

Caution:

This consultation draft is intended to facilitate dialogue concerning its contents. Should the decision be made to proceed with the proposal, the comments received during consultation will be considered during the final preparation of the regulation. The content, structure, form and wording of the consultation draft are subject to change as a result of the consultation process and as a result of review, editing and correction by the Office of Legislative Counsel.

CONSULTATION DRAFT

ONTARIO REGULATION

to be made under the

INTEGRATED COMMUNITY HEALTH SERVICES CENTRES ACT, 2023

GENERAL

INTERPRETATION

Interpretation

1. (1) In this Regulation,

“former Act” means the *Independent Health Facilities Act*; (“ancienne loi”)

“Regulation 552” means Regulation 552 (General) of the Revised Regulations of Ontario, 1990 made under the *Health Insurance Act*. (“Règlement 552”)

(2) For the purposes of subsection 29 (6) of the Act,

“product, device or service offered at the integrated community health services centre” includes a product or device sold or offered by a physician rendering services performed at the centre.

(3) For the purposes of subsection 51 (4) of the Act and in this Regulation,

“business day” means any day other than Saturday, Sunday or a holiday.

APPLICATION AND EXEMPTIONS

Certain health facilities

2. (1) The Act and the regulations do not apply to the following health facilities except as provided in subsection (2):

1. A home for special care established, approved or licensed under the *Homes for Special Care Act*.

2. A long-term care home under the *Fixing Long-Term Care Act, 2021*.
3. A house used as a private hospital under the authority of a licence issued under the *Private Hospitals Act*.
4. A facility designated as a psychiatric facility under the *Mental Health Act*.
5. An institution, building or other premises or place that has been approved to be operated or used for the purposes of a hospital under the *Public Hospitals Act*.
6. The University of Ottawa Heart Institute/Institut de cardiologie de l'Université d'Ottawa.

(2) Despite subsection (1), during any time where any part of a place described in subsection (1) is a health facility that is licensed under the Act, the Act and the regulations apply with respect to that part, and to services provided in that part.

Private hospitals

3. A corporation that holds a licence under the *Private Hospitals Act* is exempt from the application of the Act in respect of the private hospital for the purposes of subsection 6 (8) of the Act.

Exempt services

4. The Act and the regulations do not apply to a service if it is provided by,
- (a) a member of the College of Chiropodists of Ontario who is a podiatrist;
 - (b) a member of the Royal College of Dental Surgeons of Ontario; or
 - (c) a member of the College of Optometrists of Ontario.

Laboratories, etc.

5. The Act and the regulations do not apply to a service if the service would make the place in which it is provided a laboratory as defined in section 5 of the *Laboratory and Specimen Collection Centre Licensing Act* or a specimen collection centre as defined in section 5 of that Act and the service is provided under the authority of a licence issued under that Act.

Ambulances

6. The Act and the regulations do not apply to ambulance services.

STANDARDS

Quality assurance advisor

7. (1) Every licensee of an integrated community health services centre shall appoint a quality assurance advisor to advise the licensee with respect to the quality and safety standards of services provided in the centre.

(2) If the quality assurance advisor dies or ceases to be the quality assurance advisor, the licensee shall promptly appoint a new quality assurance advisor.

(3) The quality assurance advisor must be a health professional who ordinarily provides insured services in or in connection with the integrated community health services centre and whose training enables them to advise the licensee with respect to the quality and standards of services provided in the centre.

(4) The quality assurance advisor must be a physician if all the insured services provided in the integrated community health services centre that support the facility costs that the licensee may charge are provided by physicians.

(5) In subsection (4), an insured service supports a facility cost if the facility cost is for or in respect of a service or operating cost that supports, assists or is a necessary adjunct to the insured service.

(6) A licensee who is qualified under subsection (3) may appoint themselves as the quality assurance advisor only if there is no other health professional who is qualified to be the quality assurance advisor who will consent to be the quality assurance advisor.

Advisory committee

8. (1) Every licensee shall appoint an advisory committee to advise the quality assurance advisor.

(2) The advisory committee shall consist of health professionals who provide health services in or in connection with the integrated community health services centre.

(3) The quality assurance advisor shall be the chair of the advisory committee.

(4) Every licensee shall use their best efforts to ensure that there is a representative on the advisory committee from each health profession and each specialty and sub-specialty of medicine, practitioners of which provide health services in or in connection with the integrated community health services centre.

Informing the Director

9. (1) Every licensee shall promptly give notice in writing to the Director of the appointment or any change in the appointment of the quality assurance advisor, in a form specified by the Director

(2) If the quality assurance advisor dies or ceases to be the quality assurance advisor, the licensee shall promptly inform the Director in writing.

(3) Every licensee shall give the Director, on request, the names of the members of the advisory committee in writing.

Standards

10. (1) Every licensee of an integrated community health services centre shall ensure that all aspects of the services provided in the centre are provided in accordance with generally accepted professional standards.

(2) Every licensee shall ensure that the persons who provide services in the integrated community health services centre are qualified according to generally accepted professional standards to provide those services, and shall maintain a record of their qualifications for at least two years after the person ceases to provide services at the centre.

(3) The quality assurance advisor shall promptly inform the Director if the quality assurance advisor has reasonable grounds to believe that this section is not being complied with.

Monitoring system

11. Every licensee of an integrated community health services centre shall keep a system to monitor the results of the services provided in the centre.

Tissue examination

12. (1) Every licensee shall ensure that all tissues removed from a patient during an operation or curettage performed in an integrated community health services centre are sent to a laboratory for examination and report unless the physician performing the operation or curettage is of the opinion that it is not necessary according to generally accepted medical standards.

(2) The licensee shall ensure that a short history of the case and a statement of the findings of the operation or curettage are sent with the tissues.

RECORDS

Records of employees, etc.

13. (1) Every licensee of an integrated community health services centre shall maintain, for each employee of the centre who is not a physician, an employment record setting out the employee's qualifications and employment history including a record of any registration with or licensing by the governing body of a health profession.

(2) Every licensee shall retain an employee's employment record for at least two years after the employee ceases to be an employee.

Qualifications and work history

14. (1) Every licensee of an integrated community health services centre shall maintain a record of qualifications and work history for,

- (a) each person the licensee contracts with to manage the centre; and
- (b) each person who is not a physician who the licensee contracts with to provide patient-related services in the centre.

(2) The record shall include a record of any registration with or licensing by the governing body of a health profession.

(3) Every licensee shall retain the record for a person the licensee contracts with for at least two years after the licensee ceases to contract with the person.

Declaration of professional standing

15. (1) Every licensee of an integrated community health services centre shall maintain a declaration of professional standing for each physician who provides professional services in the integrated community health services centre.

(2) A declaration of professional standing must include the following information:

1. The physician's name.
2. The physician's registration number with the College of Physicians and Surgeons of Ontario.
3. The physician's number as registered with the Health Insurance Division of the Ministry of Health.
4. The class of the physician's certificate of registration issued under the *Medicine Act, 1991*, and any terms and conditions attached to it.
5. The physician's specialty.

(3) Every licensee shall give the Director a copy of each declaration of professional standing, promptly after the obligation to maintain it begins under subsection (1).

(4) Every licensee shall give the Director a written statement of any change in a declaration of professional standing promptly after the change.

(5) Subsections (3) and (4) do not apply with respect to physicians providing services on a temporary basis for less than 12 weeks.

Patient records

16. (1) Every licensee of an integrated community health services centre shall keep, for each person who is or was a patient, a health record relating to the health services provided in the centre.

(2) A patient's health record must include,

- (a) the patient's name and home address;
- (b) the patient's date of birth;
- (c) the patient's health number;
- (d) the name of any attending physician or practitioner and their number as registered with the Health Insurance Division of the Ministry of Health;
- (e) the name of any referring physician or practitioner and their number as registered with the Health Insurance Division of the Ministry of Health;
- (f) a history of the patient;
- (g) a written record of any orders for examinations, tests, consultations or treatments;
- (h) particulars of any examination of the patient;
- (i) any reports of examinations, tests or consultations including any imaging media from examinations and any physicians' interpretive or operative reports;
- (j) any reports of treatment including any physicians' operative reports;
- (k) any orders for and reports of any discharge of the patient from supervised care;
- (l) any consents; and
- (m) any diagnoses of the patient.

(3) A patient's health record is not required to contain a history of the patient if the patient came to the integrated community health services centre for diagnostic services only and received only such services.

(4) Every licensee shall ensure that every part of a patient's record has a reference on it identifying the patient or the record.

(5) If information in a patient's record is kept in the form of a chart, each entry in the chart must be dated and it must be initialled by the person authorizing the entry.

Retention of records

17. (1) Every licensee of an integrated community health services centre shall retain a patient's health record or a copy of it for at least six years following,

- (a) the patient's last visit; or
- (b) if the patient was less than 18 years old when they last visited the centre, the day the patient became or would have become 18 years old.

(2) Despite subsection (1), a licensee is not required to retain imaging media from any examination other than a mammography for more than three years following,

- (a) the patient's last visit; or
- (b) if the patient was less than 18 years old when they last visited the centre, the day the patient became or would have become 18 years old.

(3) Every licensee shall retain the film from a mammography for at least 10 years following the patient's last visit.

(4) On the transfer of a licence under section 11 of the Act, the transferor of the licence shall transfer to the transferee of the licence, within a reasonable period of time following the effective date of the licence transfer, in a manner that will protect the privacy of the records, the records maintained under section 10 of this Regulation, and the transferee of the licence shall retain those records in accordance with this section.

Books and accounts

18. (1) This section applies to licensees of integrated community health services centres that are funded under section 29 of the Act, other than integrated community health services centres whose funding is based solely on the Ministry of Health publication titled "Schedule of Facility Costs".

(2) Every licensee shall keep the following records in relation to the integrated community health services centre:

1. Current financial records showing,

- i. the facility costs paid by the Minister or a prescribed person to the licensee under section 29 of the Act,
 - ii. the expenditures, assets and liabilities of the centre that relate to the facility costs paid by the Minister or a prescribed person under section 29 of the Act.
- 2. A reporting record listing each service provided in the centre that is set out in the licensee's licence and showing how many of each of such services are provided.
- 3. An annual inventory of the assets of the centre that have an acquisition cost exceeding \$5,000 and that relate to the facility costs paid under section 29 of the Act.

(3) Every licensee shall ensure that the records required under subsection (2) are kept in the integrated community health services centre and are available for inspection in accordance with section 44 of the Act.

(4) Every licensee shall ensure that any part of a record required under subsection (2) that relates to a period of time is retained for at least six years following the end of the period.

(5) Every licensee shall ensure that the accounts of the integrated community health services centre are audited by a person licensed under the *Public Accounting Act, 2004*.

Notice, ceasing to operate

19. (1) Every licensee of an integrated community health services centre who decides to cease operating the centre at a future date shall give the Director, as soon as possible, written notice of the date.

(2) Every licensee of an integrated community health services centre who ceases to operate the centre shall give the Director, within seven days after the date the licensee ceases to operate the centre, written notice of the date

Notice of changes

20. Every licensee of an integrated community health services centre shall give the Director,

- (a) if the licensee is a corporation, written notice of any change in the location of the licensee's head office within 10 days after the change; and
- (b) written notice of any change in the name under which the licensee carries on business within 10 days after the change.

COMPLAINTS

Patient complaints process

21. Every licensee shall ensure that the patient complaints process required under section 22 of the Act incorporate the requirements set out in this Regulation.

Dealing with complaints

22. (1) Every licensee of an integrated community health services centre shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a patient or the operation of the centre is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided to the complainant within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more patients, the investigation shall be commenced immediately.
 2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided to the complainant within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
 3. The response provided to a person who made a complaint must include,
 - i. contact information for the patient ombudsman under the *Excellent Care for All Act, 2010* and contact information for making complaints about integrated community health services centres, either to the Ministry or another person or entity specified by the Minister for the purpose,
 - ii. an explanation of,
 - A. what the licensee has done to resolve the complaint, or
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief.
- (2) The licensee shall maintain a complaints record that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date the complaint was received;

- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

(3) The licensee shall ensure that,

- (a) the complaints record is reviewed with consideration given to the key principles set out in the document of the Patient and Family Advisory Council known as the “Patient, Family and Caregiver Declaration of Values” that is posted on the Government of Ontario’s website, as amended from time to time, and is analyzed for trends at least quarterly
- (b) the results of the review and analysis are taken into account in determining what improvements are required in the centre, if any; and
- (c) a written record is kept of each review and of the improvements made in response, if any.

(4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.

Complaints — reporting certain matters to Director

23. (1) Every licensee who receives a written complaint with respect to a matter that the licensee reports or reported to the Director as an incident under subsection 23 (2) of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant.

(2) The licensee shall comply with subsection (1) immediately upon completing the licensee’s investigation into the complaint, or at an earlier date if required by the Director.

Keeping complaints record

24. (1) Every licensee shall keep and maintain the individual record for each complaint that is recorded in the complaints record under subsection 22 (2) for at least three years following the end of the complaints process for the complaint.

(2) The licensee shall ensure that the complaints record is kept at the licensee's integrated community health services centre, and is available for inspection in accordance with section 44 of the Act.

Transitional, complaints

25. Where a complaint was made before the coming into force of this section, but not finally dealt with, the complaint shall be dealt with as provided for in this Regulation to the extent possible.

POSTING

Posting

26. (1) Every licensee shall ensure that the following are posted on the licensee's website, if any, and at conspicuous place at the licensee's integrated community health services centre:

1. The licence.
2. A list of prices for all uninsured services that are offered by licensee at the centre and the process for obtaining patient consent in connection with those services.
3. The licensee's process for receiving and responding to patient complaints pursuant to section 22 of the Act and sections 21 to 25 of this Regulation.
4. The contact information for the patient ombudsman under the *Excellent Care for All Act, 2010*.
5. The phone number and email address for the Ministry's *Protecting Access to Public Healthcare* program.

(2) Where the integrated community health services centre is located in an area designated pursuant to the *French Language Services Act*, the information that is required to be posted under paragraphs 2 and 4 of subsection (1) must be posted in both English and French.

CLAIMS AND CHARGES

Time for claim submission

27. For the purposes of section 31 of the Act, the time for submitting a claim for payment is no later than three months after the service is rendered at the integrated community health services centre.

Administrative charge

28. The administrative charge for the purposes of subsection 41 (3) of the Act is \$50.

PREScribed PERSONS AND BODIES

Prescribed person, facility costs

29. Ontario Health is a prescribed person for the purposes of subsection 29 (4) of the Act.

Inspecting bodies

30. The following organizations are prescribed as inspecting bodies for the purposes of the Act:

1. The College of Physicians and Surgeons of Ontario.
2. The College of Midwives of Ontario.

FACILITY COSTS

Facility costs, technical component

31. (1) A charge, fee or payment for the technical component of an insured service set out in the schedule of benefits as defined in Regulation 552 that is rendered in Ontario outside a hospital as defined in that Regulation is prescribed as a facility cost for the purposes of the Act.

(2) In this section,

“technical component of an insured service” means the part of an insured service rendered in Ontario for which a fee is payable by the Ontario Health Insurance Plan only if the service is rendered in a hospital as defined in Regulation 552

Facility costs, radiography

32. (1) A charge, fee or payment for therapeutically necessary radiography ordered by a member of the College of Chiropractors of Ontario and rendered in an integrated community health services centre operated by a person licensed under the Act to provide radiography services is prescribed as a facility cost for the purposes of the Act.

(2) In this section,

“radiography” does not include the interpretation of the image.

Not facility costs

33. A charge, fee or payment for or in respect of a service that is not an insured service by virtue of section 24 of Regulation 552 is not a facility cost.

TRANSITIONAL

Funding

34. Any funding that the Minister may have provided under the former Act is deemed for the purposes of section 29 of the *Integrated Community Health Services Centres Act, 2023* to have been provided under that Act.

Agreements

35. Any agreement entered into under the former Act shall be deemed to be an agreement entered into under the Act and any references to the former Act in an agreement shall be deemed to be a reference to the corresponding provision, including any relevant definition, in the Act.

COMMENCEMENT

Commencement

36. [Commencement]

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