

Details of Proposed Regulations

Quality Committee Membership

- A quality committee of a public hospital would be comprised of:
 - The administrator.
 - One member of the medical advisory committee.
 - The hospital's chief nursing executive.
 - One member of a health profession within the meaning of the *Regulated Health Professions Act, 1991* who is not a physician or nurse and who provides health care in the hospital.
 - Any other person as selected by the board.
- A majority of the members of the quality committee would be voting members of the hospital's board.
- The board would appoint a chair of the quality committee who is a voting member of the hospital's board.
- Quality committee members listed above may designate substitutes to be members of the committee in their place with board approval.

Definition of Executive (Executive Compensation)

The *Excellent Care for All Act, 2010* requires that the compensation of the chief executive officer be linked to the achievement of quality plan performance improvement targets. The definition of "executive" would be expanded to define additional individuals who would also have their compensation tied to the achievement of such targets.

The definition of "executive" would include:

- Members of the senior management group of a health care organization who report directly to the chief executive officer or person who holds a position equivalent to chief executive officer where there is no chief executive officer.
- The chief of staff, where there is a chief of staff.
- The chief nursing executive.

Ontario Health Quality Council

In order to facilitate the expanded mandate of the OHQC, it is proposed that the Ontario Health Quality Council Regulation (O. Reg. 14/05) under the *Commitment to the Future of Medicare Act, 2004* (CFMA) be revoked and a new regulation be made under ECFAA. This new regulation would contain many of the provisions found in the regulation under the CFMA, as well as some technical changes and one amendment to reflect the expanded functions of the Council as described in ECFAA.

The proposed technical changes would update section references from the CFMA to the ECFAA, as well as reference other pieces of legislation which were amended or came into force after Regulation 14 under the CFMA was originally made.

The amendments to the content of the regulation propose the addition, removal or modification of several sections. New sections in the regulation would include

a no personal liability clause for members and a transitional clause for the continuation of the current CEO and employees of the Council. The sections that would not be included in the proposed regulation include a board staggering start up provision and certain reporting requirements included in the ECFAA. The potential amendments involve some changes to provisions regarding employees currently found in the regulation made under the CFMA.

These changes are in support of the Council's new mandate.

- The Ontario Health Quality Council would be continued as a corporation without share capital, with a board of directors consisting of the members of the Council appointed by the Lieutenant Governor in Council.
- A member's appointment would be for three years, with the possibility of reappointment for one further term.
- The person appointed to the Ontario Health Quality Council who is also appointed to the Health Council of Canada would hold office on the Ontario Council for the same term as on the national council.
- To ensure the rotating terms, where a person ceases to be a Council Member, the person appointed to succeed that person could only be appointed for the remainder of the first person's term.
- The Lieutenant Governor in Council would choose the Chair and Vice-Chair, and the role of the Chair would be defined.
- Members of the Council who are not public servants employed under Part III of the *Public Service of Ontario Act, 2006* would be entitled to be paid remuneration as fixed by the Lieutenant Governor in Council, and would also be entitled to be paid reasonable expenses.
- The Council would meet regularly, and a minimum of four times each year.
- Quorum would be a majority of members of the Council.
- The members of the Council would not be personally liable for the debts, acts and obligations of the Council.
- The Council would be an agent of Her Majesty.
- The *Corporations Act* and *Corporations Information Act* would not apply to the Council.
- The sections of the *Business Corporations Act* that deal with the standard of care of directors, the conflict of interest and the ability of the corporation to indemnify the members would apply to the Council.
- The Council would have all the powers of a natural person in order to carry out its functions. There would be restrictions on these powers: the Council could not acquire, hold or dispose of any interest in real property, borrow money or pledge its assets, or create a subsidiary without the approval of the Lieutenant Governor in Council.
- The revenues of the Council, including all money or assets received by the Council by grant, gift, contribution, profit or otherwise, would only be used to further its functions.
- The affairs of the Council would be under the management and control of its board of directors.

- The members of the Council would have the power, subject to the approval of the Minister, to pass by-laws and resolutions in order to conduct and manage its affairs and, in particular, the ability to appoint officers, make banking arrangements and establish committees.
- The Council would be required to hire a chief executive officer, who would be responsible for the operation of the Council, subject to the supervision and direction of the Council. The CEO may hire employees as necessary. The CEO, employees and Members would not be public servants for the purposes of Part III of the *Public Service of Ontario Act, 2006*.
- The CEO who held office immediately before the coming into force of this new regulation would continue to hold office until his or her position otherwise ends. The employees who were employed immediately before the coming into force of this regulation would continue to be employees until their employment otherwise ends.
- The Council may only collect de-identified personal health information for the purposes of carrying out its functions and making its reports. De-identified personal health information is defined as personal health information of an individual that has had removed from it any information that identifies the individual or any information for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information to identify the individual.
- The Council could only commission the creation of information from sources approved by the Minister of Health and Long-Term Care.
- The sale of any analysis of the information it has collected or any of its intellectual property or other commercial activity would require the approval of the Lieutenant Governor in Council.
- The Council's fiscal year would begin on April 1 in each year and end on March 31 in the following year.
- The Council would have to appoint auditors, and give a copy of the auditors' report to the Minister of Health and Long-Term Care. The Minister may require that the Council be audited by an auditor appointed by the Minister.
- The Council would have to give an annual report on its affairs to the Minister of Health and Long-Term Care. The Minister would submit this report to the Lieutenant Governor in Council and table it in the Legislative Assembly.
- Provisions would address the transfer of functions by the Ministry to the Council.
- The Minister may wind up the affairs of the Council, if it is in the public interest to do so, by liquidating or selling the assets of the Council and paying the proceeds into the Consolidated Revenue Fund or transferring the assets to the Crown, including another agency of the Crown.