



CHAPTER 14

An Act respecting the care provided by health care organizations*Assented to June 8, 2010*

Note: This Act amends or repeals more than one Act. For the legislative history of these Acts, see the Table of Consolidated Public Statutes – Detailed Legislative History at www.e-Laws.gov.on.ca.

Preamble

The people of Ontario and their Government:

Believe in the importance of our system of publicly funded health care services and the need to ensure its future so that all Ontarians, today and tomorrow, can continue to receive high quality health care;

Believe that the patient experience and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of our health care system;

Recognize that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe;

Are committed to ensuring that health care organizations are responsive and accountable to the public, and focused on creating a positive patient experience and delivering high quality health care;

Believe that quality is the goal of everyone involved in delivering health care in Ontario, and that ultimately, each health care organization should hold its executive team accountable for its achievement;

Believe that everyone involved in delivering health care in Ontario has a role to play in ensuring the quality of the system;

Recognize the importance of providing Ontario's health care providers with support to help them plan for and improve the quality of the care that they deliver based on the best available scientific evidence;

Recognize the value of transparency in the health care system;

Share a vision for a Province where excellent health care services are available to all

Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care;

Therefore, Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

INTERPRETATION

Definitions

1. In this Act,

“annual quality improvement plan” means the quality improvement plan required under section 8; (“plan annuel d’amélioration de la qualité”)

“compensation” means all forms of payment, benefits and perquisites paid or provided, directly or indirectly, to or for the benefit of a person who performs duties and functions that entitle him or her to be paid, and includes discretionary payments; (“rémunération”)

“compensation plan” means the provisions, however established, for the determination and administration of a person’s compensation; (“régime de rémunération”)

“Council” means the Ontario Health Quality Council continued under section 10; (“Conseil”)

“executive”, with respect to a health care organization, means,

- (a) the chief executive officer of the health care organization, or anyone who holds a position equivalent to chief executive officer, regardless of title,
- (b) the members of the health care organization’s administrative and clinical executive staff that are provided for in the regulations, and
- (c) any other person provided for in the regulations; (“cadre”)

“fiscal year” means the period commencing on April 1 in one year and ending on March 31 in the following year; (“exercice”)

“health care organization” means,

- (a) a hospital within the meaning of the *Public Hospitals Act*, and
- (b) any other organization that is provided for in the regulations and that receives public funding; (“organisme de soins de santé”)

“Minister” means the Minister of Health and Long-Term Care; (“ministre”)

“patient declaration of values” means the patient declaration of values provided for in section 7; (“déclaration des valeurs des patients”)

“patient relations process” means the patient relations process provided for in section 6; (“processus de relations avec les patients”)

“quality committee” means a quality committee established and maintained under section 3; (“comité de la qualité”)

“regulations” means the regulations made under this Act; (“règlements”)

“responsible body” means,

- (a) with respect to a health care organization that is a hospital within the meaning of the *Public Hospitals Act*, its board within the meaning of that Act,
- (b) with respect to any other health care organization that has a board of directors, the

board of directors, and

- (c) with respect to any other health care organization that does not have a board of directors, the responsible body as provided for in the regulations; (“organisme responsable”)

“survey” means a survey conducted under section 5. (“sondage”)

Responsibility of health care organizations

2. Every health care organization,

- (a) shall comply with every requirement established by this Act and the regulations; and
- (b) shall ensure that every quality committee it establishes and maintains complies with, and carries out its responsibilities under, this Act and the regulations.

QUALITY COMMITTEE

Quality committee to be established

3. (1) Every health care organization shall establish and maintain a quality committee for the health care organization.

Composition of quality committees

(2) The membership, composition and governance of quality committees shall be as provided for in the regulations.

Accountability

(3) Every quality committee shall report to its responsible body.

Responsibilities of quality committees

4. Every quality committee has the following responsibilities:

1. To monitor and report to the responsible body on quality issues and on the overall quality of services provided in the health care organization, with reference to appropriate data.
2. To consider and make recommendations to the responsible body regarding quality improvement initiatives and policies.
3. To ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the health care organization, and to subsequently monitor the use of these materials by these people.
4. To oversee the preparation of annual quality improvement plans.
5. To carry out any other responsibilities provided for in the regulations.

SURVEYS

Surveys

5. (1) Every health care organization shall carry out surveys,

- (a) at least once every fiscal year, of persons who have received services from the health care organization in the past 12 months and of caregivers of those persons who had contact with the organization in connection with those services; and
- (b) at least once every two fiscal years, of employees of the health care organization and of persons providing services within the health care organization.

Purpose of survey

- (2) The purpose,
 - (a) of a survey under clause (1) (a) is to collect information concerning satisfaction with the services provided by the health care organization; and
 - (b) of a survey under clause (1) (b) is to collect information on the satisfaction of employees and other persons with their experience working for or providing services within the organization and to solicit views about the quality of care provided by the health care organization.

PATIENT RELATIONS PROCESS

Patient relations process

6. (1) Every health care organization shall have a patient relations process and shall make information about that process available to the public.

Must reflect values

(2) The health care organization shall ensure that the patient relations process reflects the content of its patient declaration of values.

PATIENT DECLARATION OF VALUES

Patient declaration of values

7. (1) Every health care organization that does not already have a publicly available patient declaration of values produced after consultation with the public shall,

- (a) within six months of becoming subject to this section, consult with the public concerning a draft patient declaration of values; and
- (b) within 12 months of becoming subject to this section, finalize the patient declaration of values and make it available to the public.

Amendment

(2) A health care organization may amend its patient declaration of values after consulting with the public, and shall make every amended declaration available to the public.

ANNUAL QUALITY IMPROVEMENT PLANS

Quality improvement plans

8. (1) In every fiscal year, every health care organization shall develop a quality improvement plan for the next fiscal year and make the quality improvement plan available to the public.

Factors in development

(2) The annual quality improvement plan must be developed having regard to at least the following:

1. The results of the surveys.
2. Data relating to the patient relations process.
3. In the case of a public hospital, its aggregated critical incident data as compiled based on disclosures of critical incidents pursuant to regulations made under the *Public Hospitals Act* and information concerning indicators of the quality of health care provided by the hospital disclosed pursuant to regulations made under the *Public Hospitals Act*.
4. Any factors provided for in the regulations.

Content

(3) The annual quality improvement plan must contain, at a minimum,

- (a) annual performance improvement targets and the justification for those targets;
- (b) information concerning the manner in and extent to which health care organization executive compensation is linked to achievement of those targets; and
- (c) anything else provided for in the regulations.

Disclosure to LHIN

(4) At the request of the local health integration network for the geographic area in which a health care organization is located, the health care organization shall provide the local health integration network with a draft of the annual quality improvement plan for review before it is made available to the public.

Copy to Council

(5) Every health care organization shall provide a copy of its annual quality improvement plan to the Ontario Health Quality Council in a format established by the Council that permits province-wide comparison of and reporting on a minimum set of quality indicators.

PERFORMANCE BASED COMPENSATION**Performance based compensation**

9. (1) Every health care organization shall, in accordance with the regulations, ensure that payment of compensation for any executive of the organization under a compensation plan is linked to the achievement of the performance improvement targets set out in the annual quality improvement plan.

Conflict with this Act

(2) This Act prevails over the provisions of a compensation plan and, if there is a conflict between this Act and a compensation plan, the compensation plan is inoperative to the extent of the conflict.

Compliance reports

(3) Every health care organization shall give the Minister such reports as may be provided for in the regulations concerning its compliance with this section.

Same

(4) Each report must be submitted in such form and manner as may be provided for in the regulations and within the period provided for in the regulations.

Signed statement

(5) Each report shall include a statement signed by a person provided for in the regulations certifying whether the health care organization has complied with this section throughout the reporting period.

Interaction with other legislation

(6) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010* applies to the compensation plans of executives during the period specified in section 6 of that Act.

Same

(7) Where a compensation plan applicable to an executive is subject to the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* and the compensation plan allows for a portion of compensation to be paid to an executive on the basis of an assessment of performance, the health care organization shall ensure that the assessment of performance also includes an assessment of achievement of the performance improvement targets set out in the annual quality improvement plan.

Same

(8) Where a compensation plan applicable to an executive is subject to the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* and the compensation plan does not provide for payments based on an assessment of performance, the health care organization shall ensure that the executive's compensation plan is modified so that the payment of a portion of the executive's compensation under the plan is made contingent upon the achievement of the performance improvement targets set out in the annual quality improvement plan.

Same

(9) A health care organization acting under subsection (7) or (8) with respect to an executive shall be deemed to be acting in compliance with subsection (1) and with the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* as a result of the health care organization,

- (a) ensuring that the assessment of performance included an assessment of achievement of the performance improvement targets under subsection (7); or
- (b) modifying the compensation plan under subsection (8);

if, in the result, the actual or potential compensation available to the executive does not exceed what was available to him or her on March 24, 2010 or such other applicable effective date as is determined in accordance with section 6 of the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

COUNCIL**Council**

10. (1) The Council established under Part I of the *Commitment to the Future of Medicare Act, 2004* under the name Ontario Health Quality Council in English and Conseil ontarien de la qualité des services de santé in French is continued.

Members

(2) The Council shall have no fewer than nine and not more than 12 members who shall be appointed by the Lieutenant Governor in Council.

Factors in appointment

(3) In appointing the members of the Council, regard shall be had to the desirability of appointing,

- (a) experts in the health system in the areas of patient and consumer issues and health service provision and management;
- (b) experts in the areas of governance, accountability and public finance;
- (c) experts in the areas of health policy;
- (d) persons from the community with a demonstrated interest or experience in health service;
- (e) persons who represent the interests of patients and of other consumers of health care services;
- (f) persons with interest or experience in clinical service evaluation;
- (g) persons with expertise in quality improvement, including expertise in the measurement of quality indicators; and
- (h) persons with expertise in the creation of a safe, quality and healthy work environment.

Additional factor

(4) In addition to the considerations in subsection (3), in appointing the members of the Council, regard shall be had to representing the diversity of the population of Ontario and expertise with particular groups.

National Council representative

(5) Where there is in existence a council for Canada and the provinces and territories of Canada with functions similar to those set out in clauses 12 (1) (a) and (b), at least one of the members of the Council shall be a person who is from Ontario and sits on the similar council.

Persons who may not be members

(6) A person who is a member of the board or the chief executive officer or an officer of a health system organization may not be a member of the Council.

Former members, officers, etc.

(7) A person is not prohibited from being a member of the Council by reason of being a former member of the board or a former chief executive officer or former officer of a health system organization.

Definition

(8) In this section,

“health system organization” means,

- (a) any corporation, agency or entity that represents the interests of persons who are part of the health sector and whose main purpose is advocacy for the interest of those persons,
- (b) the College of a health profession or group of health professions as defined under the *Regulated Health Professions Act, 1991*, or
- (c) a health resource provider within the meaning of Part III of the *Commitment to the Future of Medicare Act, 2004*.

Transitional, members

(9) A person who, immediately before the coming into force of this section, was a member, the Chair, or the vice-Chair of the Ontario Health Quality Council continues to hold that position in the Council until his or her term would have otherwise ended.

Transitional, regulations re Council

(10) A regulation concerning the Council made under Part I of the *Commitment to the Future of Medicare Act, 2004* that was in force immediately before the coming into force of this section remains in force until regulations concerning the Council are made under section 16.

No personal liability

11. No action or other proceeding for damages may be instituted against any member of the Council or any one acting on behalf of the Council for any act done in the execution or intended execution in good faith of the person’s duty or for any alleged neglect or default in the execution in good faith of the person’s duty.

Functions of Council

12. (1) The functions of the Council are,

- (a) to monitor and report to the people of Ontario on,
 - (i) access to publicly funded health services,
 - (ii) health human resources in publicly funded health services,

- (iii) consumer and population health status, and
- (iv) health system outcomes;
- (b) to support continuous quality improvement;
- (c) to promote health care that is supported by the best available scientific evidence by,
 - (i) making recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols, and
 - (ii) making recommendations, based on evidence and with consideration of the recommendations in subclause (i), to the Minister concerning the Government of Ontario's provision of funding for health care services and medical devices;
- (d) any other functions provided for in the regulations.

Resources to be considered

(2) In making recommendations under clause (1) (c), the Council shall take into account implications for health system resources.

Advisory only

(3) For greater clarity, in acting under subclause (1) (c) (ii), the Council is acting in an advisory capacity only, and the Minister is not required to seek or act on the Council's recommendations.

Public input

(4) The Council shall seek the advice of the public in relation to the matters referred to in subclause (1) (c) (ii).

Reports

13. (1) The Council shall deliver to the Minister,

- (a) a yearly report,
 - (i) on the state of the health system in Ontario, and
 - (ii) respecting its recommendations under clause 12 (1) (c); and
- (b) any other reports required by the Minister.

Tabling

(2) The Minister shall table every yearly report under this section in the Legislative Assembly within 30 days of receiving it from the Council, but is not required to table the Council's annual business plan.

Purpose of reporting

- (3) The purpose of reporting under subclause (1) (a) (i) is to,
- (a) encourage and promote an integrated, consumer centred health system;
 - (b) make the Ontario health system more transparent and accountable;
 - (c) track long-term progress in meeting Ontario's health goals and commitments; and
 - (d) help Ontarians to better understand their health system.

Same

- (4) The purpose of reporting under subclause (1) (a) (ii) is to,
- (a) summarize the recommendations made under clause 12 (1) (c);

- (b) promote the use of the best available scientific evidence in the provision of health care in Ontario;
- (c) measure the impact of the use of the best available evidence on health care in Ontario;
- (d) identify areas where the use of the best available scientific evidence could improve health care provision in Ontario; and
- (e) publicize and make transparent the process by which decisions are made about funding health care services and medical devices in Ontario.

Recommendations

(5) In a report under subclause (1) (a) (i), the Council may make recommendations to the Minister but only in regard to future areas of reporting.

Annual plan

(6) At the time it makes its yearly report under subclause (1) (a) (i), the Council shall also submit to the Minister for his or her review and approval a business plan for the Council's next year's operation.

OFFENCES

Offences

14. Every person who contravenes a provision of this Act or the regulations is guilty of an offence and on conviction is liable to a fine,

- (a) not exceeding \$10,000, in the case of an individual; and
- (b) not exceeding \$25,000, in the case of a corporation.

REGULATIONS

Regulations — Minister

15. (1) The Minister may make regulations,

- (a) providing for additional persons who are executives for the purposes of the definition of "executive" in section 1;
- (b) providing for additional bodies that are responsible bodies for the purposes of the definition of "responsible body" in section 1;
- (c) governing quality committees other than with respect to who may be a member, and, without restricting the generality of the foregoing, respecting their functions, record-keeping requirements and reporting relationships and providing for additional responsibilities for quality committees;
- (d) respecting the annual quality improvement plans, and, without restricting the generality of the foregoing, respecting the factors that regard must be had to in developing them, their content, including performance targets, and the manner in which health care organizations develop, publish and disclose them;
- (e) respecting surveys;
- (f) governing the patient relations process;
- (g) respecting the patient declaration of values, and, without restricting the generality of the foregoing, respecting their content and the manner in which health care organizations develop, publish and disclose them;
- (h) requiring health care organizations to submit reports concerning compliance with this Act, and governing when and how those reports are to be submitted;

- (i) providing for exemptions from any requirement under sections 1 to 9 of this Act, or imposed by a regulation made by the Minister and providing for conditions to which exemptions are subject.

Public consultation

(2) Before making a regulation under this section, the Minister shall consult with the public in accordance with the relevant policies of the Government of Ontario concerning public consultation in the making of regulations.

Regulations — Lieutenant Governor in Council

16. (1) The Lieutenant Governor in Council may make regulations,

- (a) providing for additional organizations that are health care organizations for the purposes of the definition of “health care organization” in section 1;
- (b) respecting who may be a member of a quality committee;
- (c) governing the manner in which compensation for the executives of health care organizations is to be connected to the achievement of the performance improvement targets set out in quality improvement plans, and, without restricting the generality of the foregoing, providing for anything that may be provided for under section 9;
- (d) governing the Council’s constitution, management, structure and legal status;
- (e) respecting specific powers and duties of the Council and its members;
- (f) providing for the term of appointment and reappointment of Council members;
- (g) respecting any compensation of members;
- (h) providing for a chair and vice-chair of the Council;
- (i) providing for additional functions of the Council;
- (j) respecting the frequency and the scope of the recommendations provided for in clause 12 (1) (c);
- (k) regarding the nature and scope of the yearly reports required by section 13;
- (l) regarding the frequency, nature and scope of reporting in addition to the yearly reports required by section 13;
- (m) governing the transfer of information from persons provided for in the regulations of information, including personal information, that is relevant to carrying out the functions of the Council;
- (n) governing the confidentiality and security of information, including personal information, the collection, use and disclosure of such information, the retention and disposal of such information, and access to and correction of such information, including restrictions on any of these things, for the purposes of the carrying out of the functions of the Council;
- (o) respecting staff for the Council, including the status of Council staff, and their compensation;
- (p) respecting funding for the Council;
- (q) respecting audits of the statements and records of the Council;
- (r) providing whether or not the *Business Corporations Act*, the *Corporations Information Act* or the *Corporations Act* or any provisions of those Acts apply to the Council;

- (s) governing the procedures and administration of the Council;
- (t) generally to facilitate the carrying out of the functions of the Council;
- (u) respecting any other matter that the Lieutenant Governor in Council considers necessary or desirable for carrying out the purposes and provisions of this Act.

Public consultation before making regulations

(2) The Lieutenant Governor in Council shall not make any regulation under this section unless,

- (a) the Minister has published a notice of the proposed regulation on the website of the Ministry and in any other format the Minister considers advisable;
- (b) the notice complies with the requirements of this section;
- (c) the time periods specified in the notice, during which members of the public may exercise a right described in clause (3) (b) or (c), have expired; and
- (d) the Minister has considered whatever comments and submissions that members of the public have made on the proposed regulation in accordance with clause (3) (b) or (c) and has reported to the Lieutenant Governor in Council on what, if any, changes to the proposed regulation the Minister considers appropriate.

Contents of notice

(3) The notice mentioned in clause (2) (a) shall contain,

- (a) a description of the proposed regulation and the text of it;
- (b) a statement of the time period during which members of the public may submit written comments on the proposed regulation to the Minister and the manner in which and the address to which the comments must be submitted;
- (c) a description of whatever other rights, in addition to the right described in clause (b), that members of the public have to make submissions on the proposed regulation and the manner in which and the time period during which those rights must be exercised;
- (d) a statement of where and when members of the public may review written information about the proposed regulation; and
- (e) all other information that the Minister considers appropriate.

Time period for comments

(4) The time period mentioned in clauses (3) (b) and (c) shall be at least 30 days after the Minister gives the notice mentioned in clause (2) (a) unless the Minister shortens the time period in accordance with subsection (5).

Shorter time period for comments

(5) The Minister may shorten the time period if, in the Minister's opinion,

- (a) the urgency of the situation requires it;
- (b) the proposed regulation clarifies the intent or operation of this Act or the regulations; or
- (c) the proposed regulation is of a minor or technical nature.

Discretion to make regulations

(6) Upon receiving the Minister's report mentioned in clause (2) (d), the Lieutenant Governor in Council, without further notice under subsection (2), may make the proposed regulation with the changes that the Lieutenant Governor in Council considers appropriate,

whether or not those changes are mentioned in the Minister's report.

No public consultation

(7) The Minister may decide that subsections (2) to (6) should not apply to the power of the Lieutenant Governor in Council to make a regulation under this section if, in the Minister's opinion,

- (a) the urgency of the situation requires it;
- (b) the proposed regulation clarifies the intent or operation of this Act or the regulations; or
- (c) the proposed regulation is of a minor or technical nature.

Same

(8) If the Minister decides that subsections (2) to (6) should not apply to the power of the Lieutenant Governor in Council to make a regulation under this section,

- (a) those subsections do not apply to the power of the Lieutenant Governor in Council to make the regulation; and
- (b) the Minister shall give notice of the decision to the public as soon as is reasonably possible after making the decision.

Contents of notice

(9) The notice mentioned in clause (8) (b) shall include a statement of the Minister's reasons for making the decision and all other information that the Minister considers appropriate.

Publication of notice

(10) The Minister shall publish the notice mentioned in clause (8) (b) on the website of the Ministry and give the notice by all other means that the Minister considers appropriate.

Temporary regulation

(11) If the Minister decides that subsections (2) to (6) should not apply to the power of the Lieutenant Governor in Council to make a regulation under this section because the Minister is of the opinion that the urgency of the situation requires it, the regulation shall,

- (a) be identified as a temporary regulation in the text of the regulation; and
- (b) unless it is revoked before its expiry, expire at a time specified in the regulation, which shall not be after the second anniversary of the day on which the regulation comes into force.

No review

(12) Subject to subsection (13), a court shall not review any action, decision, failure to take action or failure to make a decision by the Lieutenant Governor in Council or the Minister under subsections (2) to (11).

Exception

(13) Any person resident in Ontario may make an application for judicial review under the *Judicial Review Procedure Act* on the grounds that the Minister has not taken a step required by subsections (2) to (11).

Time for application

(14) No person shall make an application under subsection (13) with respect to a regulation later than 21 days after,

- (a) the Minister publishes a notice with respect to the regulation under clause (2) (a) or subsection (10), where applicable; or

(b) the regulation is filed, if it is a regulation described in subsection (11).

RELATED AMENDMENTS

Amendment

17. (1) This section only applies if Bill 65 (*Not-for-Profit Corporations Act, 2010*), introduced on May 12, 2010, receives Royal Assent.

References

(2) References in this section to provisions of Bill 65 are references to those provisions as they appeared in the first reading version of the Bill.

(3) On the later of the day subsection 16 (1) of this Act comes into force and the day subsection 210 (1) of Bill 65 comes into force, clause 16 (1) (r) of this Act is amended by striking out “*Corporations Act*” and substituting “*Not-for-Profit Corporations Act, 2010*”.

Commitment to the Future of Medicare Act, 2004

18. (1) Part I (sections 1 to 7) of the *Commitment to the Future of Medicare Act, 2004* is repealed.

(2) Subsection 11.1 (9) of the Act is repealed and the following substituted:

Public consultation

(9) Subsections 16 (2) to (9) of the *Excellent Care for All Act, 2010* apply to the making of regulations under this section, with necessary modification.

Local Health System Integration Act, 2006

19. Clause 22 (4) (b) of the *Local Health System Integration Act, 2006* is repealed and the following substituted:

(b) to the Ontario Health Quality Council if the Council requests the information for the purposes of exercising its powers and duties under the *Excellent Care for All Act, 2010*.

Public Hospitals Act

20. (1) Subsection 34 (7) of the *Public Hospitals Act* is amended by adding “and the board” after “to the administrator”.

(2) Section 39 of the Act is amended by adding the following subsection:

Exception

(9) Despite subsection (4), no member of a board shall be disqualified from participating as a member of the board in a hearing held under subsection (1) by virtue of the information contained in a written report received under subsection 34 (7).

COMMENCEMENT AND SHORT TITLE

Commencement

21. (1) Subject to subsection (2), this Act comes into force on the day it receives Royal Assent.

Same

(2) Sections 3 and 4 and subsection 18 (2) come into force on a day to be named by proclamation of the Lieutenant Governor.

Short title

22. The short title of this Act is the *Excellent Care for All Act, 2010*.

[Français](#)

[Explanatory Note](#)

[Back to top](#)