And By:

Claude Doucet,
Chair, Board of Governors
I have authority to bind the health service provider.

Date: _____
mm/dd/yyyy