

Healthcare Governance Models in Canada

A Provincial Perspective



Pre-Summit Discussion Paper

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INTRODUCTION

Context

The governance of healthcare systems in Canada is becoming increasingly challenging. The provincial and territorial governments are struggling with rising healthcare costs, resulting from a number of factors including: an aging population, growth in chronic diseases, implementation of new technologies, and the introduction of new and costly pharmaceuticals.

Governments also need to address the expectations that Canadians have of their healthcare system. Patients and their families are looking to their governments to ensure that healthcare institutions deliver care that makes use of the most recent technological innovations, and that is safe and of high quality. Patients and their families also wish to be involved in the decision-making process regarding their care and they expect to have a positive experience. They also want the healthcare system to be transparent, and accountable, and integrated.

At the same time healthcare system is being managed within an environment of global fiscal constraint. All provincial governments are facing serious fiscal pressures, requiring them to look for ways to deliver high quality services in the most efficient and cost effective manner. Jurisdictions across the country have adapted and modified their healthcare governance systems in recent years to better manage their system in the face of these pressures. Elements of regionalization have been present in models within most jurisdictions within the past decade. Most jurisdictions have recently made changes to their governance models, and are in a state of transition.

There is a growing recognition of the role that systems-level governance plays in managing these challenges. Provincial, regional and local models of care may all have an impact in ensuring quality of care, equity, and access and in managing cost pressures and furthering integration. However, as was pointed out in a 2008 Australian study of system-level health governance, there are limitations:

“Good governance of the health system is necessary. But it alone will not solve the major problems confronting the health system. Effective governance removes barriers, gives permission, sets directions, better allocates resources and enables change. It does not solve patient care problems, but it can create the conditions under which problems become solvable.”

It is within this context that the Institute of Public Administration of Canada (IPAC) is hosting a two-day Healthcare Governance Summit April 8-9, 2013. The Summit provides healthcare leaders with an opportunity to explore how healthcare governance models work at the provincial, regional and local levels within our national context. It will also consider how these models can affect the delivery of care, quality, efficiency and accountability of the system. The Summit will provide a forum for leaders in the field to have face-to-face discussions about healthcare governance challenges and to discuss practical options for future developments. It will also provide an opportunity for healthcare leaders to reflect on experiences to date and to reflect on the recent changes that have been implemented to governance models in many jurisdictions.

This paper is intended to provide a brief fact-based overview in snapshot form, of the healthcare governance system in each jurisdiction to inform the sessions at the Summit. It highlights key policies and healthcare initiatives in place to address these challenges as background for the discussion on governance. It focuses on governance at a systems level, rather than on corporate governance.

Summaries are provided for each of the ten provinces, Yukon and the Northwest Territories. The Territory of Nunavut was not included in the scope of the research owing to a lack of available data. As well, the paper does not address federal health issues, in particular Aboriginal health issues.

An appendix highlighting key performance measures, patient engagement, quality, efficiency and effectiveness, management of risk, accountability - is included for each jurisdiction. A review of key pieces of legislation, and whether they impact quality of care, patient/community engagement, efficiency/effectiveness, or support integration, is also included for each jurisdiction.

To complete this paper, IPAC worked collaboratively with MNP_{LLP} and Fasken Martineau DuMoulin LLP - both Platinum Summit Sponsors. MNP_{LLP} undertook research on the governance system in each province and territory. IPAC followed up with representatives within the provincial and territorial governments for additional input and fact checking. Fasken Martineau DuMoulin LLP prepared the legislative review for each jurisdiction.

Key Questions for Discussion

Our review of the governance systems in the ten provinces, Yukon and NWT raise a number of questions for your consideration and discussion at the Summit. We encourage you to think about these questions as your conversations at the Summit unfold.

Questions for consideration include:

1. What are the key opportunities that you see arising from the current models of governance in Canada? What are the key risks?
2. What would be the top three improvements to create more effective governance?
3. Are the governance models in place across the country making it harder or easier to make sense of what is happening in the health care system: to patients, families, governments, healthcare organizations, and the public?
4. Do governance models foster a truly patient-centered model of care?
5. Do governance models enable transitions, change and sustainability?
6. If integration is a goal, what has been learned to date? Do we know what is working and what is not?
7. Are the governance models in place powerful enough for governments to carry out their mission, and to enforce fiscal discipline?
8. Are governance models congruent with accountability needs?
9. What should we be measuring at the provincial, regional and local levels to assess how our healthcare system is functioning?
10. Are Board roles understood and exercised?
11. Given our experiences with governance to date, what are the key lessons we can draw? What is working? What is not?

It is anticipated that commentary and opinions on governance systems and practical advice on desirable aspects of governance systems will arise at the Summit. Following the Summit, IPAC will provide delegates with a summary document which will provide lessons learned and learning opportunities identified at the Summit. This summary document is intended to enhance learnings from the Summit and will provide practical advice that participants can take with them to share with policy makers and health care leaders in their home jurisdictions.

Summaries of the governance systems in each of the ten provinces, Yukon and NWT follow.

BRITISH COLUMBIA

Demographics, Healthcare Priorities and Challenges

As at 2012, British Columbia's population is 4,623,000. Immigration compensated, in part, for the outward flow of residents to other provinces. With a budget in excess of \$16 billion for 2012-13, healthcare consumes roughly half of the total provincial budget.ⁱ Healthcare spending in BC is relatively low compared to the rest of Canada at \$5,700 per capita.ⁱⁱ BC's elderly population is the fastest growing in Canada. The population in the 65-plus age group is expected to reach 24% by 2036. As a result of the aging population, the prevalence of chronic conditions such as depression, diabetes, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma is expected to increase. This will drive demand for health services. In 2006-07 when seniors made up just 14% of the population, they used 33% physician services, 48% of acute care services, and accounted for 49% of B.C.'s PharmaCare expenditures.

Appropriate care for those unable to live independently at home, due to frailty or dementia, is a pressing concern. Those in the 85 and over age groups consume 74% of home and community care services and 93% of residential care services).

The health status of the Aboriginal population remains a challenge. This group continues to experience poorer health and a disproportionate rate of chronic disease and injury.

The BC Government has identified four priorities in response to the challenges it faces. These are:

- promoting healthy choices/behavior to improve wellness and prevent chronic disease,
- strengthening community based healthcare and support services,
- ensuring accessibility of effective/efficient acute care services, and
- improving innovation, productivity and efficiency in delivery of health services by optimizing the mix of health human resources, IM and IT, and infrastructure.

eHealth systems and tools have been introduced to improve efficiency and productivity. Projects in the eHealth area include ePrescribing and EMR (electronic medical record) systems for use by physicians. BC is also investing in a Health Web strategy (Health Web 2.0), which has a focus on prevention and personal responsibility for health. Patient input into system redesign/transformation is encouraged through the Patients as Partners program.

The Healthcare Governance System

The Ministry of Health has overall responsibility for BC's health system. The Ministry provides leadership, direction and support to service delivery partners. It sets province-wide goals, standards and expectations for health services delivery. The Ministry sets overall policy direction for healthcare in the province. Priorities include improving the health of BC residents, better management of chronic diseases, providing better access to care and optimizing the mix of health human resources, IM/IT and infrastructure. The Minister of Health directs development of a 3-year Medical Service Plan outlining

strategic priorities and goals for British Columbia’s health system. The current plan spans the period 2012 to 2015.¹

The Minister of Health works in cooperation with the Minister of State for Seniors. The Ministry’s Seniors Secretariat delivers on an Action Plan tailored to the specific interests of this group. The Office of the Provincial Health Officer is responsible for reporting on the health of the population as well as progress toward achieving BC’s health goals. Accordingly, the Office provides independent advice to the Minister and Ministry of Health. It also works with the B.C. Centre for Disease Control and Prevention and BC’s medical health officers to fulfill their legislated mandates on disease control and health protection.

A full continuum of health services is delivered to residents by BC’s five regional health authorities (within which are 16 health service delivery areas). Boundaries reflect the province’s geography as well as patient and physician referral patterns. These authorities are responsible for identifying population health needs; planning appropriate programs and services; ensuring programs and services are properly funded and managed; and meeting performance objectives.

A sixth health authority, the Provincial Health Services Authority (PHSA), is responsible for managing the quality, coordination and accessibility of vital province-wide health programs and services. To do so, it works with the five health authorities to plan and coordinate delivery of highly specialized services. For example, transplants and cardiac care are managed provincially. It is also responsible for governing and managing the organizations that provide highly specialized health services on a province-wide basis.ⁱⁱⁱ Provincial programs and highly specialized services account for about a third of the province’s spending on hospital care. The relationship between the Ministry and the health authorities is depicted below.



Key pieces of legislation setting out the governance and accountability framework for BC’s six health authorities include the: **Health Authorities Act**, **Patient Care Quality Review Board Act (2008)**, and **Budget Transparency and Accountability Act**. The health authorities operate under a Board governance model with transparent, merit-based appointments following the policies and processes specified by government’s Board Resourcing and Development Office.

¹ Available at <http://www.health.gov.bc.ca/msp/>

The **Patient Care Quality Review Board Act** requires each health authority to operate a Patient Care Quality Office (PCQO) to receive and respond to patient concerns. It also created six Patient Care Quality Review Boards to align with each authority. The Boards, which are directly accountable to the Minister of Health, review patient complaints that the PCQOs have failed to resolve. Another group, the BC Patient Safety and Quality Council, monitors quality and builds capability for patient safety and quality improvement across the province’s health system.

The **Budget Transparency and Accountability Act** applies to government organizations and corporations, health sector organizations including BC’s health authorities. It requires reporting in the form of service plans, annual reports, performance agreements, and budgets. Performance Agreements between the Ministry and health authorities define expectations, performance deliverables and service requirements in the areas of population and public health, emergency care, surgical services, home and community care, and mental health and addictions services.

Healthcare spending in BC totals \$16 billion, of which \$12.1 billion is allocated to the health authorities.

Together the Ministry of Health, Provincial Health Services Authority, and the five geographic health authorities share responsibility for ensuring appropriate health outcomes are achieved province-wide. To help ensure success, the province created a Leadership Council chaired by the Deputy Minister of Health and comprising Chief Executive Officers of the Health Authorities and Senior Ministry Officials. The Council develops common strategies, philosophies and principles on a wide range of issues. An eHealth Strategy Council, responsible for the development of IM/IT strategies, reports into the Leadership Council.

Evolution of the Healthcare Governance System

The current system of six health authorities has been in place since 2002. Aligned within the five regional health authorities are sixteen health service delivery areas.

Health Region (HR)	Health Services Delivery Area (HSDA)
Interior (01)	East Kootenay (11)
	Kootenay Boundary (12)
	Okanagan (13)
	Thompson / Cariboo (14)
Fraser (02)	Fraser East (21)
	Fraser North (22)
	Fraser South (23)
Vancouver Coastal (03)	Richmond (31)
	Vancouver (32)
	North Shore / Coast Garibaldi (33)
Vancouver Island (04)	South Vancouver Island (41)
	Central Vancouver Island (42)
	North Vancouver Island (43)
Northern (05)	Northwest (51)
	Northern Interior (52)
	Northeast (53)

In the 1990s, British Columbia moved to a regional model of healthcare. In 1993, BC had 20 regional boards and 82 Community Health Councils^{iv}. The number was reduced in 1996 to 11 regional health boards; 34 community health councils; and 7 community health services societies.

Each authority had its own chief executive officer, corporate services and administrative infrastructure, including its own board of directors, making the structure one of the most complex and costly of its kind in Canada, with more than 600 people serving in health boards organizations. Because of the large number of regional authorities, issues of administrative duplication, unrealized economies of scale difficulty attracting and retaining experienced managers and healthcare professionals and disparities in levels of services led to the decision to reduce the number of health authorities.

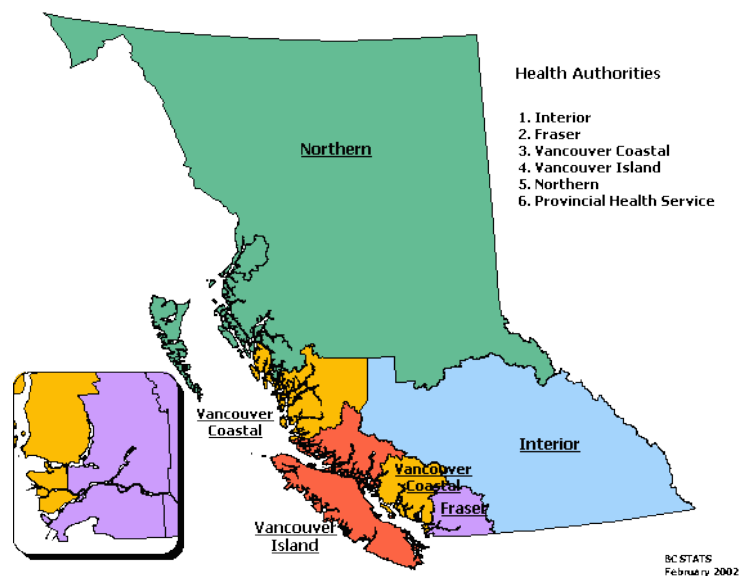
In 2002, the BC government reduced the network of regional authorities to create the current system of five regional health authorities and one provincial authority. The move was intended to streamline the delivery system, improve efficiency, strengthen accountability and allow better planning and service coordination for patients.

The new system also works towards the following goals:

1. to provide high quality patient-centered care
2. to improve health and wellness for British Columbians
3. to create a sustainable, affordable public health system.

BC has five Regional Health Authorities

Source: http://www.phsa.ca/NR/rdonlyres/393C9C55-F19E-49DF-A566-A48CFC8592A0/0/BCHealth_Indicators_Report.pdf



ⁱ Ministry of Health, 2012/13-2014/14 Service Plan, pg 3. In contrast, CIHI reports global healthcare spending in BC at \$26.5 billion.

ⁱⁱ Health Expenditure Summary forecast by the National Health Expenditure Database, Canadian Institute for Health Information, https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 60.

ⁱⁱⁱ Including the B.C. Cancer Agency, B.C. Centre for Disease Control, B.C. Children's Hospital & Sunny Hill Health Centre for Children, B.C. Provincial Renal Agency, B.C. Transplant Society, B.C. Women's Hospital & Health Centre, Forensic Psychiatric Services, P.H.S.A. Cardiac Services, BC Mental Health Addiction Services including Riverview Hospital, Perinatal Services BC and Emergency health Services Commission.

ALBERTA

Demographics, Healthcare Priorities and Challenges

The population of Alberta stands at 3,873,700 -- a 10.8% increase since 2006. By 2020, forecasts predict that another half million people will populate the province. Growth, however, has not been evenly distributed. Most of the inflow of people has been into cities, as 82% of the population now lives in an urban centre.

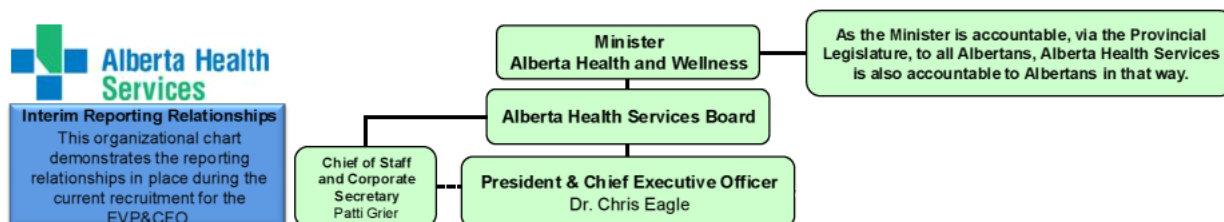
The growing, rapidly aging population of Alberta faces a significant problem regarding chronic disease. As a result of the aging population and expected increase in cases of chronic disease, between 2007 and 2020 the demand for hospital beds is expected to grow by 32%, the demand for long-term care beds to climb by 52%, and the demand for primary care physicians and nurses to rise by 40%.

The high prevalence of chronic disease and cancer will consume a disproportionate share of health-care costs in the coming years. Also, it is not uncommon for residents of southwestern Saskatchewan, southeastern British Columbia and the Northwest Territories to seek healthcare in Alberta. Capacity issues – particularly relating to the future supply of clinical workforce resources—will challenge the system. Currently, health services account for 35% (or \$13.4 billion) of all provincial spending. If the system remains unchanged this could grow to \$24 billion by 2020. Access, quality and sustainability are strategic goals for Alberta’s healthcare system. In 2007, provincial per capita healthcare spending was \$3,696. By 2012, this figure rose to \$6,754.

The Healthcare Governance System

Alberta Health is the ministry that sets health policy, legislation and standards. It implements and ensures compliance with government policy, allocates health funding and administers programs (for example the Alberta Healthcare Insurance Plan), and provides expertise on communicable disease control in tandem with The Office of the Chief Medical Officer of Health.

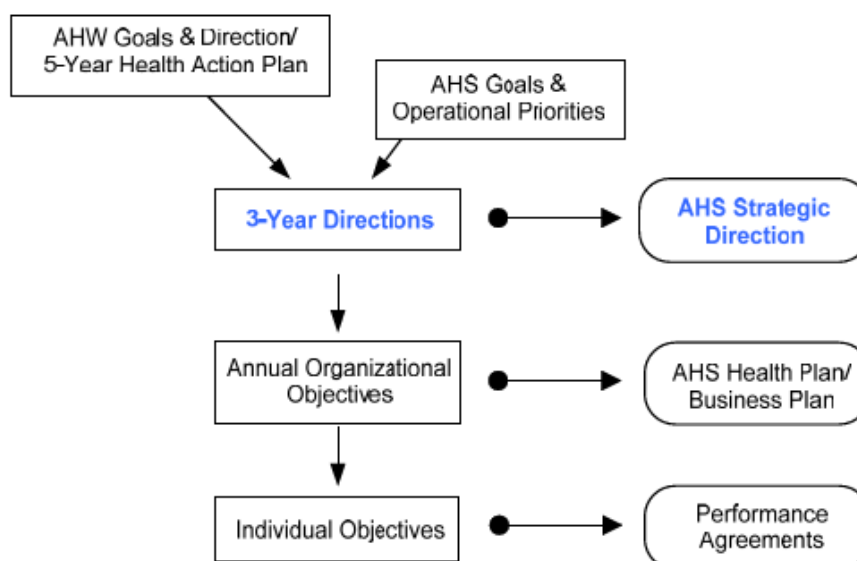
Health services are delivered by Alberta Health Services. Alberta Health Services (AHS) was established under the **Regional Health Authorities Act** in 2008 as the province’s single health authority. Its mission is to provide a patient-focused, quality health system that is accessible and sustainable. The organization reports to a Board of Directors, which, in turn, reports to the Minister. Board members are appointed by the Minister.



Alberta Health Services has released a strategic plan for the delivery of healthcare services in Alberta entitled: **Alberta Health Services 2011-2015 Health Plan**. Key priorities identified in the plan are: building a primary care foundation; improving access; reducing wait times; improving choice and service quality for seniors; improving and maintaining population health. The plan is aligned with the Ministry's Strategic Plan **Becoming the Best: Alberta's 5-Year Health Action Plan 2010-2015**.

The **Government Accountability Act** requires Crown and other entities to prepare and table annual business plans explaining the tactical and financial measures that will be used to achieve the results planned for the upcoming fiscal year. Annual Reports disclose actual results to the public.

Framework Linking Healthcare Delivery and Government Goals for the Healthcare System



The above diagram shows how government priorities are incorporated throughout AHS operations at both corporate and staff levels. Current operational priorities are:

- to consolidate Alberta's single health system,
- to strengthen primary care,
- to improve access to care and reduce wait times,
- to provide more choice for continuing care, and
- to promote wellness and healthy lifestyles for Albertans.

As part of its mandate, AHS is charged with fostering community engagement. It does so through twelve Health Advisory Councils. AHS also partners with organizations in the community such as the United Way, and with provincial advisory councils for Addiction and Mental Health and Cancer Care to obtain additional community input, and input on specific issues.

AHS operates 400 facilities including hospitals (99 acute care facilities), clinics, continuing care facilities, mental health facilities and community-based sites and services. AHS also delivers services for cancer care. AHS is one of Alberta's largest employers.ⁱ Its organizational structure is illustrated in Appendix A.

Over 60% of provincial healthcare funding flows through Alberta Health Services. AHS also has a relationship with 74 foundations, some of which are tied through legislation, and others of which have identified the AHS as their primary beneficiary.

Item	Allocation \$	% of Total
Total Funding	16.6 Billionⁱⁱ	100.0
Alberta Health Services	10.2	61.5
Physician Compensation and Development	3.4	20.5
Drugs and Supplemental Health Benefits	1.0	6.0
Other Spending	1.7	10.2
• Seniors Programs	(.632)	
• Enhanced Home Care and Rehabilitation Services	(.025)	
• Primary Healthcare/Addictions and Mental Health	(.100)	
• Programs including services from practitioners	(.740)	
• Ministry Support Services, Capital Grants and Special Purpose	(.202)	

As part of an effort to help the AHS workforce implement change and transformation, AHS has launched the Alberta Improvement Way (AIW). Unique to AHS, the AIW provides a straightforward set of steps to guide day-to-day problem solving as well as major improvement initiatives.

The Health Quality Council of Alberta (HQCA), established by the **Health Quality Council of Alberta Act**, also plays an integral role in advancing quality care. Its responsibilities include:

- promoting patient safety and quality health services on a province-wide basis,
- assisting in the implementation and evaluation of activities; surveying Albertans on their experience and satisfaction, and
- developing resources for practitioners and facilities.

Other partners with an interest in advancing quality are the Alberta Clinician Council (ACC) and the Alberta Health Services Patient and Family Advisory Group.

To track progress, system-wide performance indicators have been put in place to measure quality and patient engagement as well as efficiency, effectiveness, risk management, and accountability.

Evolution of the Healthcare Governance System

Alberta Health Services was created in 2008 from the amalgamation of nine former regional health authorities (RHAs), two provincial health boards (the Alberta Mental Health Board and the Alberta Cancer Board), and the Alberta Alcohol and Drug Abuse Commission. The restructuring plan is intended to achieve:

- improvements in accountability and governance,
- improved management of services,
- increased levels of health and safety across the province, and
- standardization in provincial healthcare so that all citizens would have equal access to services.

Ground ambulance services were moved from municipalities to AHS in 2009. Health Advisory Councils were created in 2009 as well. Provincial advisory councils for Addiction and Mental Health and Cancer Care were est

In fiscal year 2010-11, the provincial government agreed to funding certainty over a five-year period in contrast to the typical annual cycles, which has allowed AHS to develop more long-term planning.

Under the prior system (2003-2008), resources were made available annually to health service providers and regional health authorities. RHAs were responsible for:

- needs assessments,
- community input,
- planning and service delivery,
- ensuring reasonable access,
- health promotion; allocating and managing resources,
- evaluating services; reporting on regional system performance, and s
- submitting annual reports to the Minister.

The Alberta Cancer Board (ABC) was responsible for coordinating all cancer research, prevention and treatment programs for the province. The Alberta Mental Health Board oversaw Alberta's mental health system. It served in an advisory capacity to the government, and worked with health regions and public and private organizations to address system-wide issues.

There has been a continued reduction in the number of health authorities in Alberta since the mid 1990s. From 1994-2003, seventeen regional health authorities operated in Alberta. These were reduced to nine for greater efficiency, and are now consolidated into a single authority as Alberta Health Services.

ⁱ AHS directly employs 91,500 workers, while another 7,900 work in AHS-owned subsidiaries such as Carewest, CapitalCare Group and Calgary Laboratory Services. It also maintains equity partnership in 40 primary care networks. Among its employees are 8,020 physicians, many of whom provide clinical education to post-secondary students.

ⁱⁱ [The Health Expenditure Summary forecast by the National Health Expenditure Database of the Canadian Institute for Health Information estimates global healthcare spending in Alberta in 2012 at \$26.0 billion – or \$10 billion higher than provincial figures.

SASKATCHEWAN

Demographics, Healthcare Priorities and Challenges

Recent estimates place Saskatchewan's population at 1,086,564. This all-time high is primarily the result of the success of the Saskatchewan Immigrant Nominee Program, which has drawn new residents to metropolitan Saskatoon and Regina. Still, the province's average annual growth rate remains at a moderate 1.5%.¹ With mortality rates on the decline, Saskatchewan's population is aging, as it is across the Country. Growth in the senior's population will result in an increased burden on service provision and an increase in cost pressures.

Health expenditures on 65-74 year-olds are twice aggregate per capita spending levels and, at close to \$22,000 per capita per annum, the 85+ age group accounts for expenditures three to four times higher than younger cohorts.² Like seniors, but for reasons associated with lifestyle, chronic disease and disability, healthcare spending is greater for Saskatchewan's significant Aboriginal population.

Saskatchewan is working to improve access to health services and recently announced an initiative to strengthen its primary health care system to better serve the needs of patients and communities. The goal of the initiative is achieving a primary health care model that is sustainable, offers a superior patient experience, ensures better access to services and results in a healthy Saskatchewan population. This process builds on current successes, adopts best practices from other jurisdictions, and engages patients, community leaders, providers, and administrators in developing better everyday health care services.

The Healthcare Governance System

The Minister of Health oversees the strategic direction of the healthcare system in Saskatchewan. Under *The Department of Health Act*, Saskatchewan Health has a mandate to achieve a responsive, integrated and efficient health system that enables residents to achieve their best possible health. The ministry provides oversight for programs and services, enforces standards in privately delivered programs such as personal care homes, administers public health insurance, and benefits, programs, and conducts disease surveillance, prevention and control measures.

Current strategic priorities support the Saskatchewan Plan for Growth, and are identified in the five-year health system plan. Key areas of priority for 2013-14 include the development of a safety culture with a focus on both patient and staff safety, providing sooner, safer, and smarter surgical and specialty care, and improving access and connectivity in primary health care.

¹ Statistics Canada, CANSIM table 052-0005 and Catalogue no. 91-520-X. <http://www.statcan.gc.ca/pub/11-402-x/2011000/chap/pop/pop-eng.htm>

² Hickey, Daniel "Health Spending in Saskatchewan: Recent Trends, Future Options." <http://www.uregina.ca/sipp/documents/pdf/Scholar%20Series%20Winter%202006%20Hickey.pdf>, pg 39

Health services are organized, managed and delivered to residents through twelve Regional Health Authorities (RHAs).³ The RHAs were established under **The Regional Health Services Act** (2002), which sets out the powers and responsibilities of the governing board in relation to the Minister of Health.

Responsibilities of the RHAs do not include day-to-day operations of provider organizations. The RHAs delegate powers to local authorities and public health officers such as medical health officers and public health inspectors who are appointed in each region by the responsible RHA. Major areas of responsibility covered under the RHAs include hospitals, health centres along with other wellness and social centres, emergency response services, supportive care such as long-term care, day programs, respite, palliative and complex care, home care, community health services such as public health nursing/inspection, dental health, vaccinations and speech therapy, mental health services and rehabilitation services.

The Cancer Agency Act (2007), which replaced **The Cancer Foundation Act**, is the legislative authority for the Saskatchewan Cancer Agency (SCA). The SCA has a governing board appointed by the Lieutenant Governor-in-Council. Responsibilities for the SCA include and are not limited to:

- The coordination of cancer care services with regional health authorities and other health care organizations;
- The provision of cancer client needs assessments and establishment of provincial standards and protocols for cancer care;
- The provision and evaluation of cancer care services for persons at-risk or diagnosed with cancer across the areas of prevention, diagnosis, treatment and post-treatment; and
- The facilitation of education for health care providers and Saskatchewan residents as it pertains to cancer prevention and cancer care.

Saskatchewan's accountability framework is supported by a number of mechanisms:

- legislation, regulations, policies;

Eleven Acts comprise the legislative environment in which the healthcare system operates. In addition to the three Acts noted above, these are: **The Health Districts Act** (largely repealed by **The Regional Health Services Act**); **The Health Facilities Licensing Act**; **The Mental Health Services Act**; **The Public Health Act**; **The Personal Care Homes Act**; **The Saskatchewan Health Research Foundation Act**; **The Ambulance Act**; and **The Health Quality Council Act**. Each specifies roles and responsibilities for the organizations governed as well as reporting relationships and expectations.

- Roles and Expectations;
- Accountability Document;
- Minister's Forum;

³ They are Cypress, Five Hills, Heartland, Keewatin Yatthe, Kelsey Trail, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, Sun Country and Sunrise.

- Leadership Council;
- planning and budgeting process;
- operating agreements between RHAs and HCOs;
- statistical, financial, quality, risk and administrative reporting and monitoring;
- annual and other reports;
- processes for assurance of good practice;
- remedies to address Board and service delivery performance issues; and
- Corporate Governance Tools.

Current health investments are shown below.

Table 1: 2012 – 2013 Healthcare Allocations

Item	Allocation \$	% of Total
Budget Total	4.68 Billion	100.0
Regional Health Authorities:	2.90 Billion	59.2
• Acute Care		(29.2)
• Community Care		(14.3)
• Long Term Care		(N/A)
Drugs		13.8
Saskatchewan Cancer Agency	138.8 Million	2.8
Healthcare Professionals		22.8

Effective governance is supported by board governance training and tools for Board Members. Training modules address the areas of strategy, risk, people and resource management. Advanced sessions address Chair/Board dynamics and financial governance.

eHealth Saskatchewan plays a significant role in implementing key recommendations from government's Patient First Review. Its mandate is to lead electronic health record (EHR) planning, strategy, implementation/management and data stewardship. The end objective is to enhance the delivery of healthcare services by improving provider and patient access and use of electronic health information.

Saskatchewan has established The Health Quality Council as an independent agency that measures and reports on quality of care in Saskatchewan. It promotes improvement by working with providers to develop ways to measure and report progress toward short and long-term goals. It also helps coordinate all of the different measurement activity across the province. Quality Insight is a website created in collaboration with the RHAs, SCA and Saskatchewan Health. It presents more than 100 measures of how well the healthcare system is doing from hospital care ratings by patients to surgery wait times.

Significant effort and investment has been made in applying shared methods and measures to improve quality and efficiency in the healthcare system. Currently, more than 300 Lean Projects are underway in the health regions, the SCA, and Saskatchewan Health. The Lean method focuses on safety, timeliness, efficiency and quality care. Also, the Ministry is encouraging RHAs and the SCA to elect voluntary accreditation by Accreditation Canada.

Saskatchewan has also implemented an Executive Pay-for-Performance Plan which links RHA and SCA Executive compensation to performance targets in ten distinct areas. If the targets are not met, executives can lose up to 10% of their base salaries.

Evolution of the Healthcare Governance System

Between 1992 and 2002, Saskatchewan had 32 health authorities operating within 11 host district health boards. In 1992, the government created 30 regional health authorities. Prior to this, Saskatchewan had over 400 healthcare boards, which lacked a coordinated approach to planning and delivery of services. In 1998 Saskatchewan created two additional districts in Northern Saskatchewan.⁴

The Health Districts Act was passed in 1993. Under this Act, the health boards were designed to increase public participation in healthcare. Each Board had twelve members. The Boards in Regina and Saskatoon each had fourteen members, including eight elected members.⁵ The district health boards were responsible in part for public health-related issues in their areas.

In 2002 **The Regional Health Services Act** combined the 32 health authorities to form the current twelve Regional Health Authorities. The twelve RHAs replace the district health board as the local authority. As the RHAs do not administer their powers at the local level, there are provisions in the Act, which enable local authorities to delegate powers to public health officers.

Since 2002, the governance structure in Saskatchewan has been relatively unchanged. Saskatchewan's Cancer Care Agency was established in 2007, centralizing the planning for cancer services across the provinces.

⁴ University of Regina and Canadian Plains Research Centre, 2007 Denise Kouri

⁵ University of Regina and Canadian Plains Research Centre, 2007 Denise Kouri

MANITOBA

Demographics, Healthcare Priorities and Challenges

Manitoba has a population of 1,267,000. Recent growth is attributable mainly to increased immigration and migration from within Canada. Higher birth rates among First Nation peoples are contributing to growth as well. Overall, the population is aging. By 2026, the proportion of Manitobans over age 65 will have reached 20%¹, up from 14%, making the prevalence of chronic health conditions an even more significant concern than it is today. Presently, 46.5% of residents age 20 and older have one or more of the following chronic conditions: arthritis, asthma/COPD, coronary heart disease, diabetes or stroke. Risk factors such as tobacco use, excessive alcohol consumption, obesity, poor diet and a sedentary lifestyle all contribute to the incidence of these conditions across the province. Health spending per capita currently stands at \$6,518. While in line with Saskatchewan and Alberta, this figure is higher than per capita spending in B.C. or Ontario.

Manitoba faces a number of health challenges. There is significant variation in health status within the province. Aboriginal people have a life expectancy at least five years less than non-Aboriginal people. In low-income areas, people have a life expectancy of five to ten years below the highest income groups. Infant mortality rates are higher than the Canadian average within these populations as well.

Suicide is a prominent cause of death for younger age groups, particularly among aboriginal people – an alarming fact where one in four Manitobans under the age of 15 is aboriginal. For older age groups (for those 85 and over in particular), access and/or use of long-term care facilities remains a priority. Family violence and increasing mental health disorders are concerns as well. Nearly 30% of Manitobans live in a rural setting creating challenges in terms of proximity to healthcare resources.

The Healthcare Governance System

Manitoba's health services are governed by two provincial departments, Manitoba Health and Manitoba Healthy Living, Seniors and Consumer Affairs. Manitoba Health is governed under the **Department of Health Act**

Manitoba Health

- Sets strategic direction, establishes legislation, policy and guidelines, defines strategy and program development, and assumes funding and fiscal accountability.
- Oversees primary healthcare, public health, mental health, pharmacare, insured benefits, home care, and protection for people in care.
- Uses metrics to monitor wait times for cardiac surgery and cancer radiation therapy as priority indicators.
- The Aboriginal Health and Northern Health Office is Manitoba's key resource on Aboriginal health issues with respect to development of policy, strategies, initiatives and services within the Aboriginal community.
- Partners with Manitoba Patient Access Network to support innovative approaches to improve quality, safety and efficiency of services delivered

**Manitoba
Healthy Living,
Seniors and
Consumer
Affairs**

- Oversees health promotion and prevention.
- Seniors and Healthy Aging Secretariat works with other seniors' organizations in Manitoba to provide healthy living opportunities for the older population.
- Mental Health and Spiritual Healthcare Branch uses metrics related to wait times and client access to measure effectiveness of service delivery for mental health services.
- Department works with other stakeholders on service system issues relating to addiction including tobacco control, cessation, planning and policy.

Healthcare services are delivered by Regional Health Authorities (RHAs), which are responsible for both institutional and community-based health services including hospitals, personal care homes, home-care services, mental health services and public health services. RHAs have overall responsibility for implementing and establishing a sustainable, integrated system of health services. The Regional Health Authorities are governed by the **Regional Health Authorities Act**.

Each RHA is governed by a Board of Directors accountable to the Minister of Health. RHAs are legislated to conduct community health assessments on an ongoing basis to clarify determinants of health, current health status, emerging issues, and monitor the characteristics and performance of the health system within their region. Each RHA has an office of Patient Safety and Quality that seeks to mitigate risk. It monitors and reports on trends concerning critical incidents and occurrences. Collaboratively, these offices work together on broad initiatives to promote patient safety, launch quality initiatives and monitor their effectiveness. Some hospitals and personal care homes maintain responsibility for the administration of their facilities and do not fall within an RHA. ⁱⁱ RHAs are required to be accredited by an approved accreditation agency.

Cancer Care Manitoba (CCMB), governed by the **Cancer Care Manitoba Act**, contributes to the prevention of cancer and to improvements in the outcomes and quality of life for Manitobans with cancer and blood disorders. CCMB organizes treatments according to multidisciplinary disease groups, conducts research, manages Manitoba's cancer registry, runs the provincial screening program, and operates a patient navigation program and central referral office. Services are provided across the province. CCMB is accredited. Diagnostic Services Manitoba (DSM) was created in 2002 as a not-for-profit corporation responsible for all of Manitoba's public laboratory services and for rural diagnostic imaging services. DSM is accredited by the Manitoba Quality Assurance Program (MANQAP), which is specific to lab and imaging quality and safety.

Health funding in Manitoba represents 43.6% of core provincial government funding, with department of health expenditures totaling \$5.1 billion annually. A significant proportion of this funding, 66% or \$3.35 billion goes to the RHAs, 21% goes to medical services, another 4.9% goes to pharmacare, and 3.4% to operating the department's operations. In 2012 operating budgets for the RHAs totaled \$1.2 billion, for CancerCare Manitoba \$112.1 million and for DSM \$127.9 million.

The Government is introducing initiatives to build capacity in public health and primary care systems, to reduce disparities, and improve access to coordinated health and social supports for groups at risk –

such as seniors, individuals with mental health issues and those who are homeless or at risk of homelessness. Related initiatives include:

- Fostering inter-professional Primary Care Network Teams to support practitioners and RHAs.
- The EMR adoption program, which facilitates the implementation and use of the Manitoba approved EMR systems through reimbursement of eligible implementation costs and some operating costs.
- Rolling out mobile clinics to bring primary care to people who do not have a doctor in their community;
- Introducing QuickCare Clinics, staffed by registered nurses and nurse practitioners, which are being set up to diagnose and treat minor health issues operating when many other clinics are closed.

Manitoba has also established the Manitoba Institute for Patients Safety (MIPS), funded by Manitoba Health. The Institute has a mandate to further patient safety in the province. The Institute communicates patient safety practices to the health system and general public.

Evolution of the Healthcare Governance System

In 1997, Manitoba began the process of moving delivery of health services to a regional model. In 1997, Manitoba established regional health authorities¹. Northern/Rural RHAs were put in place first. The Winnipeg Regional Health Authority was established in 1999, from a merger of the Winnipeg Hospital Authority and the Winnipeg Community and Long Term Care Authority, which were created in 1998. Until 2002, Manitoba had 12 RHAs. In 2002, the Marquette and South Westman Regional Health Authorities were merged to form the Assiniboine Regional Health Authority, for a total of 11 health authorities.

In the spring of 2012, the Government re-organized the RHAs into five bodies. All board members were selected from those who served on the previous 11 RHA boards. Through the merger process, 81 RHA board positions were eliminated.

The reduction in the number of RHAs is intended to better integrate services throughout each region and to promote greater collaboration and coordination of care among providers. The mergers are intended to streamline administration taking advantage of operational efficiencies and reducing costs. Board governance and the accountability policy have also been strengthened. The amalgamation is intended to realize \$10 million in savings over 3 years.

¹ Chronic Condition, Jeffrey Simpson, 2012

PRIOR to spring 2012



CURRENT as of spring 2012



¹ Chief Provincial Public Health Officer’s Report on the Health Status of Manitobans 2010 – Priorities for Prevention: Everyone, Every Place, Every Day
Source: <http://www.gov.mb.ca/health>; and <http://www.gov.mb.ca/healthyliving>

ONTARIO

Demographics, Healthcare Priorities and Challenges

As of July 1 2012, Ontario's population was 13,505,900. Similar to other provinces, Ontario faces the demographic challenge of an aging population with 14.6% of its residents over the age of 65 years. Ontario's population is primarily urban, with 85% of Ontarians residing in an urban area.

Global healthcare spending in Ontario was \$79.1 billion in 2012, according to the Canadian Institute of Health Information. Ontario has the third lowest per capita spending in the country at \$5,849, higher only than Quebec and British Columbia.

The number of people 65 and over is expected to double over the next 25 years to 4.1 million. In January 2012, the Ontario Government released *A Policy Blueprint: Ontario's Action Plan for Healthcare*, which focuses on improving access and quality of care in the community. Keeping seniors healthy and at home is a priority of the plan.¹

Ontario is developing its Seniors Strategy based on extensive community and provider consultation. In December 2012, the Report *Living Longer, Living Well - Highlights and Key Recommendations* was submitted to the Ontario Minister of Health and Long-Term Care and the Minister Responsible for Seniors. In addition, Ontario is improving the coordination of care for high-needs patients such as seniors and people with complex conditions through the creation of Community Health Links that will eventually cover the province. Community Health Links will break down barriers for Ontarians starting with seniors and those who have complex conditions, making access to health care easier and less complicated.

There are almost 300,000 Aboriginal people, First Nations, Métis and Inuit living in Ontario. More than one in five Aboriginal people in Canada live in Ontario. 80% of Aboriginals in Ontario live off-reserve, with 62% living in urban areas.² First Nations peoples have increased health risks due to high rates of obesity, diabetes and higher than average instances of smoking.

The Healthcare Governance System

The Ministry of Health and Long-Term Care acts in a stewardship role to provide direction and leadership for the healthcare system, while planning and guiding resources to optimize the system's efficacy and efficiency. **The Ministry of Health and Long-Term Care Act** is the enabling Statute for the ministry.

Local Health Integration Networks (LHINs) were created in March 2006 with the passing of the **Local Health System Integration Act** (LHSIA). Ontario's fourteen LHINs are responsible for planning, funding and integrating local health services provided by hospitals, Community Care Access Centres (CCACs),

¹ http://www.health.gov.on.ca/en/news/release/2012/may/nr_20120524_1.aspx 01/27/13

² Ontario Ministry of Aboriginal Affairs, <http://www.aboriginalaffairs.gov.on.ca/english/services/datasheets/aboriginal.asp> 01/27/13

and Community Health Centres. They are also responsible for planning, funding and integrating the home care, long-term care, and mental health and addiction sectors.³

In 2011-2012 the total operating expense for the LHINs and related health service providers equaled \$23.8 billion, comprising 51% of the Ministry of Health and Long-Term Care's total operating budget of \$46.3 billion.⁴ The Ministry of Health and Long-Term Care is responsible for determining the funding allocation and establishing the funding framework under which both the Ministry and the LHINs operate. The Ministry funds a number of programs directly. For example, primary care providers practicing in family health teams are funded directly by the Ministry.



1. Erie St. Clair LHIN
2. South West LHIN
3. Waterloo Wellington LHIN
4. Hamilton Niagara Haldimand Brant LHIN
5. Central West LHIN
6. Mississauga Halton LHIN
7. Toronto Central LHIN
8. Central LHIN
9. Central East LHIN
10. South East LHIN
11. Champlain LHIN
12. North Simcoe Muskoka LHIN
13. North East LHIN
14. North West LHIN

LHIN Boundaries across Ontario

Under the **Local Health Integration Act**, LHINs operate as not-for-profit corporations with a board of no more than nine members. Members are appointed by the Lieutenant Governor in Council. LHINs and the Ministry of Health and Long-Term Care negotiate and sign performance agreements called Ministry-LHIN Performance Agreements (MLPAs)⁵ that outline the obligations and responsibilities of both the LHIN and the Ministry over a defined period of time. LHINs set out three-year plans known as Integrated Health Service Plans (IHSPs).⁶

³ <http://www.health.gov.on.ca/en/common/ministry/default.aspx> 01/24/13

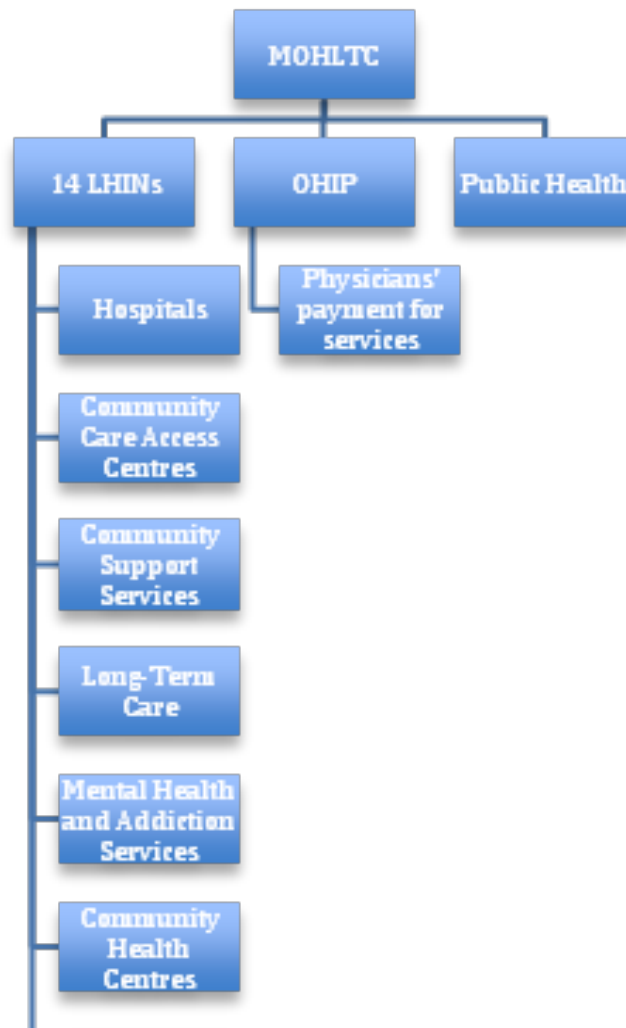
⁴ Ontario Ministry of Finance, Public Accounts 2011-2012

⁵ Formerly, Ministry-LHIN Accountability Agreement (MLAA)

⁶ Ontario Hospital Association, <http://www.oha.com/KNOWLEDGECENTRE/LIBRARY/LHIN/Pages/IntegratedHealthServicePlanIHSP.aspx> 01/29/13

LHINs undertake significant community and stakeholder engagement in the development of these plans to ensure that the plans are driven by local needs.

Ontario’s Healthcare Governance Structure



Services related to public health, ambulance services, physicians, and laboratories are still the responsibility of the provincial government, not the LHINs. The Ontario Health Insurance Plan (OHIP) pays physicians and practitioners for services that are insured under the **Health Insurance Act**.

Cancer Care Ontario is the provincial agency responsible for cancer care in Ontario. The Agency directs and oversees close to \$700 million public healthcare dollars to hospitals and other cancer care providers for the delivery of cancer care services. The Ontario Agency for Health Promotion and

Protection was created under the **Ontario Agency for Health Promotion and Protection Act** of 2007 as a centre of expertise to provide advice and support in areas such as communicable diseases, infection prevention, health promotion, chronic disease and injury prevention, and emergency preparedness.

In 2010, Ontario launched its Excellent Care for All Strategy that focuses on improving quality of care by enhancing patient outcomes and enhancing accountability for these outcomes at the Board and organizational levels. **The Excellent Care for All Act (ECFAA)** introduced in 2010 is the centerpiece to the strategy. The legislation includes requirements that healthcare organizations in Ontario (starting with hospitals and expanding to other healthcare organizations) establish quality committees and annual quality improvement plans. Executive compensation will be required to be linked to achieving improvement targets set out in the annual quality improvement plans.

Ontario created Health Quality Ontario (HQO), an independent agency, under the *Commitment to the Future of Medicare Act, 2004* in 2005 with a mandate to monitor and report on access to publicly funded health services, health human resources, consumer and population health, and health systems outcomes. With the introduction of the *Excellent Care for All Act, 2010*, HQO's mandate was expanded to include monitoring and reporting on access to publicly funded health services, health human resources, consumer and population health, and health systems outcomes.^{7 8}

Evolution of the Healthcare Governance System

Prior to the creation of the Local Health Integration Networks in 2006, healthcare delivery in Ontario was not regionalized. It was delivered on a province-wide basis by the Ministry of Health and Long-term Care. Ontario utilized a structure of District Health Councils (DHCs) that provided advice to the Ministry about local needs. In 1999, seven regional offices were set up to increase local input into health planning and administration. The DHCs were dissolved in March 2005 and the 14 boundaries for the LHINs were announced in April 2005.⁹

⁷ <http://www.hqontario.ca>.

⁸ Section 12(1)© the Excellent Care for All Act 2010

⁹ Health PolicyMonitor, Ontario's Local Health Integration Networks, survey no. (6) 2005

QUEBEC

Demographics, Healthcare Priorities and Challenges

Quebec's economic growth of 1.9% in 2011 is below the national rate of 2.5%. The unemployment rate in December 2012 was 7.3%, a significant decrease from the 8.7% rate of December 2011, and close to the national rate of 7.1%.

In 2012, Quebec's population was just over 8 million. Quebec's Aboriginal population is small, at roughly 1.4% of Quebecers in 2006. In 2006, 20% of the population was rural, a figure that has been steady since 2001. The median age in Quebec in 2011 was 41.4, higher than in the rest of Canada. It is predicted to rise to 42.2 by 2016 and 44.3 by 2026. 14% of Quebecers were over the age of 65 in 2006. This number is expected to rise to 18.1% in 2016 and 23.4% in 2026. For the last ten years, roughly half of Quebec's population growth has come from immigration.

In 2010, health was responsible for 45% of provincial government spending. However, the Fraser Institute's **Provincial Healthcare Index 2013** found that their per capita spending was the lowest in Canada. The same index ranked Quebec's system as having the best value for its budget and a high availability of resources. Provincial healthcare spending is budgeted at \$31.3 billion for the 2013-2014 budget year, 43% of total government spending.

Quebec's healthcare challenges are related to the rapid aging of its population and the shrinking workforce that will need to support it. Quebec faces a more pressing aging population problem than the rest of Canada, with its workforce predicted to shrink by 3-4% between 2010 and 2030.¹ In response to these pressures, the Quebec government has designed a health system with a focus on local service networks, whose mandates have been broadened into population health rather than only service delivery.

The Healthcare Governance System

Healthcare in Quebec is governed in a number of ways:

- Legislation
- Board appointments and governance guidelines
- Performance measurement through the strategic plans
- Public reporting of some key accountability documents, including strategic plans
- Accountability of different levels of governance to the Minister

¹ <http://www.theglobeandmail.com/commentary/in-quebec-health-care-is-no-longer-a-free-ride/article1366612/> January 26 8pm

The relevant pieces of legislation include the following:

- The **Act Respecting Health Services and Social Services** aims to maintain and improve the physical, mental, and social capacity of persons to act in their community and to carry out the roles they intend to assume. The most recent amendment to this act occurred in 2011. Among other areas, the act sets out the rights of system users, including English-speakers, the issuing of permits, the provision of health services, the appointment process for boards of directors, the accountability of clinical department heads, the coordination, control, and regulation of health and social services, and the establishment of regional health departments
- The **Act Respecting Pre-Hospital Emergency Services** determines the role of the Minister of Health and Social Services, as well as the roles of regional agencies, first responders, and regional medical directors of pre-hospital services.
- The **Public Health Act** focuses more attention of the MSSS on public health by allowing the monitoring of public health and by creating other new authorities related to public health including mandatory treatment measures.
- Numerous acts dealing with more specific areas, such as the rights of Cree natives regarding health and social services, the role of the health and social services ombudsman, the health and welfare commissioner, and health information sharing.

Quebec's healthcare is divided in several ways. The Ministry of Health and Social Services (MSSS) is the provincial authority that presides over the regional health agencies (ASSS), which have control over the local health and social services centres (CSSS), local community service centres, hospitals, and long-term care facilities. The principal role of the ministry is to ensure that the health and social services system function in accordance with the objectives and priorities of the ministry.

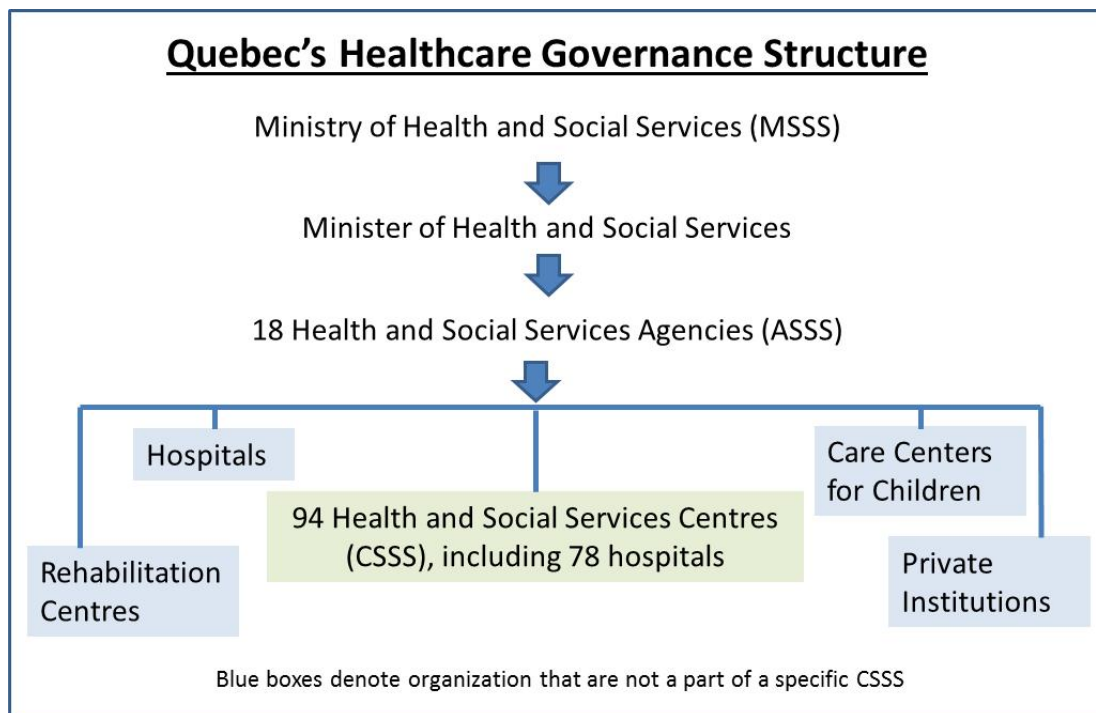
The relationship between the regional health agencies and the local service networks/CSSS varies. This is largely grounded in pragmatic reasons and the historic operational methods left over from earlier governance structures.

The 18 regional health agencies receive a fixed budget from the government to fund medical and social services within their regions. They coordinate the implementation of health services and social services in their respective regions. They have particular responsibilities in allocating funds and planning access to specialty services and professionals. Below the 18 agencies, the next level of control is fivefold: the CSSS, certain hospitals, children and youth protection centres, long-term care centres, and rehab centres.

There are 94 CSSSs (also referred to as local services networks, or RLS) in Quebec, each responsible for developing services for a particular area. However, some hospitals, rehabilitation centres, and other institutes operate outside of the purview of a CSSS, and are responsible to their ASSS instead. Their mission is to provide high quality health and social services to users of both acute and long-term care, encourage healthy lifestyles, and improve public health in their territory. This means that CSSSs have a dual mandate in both health services in the traditional sense, and public health. While health services are only targeted at health system users, population/public health considers non-users as well. CSSSs develop different local health plans, leading to variances across localities.

The move to RLSs was accompanied with a greater focus on population health, in order to lower costs through general preventative measures. The RLS concept is intended to make service provision in multiple categories more integrated, using referral mechanisms between front-line services and later forms of care.

Each CSSS has its own structure of governance. Hospitals or hospital networks may have their own Board of Directors to whom the hospital CEO is responsible. This also varies across CSSSs, as they are often dramatically different in terms of demographic, economic, and geographic characteristics.



The above graphic describes the main governance structures of Quebec's healthcare system. Many but not all hospitals belong to a CSSS. Additionally, hospitals may have their own boards of directors, as may other service providers.

According to the 2010-2015 Strategic Plan, the overall vision for health in Quebec is of an integrated and efficient health services and social services system that operates in a closer vicinity to its residents. This system should be consolidated around local service networks that provide services and improve the health and well-being of the population. The mission of the Ministry is "to maintain, improve, and restore the health and well-being of the population of Quebec, and to provide access to a full range of high quality, integrated health and social services that contribute to social and economic development"².

² <http://www.msss.gouv.qc.ca/en/ministere/mission.php>

The Ministry has identified six major issues for the health system:

- Taking action before problems occur, and reducing inequalities in health and welfare
- Primary care services in integrated services, and prioritizing services
- Reasonable access time to services
- Service quality and innovation
- Attracting, retaining, and getting optimal contribution from human resource
- Effective management and accountability

Within each issue group, the Ministry has identified specific directions for improvement, with multiple objectives within each direction. Progress towards these objectives is measured using KPIs, which are largely quantifiable measures. For example, under the goal of reasonable service access, Quebec aims to have 90% of people with a disability treated within their service guidelines by 2015.

Quebec is creating the Quebec Health Record (DSQ), an electronic health record. It is being rolled out slowly to new regions and with new services, including Montreal in 2012. The rollout began with pharmacies and health resources that offered general services such as emergency rooms and family doctors, and is being introduced gradually to new regions. In 2012, the service was available to 3.4 million Quebecers. The DSQ is not accessible to individuals through the Internet. In 2012, the DSQ was projected to be over budget, for a total cost of implementation and provision of \$1.6 billion by 2016.

Evolution of the Healthcare Governance System

Starting in the early 1970s, Quebec experimented with the regionalization of its healthcare system by creating regional councils. In 1992, the regional councils were replaced with regional boards, which had significantly greater responsibilities.³ The regional boards were transformed in 2003 into health and social services agencies, with a new mandate to support the development of local services networks, allocate healthcare funds, and focus on public health.

The 2003 changes returned Quebec's focus to providing services according to a hierarchy of need, including universal primary services and access to specialized services in higher-density areas. Regional boards had their mandate changed from overall planning to a focus on service delivery and quality, including public health. Quebec's regional councils had previously elected board members, but in 2003 the ASSS boards began to be appointed by the Minister of Health, and the CEO was appointed by an order of council. This was consistent with the broader Canadian trend towards centralizing health governance in the 2000s.⁴

In 2010, Quebec began charging a flat fee for use of its health system in response to cost pressures that are expected to worsen.

³ **Health System Organization and Governance in Canada and Australia: A Comparison of Historical Developments, Recent Policy Changes, and Future Implications.** Healthcare Policy, 2008 August 4(1) e168-e186. By Philippon, Donald J, and Braithwaite, Jeffrey. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2645208/>. Accessed January 14 2013, 10:45am.

⁴ *ibid*

NEW BRUNSWICK

Demographics, Healthcare Priorities and Challenges

According to census data, in July 1, 2012, New Brunswick had a population of 756,000, a 1.2% increase from 2008.¹ This increase is largely attributable to the arrival of 2,258 immigrants between July 1, 2011 and June 30, 2012, a record number since 1975-1976. Due to a falling mortality rate, New Brunswick has an aging population with 17.0% of the population over the age of 65. The share of people aged 15-34 years declined to 24.7% in 2011 from 33.0% in 1991. As of 2011, the median age in New Brunswick was 43.0 years, 3.1 years older than the national average of 39.9 years.

An aging population represents one of the primary challenges to the health care system in New Brunswick. In order for the system to be sustainable the Government has established the need for there to be a balance among numerous elements including restraining per capita cost, ensuring adequate capacity and resources, providing quality health care services, and ensuring a positive patient experience within the health system. Factors driving cost are an aging population, advancement in current technologies, new technologies, drugs, changing patient expectations (wanting the newest and best), capital, inflation, and labour costs.²

According to 2012 data from the Canadian Institute for Health Information, total health care spending in the province is \$4.8 billion. New Brunswick has the fourth lowest per capita spending at \$6,318 compared with other jurisdictions in Canada, but it is above the national per capita spending projected at \$5,811 in 2011.³

The Healthcare Governance System

As of April 2008, two Regional Health Authorities are responsible for the delivery of health care in New Brunswick: Horizon Health Network and Vitalité Health Network. These two new RHAs have a broad mandate to deliver health services within the province. Each RHA is governed by a seventeen member Board of Directors appointed by the Lieutenant Governor in Council on the recommendation of the Minister of Health. The boards report to the Minister of Health and the CEOs report directly to RHA chairs.

The Horizon Health Network delivers health services to the people of New Brunswick. It has an annual budget of \$1.13 billion. The Network has twelve hospitals and over 100 facilities, clinics and offices located across central and southern New Brunswick. Its headquarters are located in Miramichi.

The Vitalité Health Network is a Francophone organization that governs a network of Francophone and bilingual facilities and programs. It operates on an annual budget of 687 million. The network has eleven hospitals (including four delivering primary, secondary or tertiary care), a psychiatric hospital centre, and six community facilities.

¹ <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo02a-eng.htm> 01/16/13

² http://www.nbhc.ca/docs/sustainability_report_en.pdf 01/16/13

³ https://secure.cihi.ca/free_products/nhex_trends_report_2011_en.pdf page 4. 01/16/13



New Brunswick's Regional Health Authorities - Vitalité (A) and Horizon (B)

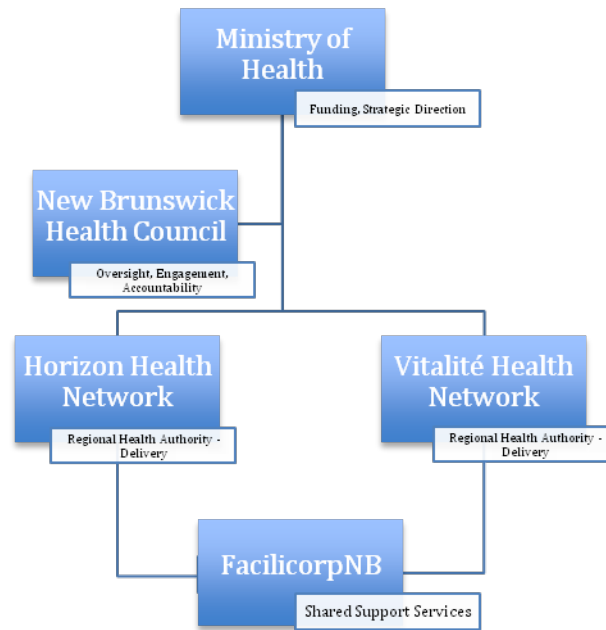
(Source: The Provincial Health Plan 2008-2012)

FacilicorpNB is a public sector agency mandated to provide support services to Regional Health Authorities. Currently FacilicorpNB provides supply chain, clinical engineering, information technology and telecommunications, and laundry and linen services. The agency was created in 2008 as part of broader health system reforms included in the 2008-2012 Provincial Health Plan.

The New Brunswick Health Council, established under the **New Brunswick Health Council Act**⁴ in 2008, is mandated to promote the improvement of health service quality in the province by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens of the health system's performance, and recommending improvements to the Minister of Health.⁵

⁴ <http://www.gnb.ca/legis/bill/FILE/56/2/Bill-35-e.htm> 01/17/13

⁵ http://www.nbhc.ca/mandate_vision_mission_values.cfm 01/16/13



New Brunswick Health Care Governance Structure

New Brunswick set out a new strategic plan in 2008 with the release of the Provincial Health Plan of 2008-2012. The plan was formulated around six strategic pillars focused on:

- Achieving a better balance between the need to promote good health and provide health care for those who are ill,
- Enhancing access to health services when, where and how they are needed,
- Improving the overall efficiency of the health care system,
- Harnessing innovation to improve safety, effectiveness, quality and efficiency,
- Making quality count in the planning, implementation and delivery of all health-care services, and
- Engaging partners in all aspects of health-care delivery.

In August 2012, a report from the Primary Health Steering Committee was released outlining a long-term strategic plan for improving primary health care in New Brunswick. The report highlights the importance of a strong primary healthcare system as foundational in ensuring that individuals and communities can get the health care they need, when and where they need it. The report's stated vision is the "improved integration of existing services and infrastructure and the implementation of patient-centered primary health care teams working collaboratively together and with the RHAs in a shared accountability structure to meet the identified needs of communities."⁶

⁶ A Primary Health Care Framework for New Brunswick page 5 01/16/13

Evolution of the Healthcare Governance System

In 2008 New Brunswick transformed its health-care governance structure, reducing the number of Regional Health Authorities from eight to two as part of the province's new strategic plan articulated in the 2008-2012 provincial health plan. Vitalité Health Network replaced RHA 1 Beauséjour (Moncton), RHA 4 (Edmundston), RHA 5 (Cambellton), and RHA 6 (Bathurst). Horizon Health Network replaced RHA 1 South East (Moncton), RHA 2 (Saint John), RHA 3 (Fredericton), and RHA 7 (Miramichi).

According to the *Provincial Health Plan 2008-2012*, the former system of eight RHAs “hindered the development of a truly integrated, uniform provincial health-care system.”⁷ The province consolidated the eight RHAs to promote improved integration, consistency and efficiency in the overall health-care system.

⁷ *The Provincial Health Plan 2008-2012* page 22.

NOVA SCOTIA

Demographics, Healthcare Priorities and Challenges

According to census data, as of July 1, 2012, Nova Scotia's population was 948,700 a 1.2% increase from 2008.¹ Similar to other jurisdictions, Nova Scotia is faced with an aging population and increased demands for health services as a result. The proportion of its population over the age of 65 is 17.2%, the highest in the country.

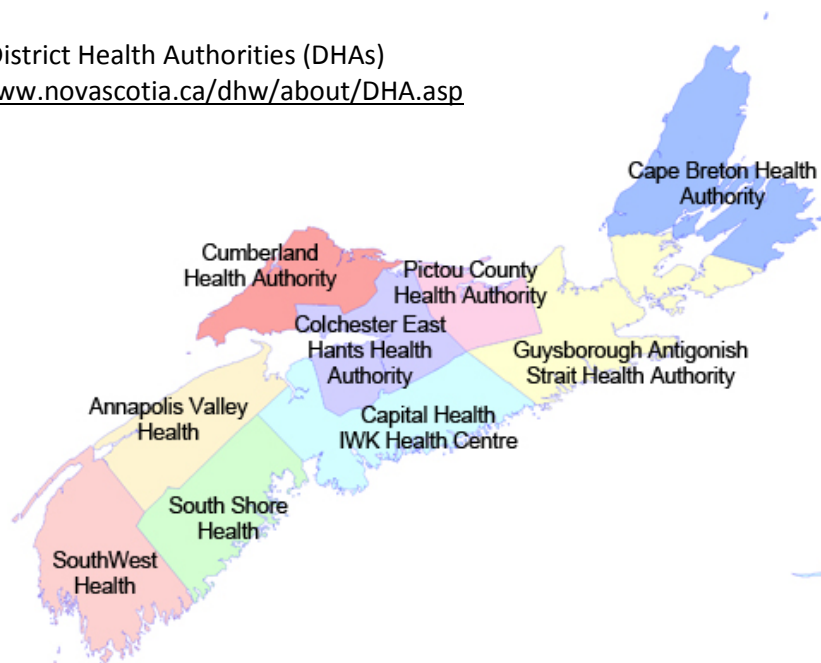
Nova Scotia's cancer, obesity and heart and stroke rates are among the top in the country. 61% of adults and 32% of children are considered overweight or obese in Nova Scotia. Obesity increases risk of chronic disease and places additional pressure on an already overburdened health system.

Problem gambling and problem drinking are issues being experienced throughout the province with particular impact on youth. The use of tobacco among young adults is another discouraging characteristic of the current demographic. The trend indicates growing tobacco use among Nova Scotia's youth starting at 15 years of age. The smoking rate for persons aged 20 to 24 years is 30%, well above the national average of 21%.²

In Nova Scotia, providing proactive services to reduce the need for hospital admissions is a growing priority as well as improving coordination of care between facilities. There has been a growing emphasis on primary care in an effort to ensure the appropriate use of resources in the delivery of care.

Nova Scotia's 9 District Health Authorities (DHAs)

source: <http://www.novascotia.ca/dhw/about/DHA.asp>



¹ <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo02a-eng.htm> 01/18/13

² http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2011/ann_summary-sommaire-eng.php 01/18/13

The Healthcare Governance System

The government of Nova Scotia has centralized healthcare services within the Department of Health and Wellness (DHW). The department is responsible for system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Nova Scotia's health services are delivered by nine District Health Authorities (DHAs) and the Izaak Walton Killam Health Centre (IWK).

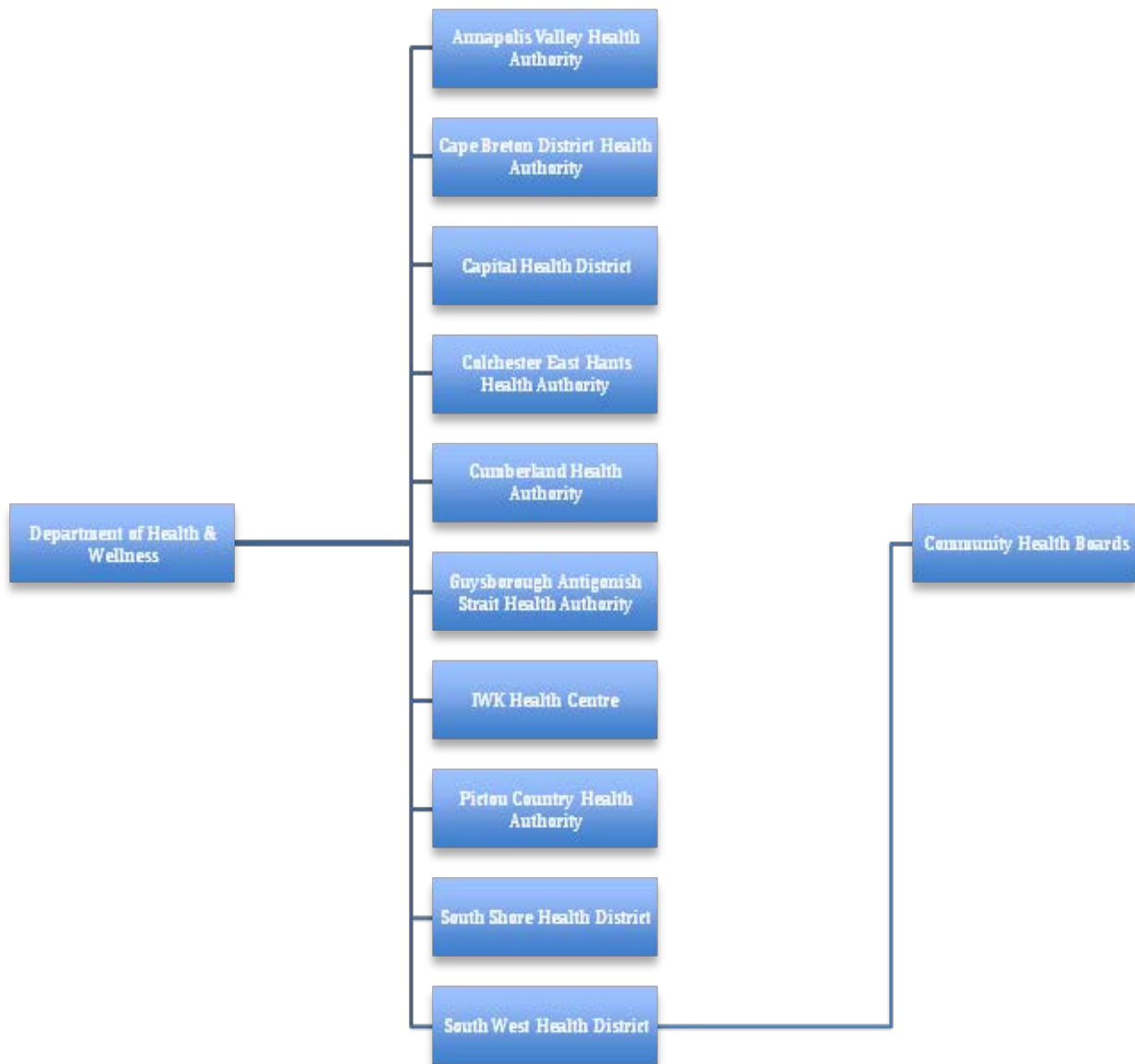
The nine health authorities deliver healthcare services to residents and are responsible for all hospitals, community health services, mental health services and public health programs in their districts. They are responsible for acute care, public health, addictions and mental health services. The authorities, created under **The Health Authorities Act** in 2001, are responsible for engaging community members in their own health, providing for the delivery and administering of health services in their districts and designating provincial health-care centres.

The DHAs are responsible and accountable to the Department of Health and Wellness for the planning and delivery of appropriate healthcare service for the residents of Nova Scotia and tertiary care to neighbouring Atlantic Provinces. Each health authority is governed by a volunteer Board of Directors and a leadership team.

37 Community Health Boards across the province have the responsibility to serve as a mechanism for obtaining community input into healthcare planning and decision-making. The boards also help to identify health priorities and provide advice to their local health authorities. Community Health Boards are not governing bodies.³

Located in Halifax, the IWK Health Centre provides quality care to women, children, youth and families. The centre provides specialized (tertiary) and primary care services and is engaged in leading-edge research.

³ http://www.gov.ns.ca/health/reports/pubs/Primary_Health_Care_Renewal_Report_May_2003.pdf 01/21/13



Nova Scotia’s Healthcare Governance System

A report published by Ernst & Young in February 2012 recommended that a single, province-wide shared services organization be established with accountability for the provision of five administrative and support services to the DHAs and the IWK: finance & payroll, IT & telecommunications, laundry, human resource management and supply chain.⁴ In March 2012, the province announced the merger of several administrative services in the following areas: general administration, supply services (purchasing), finance and payroll, and some laundry consolidation.⁵

⁴ http://novascotia.ca/dhw/publications/DHA_IWK_Shared_Services_Best_Practice_Examination.pdf 01/18/13

⁵ <http://novascotia.ca/news/release/?id=20120301002> 01/21/13

Evolution of the healthcare governance system

In 1996, 36 local hospital boards were amalgamated into 4 regional health boards. This model remained in place until 2001, when the government moved to expand the 4 regions into the 9 DHAs that exist today.

The Department of Health and Wellness is the result of a recent merger of the previous Department of Health and the Department of Health Promotion and Protection. This merger came about in January 2011.

NEWFOUNDLAND AND LABRADOR

Demographics, Healthcare Priorities and Challenges

Newfoundland and Labrador (NL)'s population in 2012 was estimated at 512,700, a decline of 1.3% since 2002, and lower than it was in 1971. NL has the highest median age in Canada, at 43.3. The age of the working population is expected to decrease significantly in coming years, due to significant out-migration from the province. At 12.5% in 2012, unemployment remains well above the national average, prompting many people to seek work elsewhere. Out-migration is placing significant strain on the availability of personnel for the healthcare workforce.

NL has a high instance of chronic disease, with 59% of all residents over 12 years old reporting having at least one chronic disease in a 2007-2008 survey. This problem is likely to be exacerbated by the continued aging of the population. In response, NL has developed a 10-year strategy entitled ***Close to Home: Long-Term Care and Support Services Strategy***.¹

The Department of Health and Community Services had a budget of \$2.9 billion in 2011, with just over two thirds of that amount going to regional health authorities responsible for service delivery in the province. The recent Fraser Institute Report found that NL has the highest per capita healthcare costs of the provinces, though this is partly due to its challenging demographics.²

The Healthcare Governance System

Healthcare in Newfoundland is governed in a number of ways:

- Legislation and regulations
- Board appointments and governance guidelines
- Policies regarding expectations of regional health authorities
- Regional health authorities and other organizations report to the Minister of Health and Community Services
- Performance requirements flowing from strategic issues and goals
- Public reporting of key accountability documents

¹ See <http://www.releases.gov.nl.ca/releases/2012/health/0620n01.htm>

² <http://www.fraserinstitute.org/uploadedFiles/fraser-ca/Content/research-news/research/publications/provincial-healthcare-index-2013.pdf>
January 18 2012

The following pieces of legislation are the main acts relevant to Newfoundland and Labrador's healthcare system:

- **The Health and Community Services Act** – regulates the provision of health and community services
- **The Regional Health Authorities Act** – establishes health authorities and regions
- **The Centre for Health Information Act** – establishes the Centre for Health Information, which manages and regulates the implementation of the province's EHR system
- **Personal Health Information Act** – establishes rules regarding personal health information disclosures
- **Healthcare Association Act** – establishes the Newfoundland and Labrador Healthcare Association, which distributes information to service programs
- Provincial Acts that apply to specific areas, including the **Emergency Medical Act**, the **Mental Healthcare and Treatment Act**, the **Self-Managed Home Support Services Act**, the **Food and Drug Act**, and the **Transparency and Accountability Act**
- Regulations regarding smoking, sanitation, and public pools, among other concerns

The Department of Health and Community Services (DHCS), under the political direction of the Minister of Health and Community Services, is responsible for setting the overall strategic directions and priorities for the health and community services system in Newfoundland and Labrador. The stated Mission of the department is *“By March 31, 2017 the Department of Health and Community Services will have provided leadership to support an enhanced healthcare system that effectively serves the people of the province and helps them achieve optimal health and well-being.”*³ To do this, it provides leadership in health and community services programs and policy development for the province. The DHCS develops and enhances policies, legislation, provincial standards and strategies. To accomplish this mission, the DHCS works with four regional health authorities and other groups such as community organizations.

The DHSC outlined its current strategy in its 2011-2014 **Strategic Plan**,⁴ and provides updates through news releases and annual reports. To determine its course of action, the DHCS determines the strategic issues it must address, and sets goals to address these issues. Progress is then assessed against these goals using indicators on an annual basis in the DHCS's annual report. The key issues and goals addressed in this strategic plan are:

³ See the Strategic Plan referenced below, page 9.

⁴ Available at <http://www.health.gov.nl.ca/health/publications/DHCS-Strategic-Plan.pdf>

1. **Quality and Safety** – by March 2014, improve monitoring to enhance system performance and meet the needs of the population now and in the future, enhance support for training and licensing.
2. **Improved Access and Increased Efficiency** – by March 2014, improve access to selected services like Telehealth to contribute to improved health outcomes, reduce wait times, and offer new services in mental health.
3. **Population Health** – enhance initiatives focusing on the prevention of illness and injury and the protection and promotion of health and wellbeing, confirm core health status indicators, and create a communicable disease information management system.
4. **Demographics and the Delivery of Health and Community Services** – create a more receptive health and community services system in response to changing demographics by enhancing long term care and identifying human resource gaps.

The DHSC operates through three lines of business:

1. **Policy, Planning, Program Development and Support** deals with programs covered and not covered by legislative frameworks, works with regulatory bodies to interpret legislation and regulations, and sets funding and operational delivery standards in select areas.
2. **Monitoring and Reporting** monitors and evaluates legislation, programs, plans and funding outcomes to maintain the effectiveness of the health and community services system.
3. **Provincial Public Programs and Services Administration** directly supervises, controls, and delivers services in a small number of specialized areas, including vaccine storage and distribution, and immunization records.

There are four health regions in NL: Central Health, Eastern Health, Labrador-Grenfell Health, and Western Health, each with its own regional health authority (RHA). Each RHA is accountable to the Minister of Health and Community Services as well as to the public for the quality of service and the expenditure of public funds. The RHAs are responsible for delivering direct care to individuals in hospitals, long-term care facilities, and community-based offices and clinics, as well as through public health and community support. Eastern Health is by far the largest of the four regions, serving over half of the province's population. The RHAs are four of the thirteen entities that report to the Minister of Health and Community Services.

The RHAs are governed by the **Regional Health Authorities Act**, under the direction of the Minister of Health and Community Services. Each RHA has a Board of Directors and is led by a CEO. Each RHA sets its own strategic direction, which is linked to the overall strategy of the DHCS and tailored to the demographics and health needs of that health region. Each region is currently planning on the same 2011-2014 timeline as the DHCS. The RHAs are structured differently, using different divisions for lines of business, but offer largely similar services.

The RHAs deliver service in three major areas:

1. Acute Care Hospital Services – short-term care, outpatient clinics, etc.
2. Long-Term Care Services – mainly nursing and personal care homes
3. Community-Based Services – offered mainly by social workers and nurses, including services such as health promotion and mental health.

The DHSC monitors performance using Key Performance Indicators (KPIs). Some of the governance-related areas to which the KPIs correspond include:

- Patient Engagement, Community Engagement, and Patient-Centred Care
- Quality within the system and its relation to the current governance model
- Efficiency and effectiveness under the current governance model
- Risk management
- Accountability framework

The electronic health record system in Newfoundland and Labrador is being developed and implemented by the Newfoundland and Labrador Centre for Health Information. The first emergency room was connected to the system in June 2012, and the pharmacy network continues to be expanded.

Evolution of the Healthcare Governance System

Regionalization in Newfoundland and Labrador began in response to fiscal challenges and the problems of fragmentation that arose from having numerous hospital and other specialized boards.⁵ By 1998, there were three types of health boards: institutional, integrated, and health and community service boards. The regional health authorities were formed by consolidating the different boards that had previously existed within the region by the **Regional Integrated Health Authorities Act** in 2005. The subsequent **Regional Health Authorities Act** of 2006 determined how the regional health authority system would function.

⁵ <http://www.queensu.ca/iigr/Res/crossprov/Tomblin--RenewingHealth.pdf>

PRINCE EDWARD ISLAND

Demographics, Healthcare Priorities and Challenges

Prince Edward Island currently has the largest rate of growth in the Atlantic Provinces. PEI's population in 2011 was at an all-time high of 145,855, of which 54% were identified as rural residents. PEI's rate of international migration is the third highest in Canada, with over 1700 new immigrants according to the 2006 census statistics. The population is also quickly aging, with the median age rising from 33.2 in 1992 to 41.3 in 2008 and to 42.6 in 2012. This is higher than the 2012 Canada-wide median age of 40. The under-45 population has declined by 0.2% since 2007 while the population aged 45 and over has increased by 13.6%.

PEI has higher than national average rates of common conditions such as high blood pressure, arthritis, diabetes, and obesity, often ranking in the top four provinces and territories. On Prince Edward Island, there is an over-reliance on bed-based care and acute care hospitalization, where services might be more appropriately provided in the community.¹ The fact that 54% of the population identifies as rural provides evidence of the need to focus on community-based care and to deliver the services accounting for geographical considerations.

For 2012, PEI's global spending on health care is estimated at \$900 million, a 4.9% increase per capita from 2011. PEI saw a large increase in home care admissions in 2011/2012 from 2009/2010, and the leap in numbers from 3899 to 4536 reflects the pressures associated with an aging population. Home care is an area of growing focus for PEI.

The healthcare Governance System

Healthcare in PEI is governed in a number of ways:

- Legislation
- Board appointments and governance guidelines
- Policy (e.g. Operational Expectations Policies and code of conduct compliance evaluations)
- Performance requirements
- Public reporting of key accountability documents

¹ <http://www.healthpei.ca/primaryhealthcarerenewal>

The following pieces of legislation are relevant to PEI's health care system:

- The **Health Services Act** exists to ensure that health service provision in the province is in accordance with the provincial health plan, and applies to Health services, Health PEI, the provincial health plan, and the Minister of Health and Wellness.
- The **Hospitals Act, and Hospital Management Regulations** govern the operation and administration of hospitals in the province. They apply to hospitals, the Department of Health and Wellness, and hospital administrators.
- The **Public Health Act** provides for the organization and delivery of public health programs and services, prevention of the spread of disease, provision of emergency services, and promotion of the health of the people of PEI. It applies to the Chief Health Officer, as well as to service providers.
- The **Community Care Facilities and Nursing Homes Act**, the **Mental Health Act**, and the **Hospital and Diagnostic Services Insurance Act** all apply to narrower areas of the health care system.

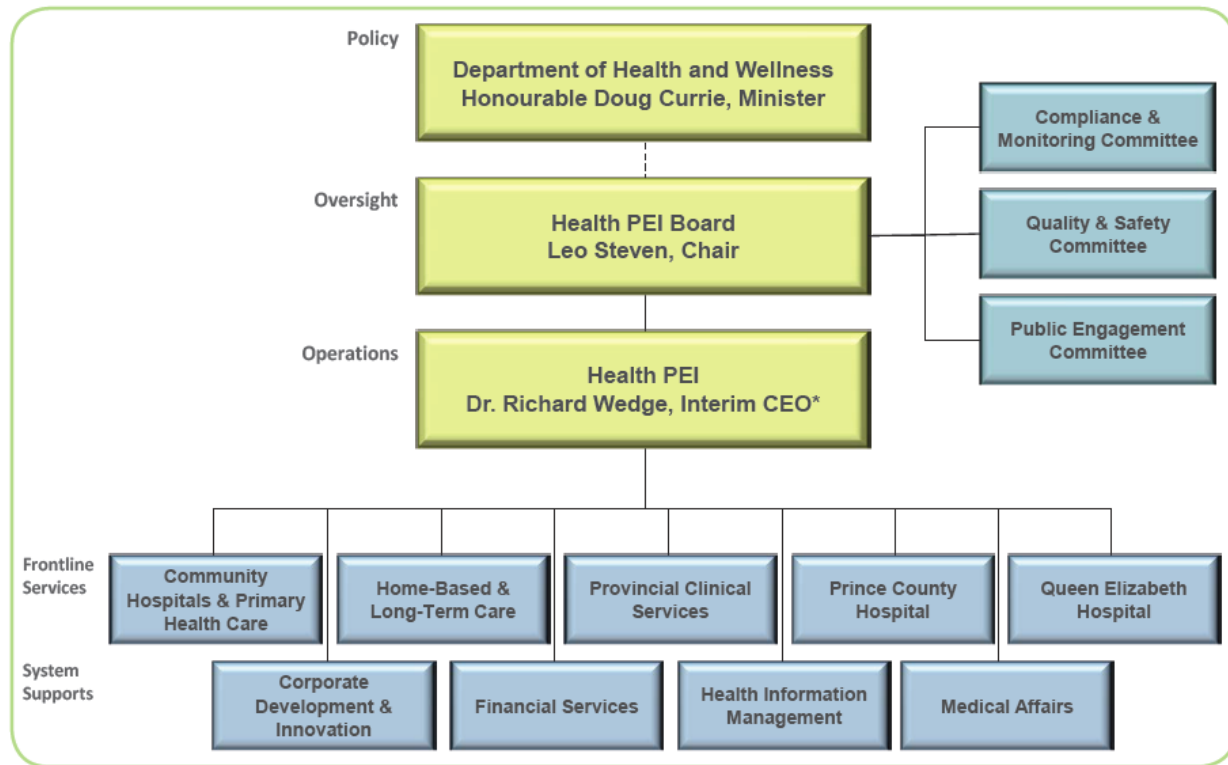
Except for the **Mental Health Act** and the **Hospital and Diagnostic Services Insurance Act**, these acts all have legislated quality of care standards.

The PEI public health system is operated by Health PEI, on behalf of the Department of Health and Wellness. Health PEI is a Crown Corporation responsible for the operation and delivery of all publicly funded health services. It was established in July 2010. Health PEI had operating expenditures of \$543 million in 2011-2012. PEI is unique among provinces for having removed regionalization from its health governance structure. Health PEI is run by a Chief Executive Officer, and governed by a Board of Directors that ensures approved programs are delivered in accordance with the direction of the Minister of Health and Wellness. The Board sets the strategic direction of Health PEI, establishes executive and organizational expectations as well as governance processes, and monitors performance in relation to achievement of the strategic direction and compliance with Board policies.

According to its Governance Policies², the purpose of the Board is to see that Health PEI:

1. Achieves appropriate results for the appropriate persons at an appropriate cost (as specified in the Provincial Health Plan and the Strategic Direction policies)
2. Delivers services in compliance with the Operational Expectation Policies.

² Available at http://www.gov.pe.ca/photos/original/hpei_boardpol.pdf



Members of the Health PEI Board represent various community perspectives and bring together the broad combination of skills and experience necessary to govern the province's desired **One Island Community, One Island Future, One Island Health System**³ strategic vision. The vision for this system is that “care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access, and refocusing the emphasis of the care delivery system on primary health care and services that can be locally provided in a safe and appropriate manner. The system will be more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.”⁴ The system focuses on four goals: quality, equity, efficiency, and sustainability. Pursuant to these goals, Health PEI currently has three key strategic clinical initiatives: Primary Health Care Renewal, Home Care Renewal, and instituting a Collective Model of Care (CMoC).

³ http://www.gov.pe.ca/photos/original/hpei_busplan11.pdf

⁴ <http://www.gov.pe.ca/health/index.php3?number=1025090&lang=E>

Health PEI is organized by function as follows:

Front Line Service Groups

Community Hospitals and Primary Health Care
Home-based and Long-Term Care
Prince County Hospital
Queen Elizabeth Hospital
Provincial Clinical Services

Support Groups

Corporate Development and Innovation
Financial Services
Health Information Management
Medical Affairs

The Office of the Chief Public Health Officer (CPHO) is responsible for the administration and enforcement of the *Public Health Act* of Prince Edward Island, supervision of related public health programs, immunization programs, as well as communicable disease surveillance, prevention, and control.⁵ This division is also responsible for the delivery of programs and services in the areas of Epidemiology, Reproductive Care, and Environmental Health. The CPHO has the responsibility of monitoring the reportable communicable diseases under the *Public Health Act*. In addition, the Office supervises and directs immunization programs in the Province, and has a leadership role in the area of Emergency Health Services. Environmental Health delivers various programs and services under the PEI *Public Health Act* and Regulations, the *Federal Tobacco Act*, and the *PEI Tobacco Sales and Access Act* and Regulations.

Health PEI is subject to performance evaluation using a balanced scorecard system that measures achievement against numerous Key Performance Indicators (KPIs). These indicators are split into quality, equity, efficiency, and sustainability to align with the strategic goals of Health PEI. Individual indicators are then further grouped within these larger categories. Accountability for performance rests with the Board, the executive leadership team, or the Quality and Safety Council.

Health PEI has one of the most advanced electronic health record (EHR) systems in Canada. Most of its components are already in place. These include the Clinical Information System, allowing exchange of clinical information among all PEI hospitals, and Computerized Provider Order Entry (CPOE), allowing different tests and forms of care to be ordered electronically. CPOE will be expanded into new areas in 2013 and 2014, and Health PEI plans to implement a way for Islanders to connect personally with their EHRs without relying on clinicians.

⁵ <http://www.gov.pe.ca/health/index.php3?number=1021130&lang=E>

Evolution of the Healthcare Governance System

PEI has had many changes in its governance structures over the past 20 years. In 1993, PEI created the first comprehensive health boards in Canada, creating five regional boards with health and community services responsibilities.⁶

In 2005, the regional health authorities in PEI were dissolved, with responsibility transferred to the Department of Health. The small size of PEI's population and health system meant that the previous administrative structure was larger than was required to operate it. In this move, the government directly took over the entire health system.

The system changed again in 2010, with the government transferring power from the Department of Health and Wellness (renamed) to Health PEI. Health PEI is a Crown Corporation operating at arm's length from the Government, and is accountable to the Department of Health and Wellness. This most recent change arose from a desire to address increasing demand for services, global health human resource shortages, and growing costs. PEI is unique in that it devolved power to the regions, brought it back into the provincial government, and then created an arm's length corporation.

The **PEI Health System Strategic Plan**⁷ was put in place for 2009-2012. Health PEI is currently working on the 2013-2016 plan. It is using a business plan as a transitional document in the interim. The new health plan will focus on improving the overall quality of care and the sustainability of the health system. This will require slower expenditure growth than in years past, a trend that began in the 2012-2013 budget year.

⁶ **Health System Organization and Governance in Canada and Australia: A Comparison of Historical Developments, Recent Policy Changes, and Future Implications.** Healthcare Policy, 2008 August 4(1) e168-e186. By Philippon, Donald J, and Braithwaite, Jeffrey. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2645208/> Accessed January 14 2013, 10:45am.

⁷ www.healthpei.ca/photos/original/hpei_stratpla12.pdf

NORTHWEST TERRITORIES

Demographics, Healthcare Priorities and Challenges

As of July 2012, there were 43,349 people were living in the Northwest Territories, a decrease of 2.0% from the previous year. With the exception of Newfoundland and Labrador, all other provinces and territories experienced positive growth over the past year. It is likely that the NWT's population will remain very mobile in the future³. Between 1999 and 2009, for all but three years, the NWT has been a net exporter of people, mostly to Alberta. Current spending on healthcare consumes more than 25% of the territorial government budget, at \$326 million in 2010-2011.¹

The Northwest Territories has a much younger population than the rest of Canada. Only 9.9% of the population is over the age of 60. However the over-60 age demographic is the fastest growing segment of the population, with this age group expected to increase to 13% of the population by 2017.

Almost half (48%) of the population in Northwest Territories is Aboriginal (28% Dene, 11% Inuit or Inuvialuit and 9% Metis). The population is heavily concentrated in Yellowknife and five other regional centres. Forty-four percent of the population lives in Yellowknife; 29% live in the five other regional centres. The remaining 27% live in smaller communities throughout the Territory. The vast majority (90%) of the people living in the smaller communities are Aboriginal. Only 20% of Yellowknife's population is aboriginal.² Northwest Territories has the second lowest population density in the country at 0.03 persons per square kilometer.

Almost 70% of all deaths in Northwest Territories and more than 50% of days spent in hospital are related to chronic conditions. Obesity is a concern, leading to rising rates of diabetes and cardiovascular disease. Another area of significant concern is the high incidence of mental health issues and addiction in the area. Rates of substance abuse, suicide and alcohol related injuries are higher in the Northwest Territories than national averages. Statistics indicate that individuals seeking treatment for addictions have a high relapse rate, and require many rounds of treatment before achieving any success.

The Healthcare Governance System

In the Northwest Territories, the Department of Health and Social Services oversees the healthcare system and sets priorities and policies for healthcare for the territory. The Department's 2010-2011 Budget is \$326 million. About \$222 million is allocated to the regional authorities.

The Ministry's most recent strategic plan, *Building on Our Foundation 2011-2016* sets out a number of key priorities, which are:

- enhancing services for children and families (a community based approach),
- improving the health status of the population,
- delivering core community health and social services through innovative service delivery (community based plans, making use of new technologies),

¹ <http://longwoods.com/content/22772>

² *Our Population Profile* <http://www.gov.nt.ca/publications/asp/pdfs/ourp.pdf> 01/30/13

- ensuring one territorial integrated system with local delivery
- ensuring patient/client safety and system quality, and
- developing measurements for outcomes, through annual performance reporting.

The Department makes use of technologies such as Telehealth DI/PACS and electronic records to improve access, particularly in remote areas. A comprehensive IT plan is under development. The department is also working to address human resource challenges and is making use of nurse practitioners, midwives, and mental health workers. An issue of concern is the temporary nature of the workforce.

The department is responsible for administering 28 pieces of legislation. The key pieces of legislation are

- The **Hospital Insurance and Health and Social Services Administration Act**, administration of hospital insurance plans, and management of health and social services facilities
- The **Public Health Act**, which sets out the powers of the Chief Public Health Officers, includes supervision of food establishments and water supplies.
- The **Child and Family Services Act** and
- The **Medical Care Act**, which regulates the provision and use of insured services

The delivery and management of health and social services are divided among seven Health and Social Services Authorities (HSSA), and one Community Services Agency – Tlcho Community Services.

The Northwest Territories has eight Health and Social Services Authorities:



Source: Adapted from Department of Health and Social Services, June 2008

The eight agencies are responsible for the delivery of health and social services to people in their respective regions, as well as the day-to-day management and administration of programs and services. They manage health centres and four hospitals across the Northwest Territories that deliver insured hospital and physician services to both in- and out-patients. Under the current governance structure, each Authority is responsible for providing access to the following programs and services: diagnostic and curative services, mental health and addiction services, promotion and prevention services, continuing care services, child and family services and rehabilitation services.

Stanton Territorial Health Authority (STHA) manages the healthcare delivered by Stanton Territorial Hospital and four specialist clinics located in Yellowknife. STHA is responsible for providing access to the following hospital services for all residents of Northwest Territories: in-patient services, critical care services, diagnostic and therapeutic services, rehabilitation services and specialist services.

Non-government organizations (NGOs), community and Aboriginal Governments also play a key role in the delivery of promotion, prevention and community wellness activities and services. The Department and the HSSAs fund nongovernment organizations for activities such as prevention, assessment, early intervention, and counseling and treatment services related to mental health and addictions services, early childhood development, family violence shelters and awareness, tobacco cessation, in-house respite services for families with special needs and health promotion activities related to health choices.

Healthcare Governance System Northwest Territories



Each HSSA signs a Performance Agreement with the Department of Health and Social Services. The HSSAs have developed the same organizational and business structure, using a common Northwest Territories board leadership model and a standard process to appoint and train their board members. All agencies must report to the Department and the Minister to account for their funding and to evaluate their programs.

A Joint Leadership Council (JLC) which includes the Minister, Deputy Minister and the Chairs of each Health and Social Services Authorities and a Joint Senior Management Committee (JSMC) includes the CEOs of each Health and Social Services Authorities and senior managers of the Department, provide forums for cooperative informed decision-making. The Department is represented on both.

Evolution of the Healthcare Governance System

The model of regional health agencies in Northwest Territories was first established in 1988 with the **Hospital Insurance and Health and Social Services Administrative Act**. Under this Act, Regional Service Boards were established. In 1994 the Departments of Health and Social Services were consolidated into one Department. In 1997, four new boards were created resulting in a total of twelve boards.

With the creation of a new territory, Nunavut, in 1999, three of the twelve boards came under the jurisdiction of the new territory with the other nine remaining under Northwest Territories jurisdiction. In 2001 recommendations were made to change the name of the principal governing body guiding healthcare delivery from Boards to Regional Service Authorities.³ There are currently eight Regional Health and Social Service Authorities in the Northwest Territories.

³ http://www.hss.gov.nt.ca/sites/default/files/its_time_to_act_a_report_on_the_hss_system_in_the_nwt.pdf 01/30/13

YUKON

Demographics, Healthcare Priorities and Challenges

Yukon has a population of approximately 35,944, and has been growing steadily for many years. GDP growth has been strong over the past few years, with a growth rate of 5.6% in 2011. The Yukon had an unemployment rate of 6.0% in December 2012, though this rate is significantly higher among Aboriginals.

The majority of its inhabitants live in Whitehorse, though approximately 8,500 live in small, remote communities. This creates unique challenges for health service delivery. While the median age in Yukon is lower than the nationwide median, the proportion of the population over 50 years old is growing and could account for up to 35.4% of Yukon's population by 2018. The Yukon has unique cost pressures, as many treatments are performed outside of Yukon in BC or Alberta, adding transportation costs, and placing additional pressures on residents. The Yukon is below the Canadian average in several key health indicators, including life expectancy, infant mortality, smoking, obesity, heavy drinking, and suicides. Roughly 25% of Yukoners are Aboriginals. Aboriginal peoples have significant health disparities in Yukon, and lower life expectancies. Aboriginal men, for example, had a life expectancy 8.8 years less than non-Aboriginal men in 2006.

The Healthcare Governance System

In Yukon, the Department of Health and Social Services (DHSS) is responsible for delivering health and social programs. The Department of Health and Social Services spent \$148 million on healthcare, and \$109 million on social services, continuing care, and corporate service in 2009-2010. This level represents an increase of nearly 50% in five years, reflecting the cost pressures associated with the high levels of chronic disease in Yukon and the need to outsource expensive treatments.

The Yukon also has three hospitals as of spring 2013 that have been run by a private corporation, the Yukon Hospital Corporation (YHC), since the transfer of the responsibility for health services from the federal government to the territorial government. The YHC is responsible for providing the DHSS with a report on operations within six months following the end of each fiscal year.

The YHC has developed unique methods of dealing with the requirements of the Aboriginal peoples of Yukon. For example, the Whitehorse hospital operates the First Nations Health Program. This program created a Council of Yukon First Nations as a committee on the hospital's Board of Trustees, and has led to the creation of First Nations-centric initiatives such as access to a traditional diet for patients, and integrating clan protocols for death and grieving.¹

¹ http://www.ubcmj.com/pdf/ubcmj_3_1_2011_34-35.pdf accessed January 21 8:00pm

Healthcare in Yukon is governed in a number of ways:

- Legislation
- YHC Board appointments and governance guidelines
- Policy (e.g. Operational Expectations Policies and code of conduct compliance evaluations)
- Public reporting of YHC key accountability documents (but as of yet, not for DHSS)

The following pieces of legislation are some of relevant to Yukon's healthcare system:

- The **Health Act**, establishing the Department of Health and Social Services
- The **Public Health and Safety Act**, which pertains to different areas of public health from pollution to food safety and contagious diseases
- The **Hospital Act**, establishing the Yukon Hospital Corporation
- The **Healthcare Insurance Plan Act**, and the **Hospital Insurance Services Act**, which establish the right of all residents of Yukon to insured health services
- The **Medical Profession Act**, which sets out the governance of medical professionals
- Regulations, including the **Hospital Insurance Services Regulations**
- Acts regulating specific areas of health services, such as the **Mental Health Act**

The current organizational structure of the DHSS is split into groups by function. The Deputy Minister Committee is composed of four ADMs, each of which is responsible for one aspect of the health services system. The four areas are Health Services, Social Services, Continuing Care, and Corporate Services. Along with directors that work in more specific areas, they form the executive management committee. The DHSS is accountable to the Legislative Assembly and the Government of Yukon through its Minister. The DHSS is also advised by the Health and Social Services Council, an advisory body that makes recommendations on issues of health, social services, education, and justice.

Healthcare governance is an area of concern in Yukon. The Yukon Department of Health and Social Services was examined by the Auditor General of Canada in 2010-2011. The report found that controls and planning were inadequate, and offered a number of recommendations to fix these problems. The Yukon Government agreed to implement all of the recommendations.

The DHSS is currently operating under its 2009-2014 strategic plan (internal document). The top two priorities as reported by the Auditor General are the development of the new Wellness Strategy, and the Social Inclusion and Poverty Reduction Strategy. The Wellness Strategy is expected to be completed by March 2013. The Social Inclusion and Poverty Reduction Strategy was released in 2012, and aims to guide social policy development. Its three goals are to improve access, reduce inequities, and strengthen community vitality.

Progress on the development of an electronic health record system (EHR) appears to be in the early stages. The DHSS has started to plan for such a system, but implementation is not yet occurring.

Eleven of the fourteen recognised First Nations in Yukon are self-governing.² These groups have their own governments, which are able to make health policy within in their community. However, their residents are also entitled to access the Yukon health system provided by the DHSS, and do so.

Evolution of the Healthcare Governance System

In the past, health services in the territories, including Yukon, were the responsibility of the federal government. Recognizing the need for greater local accountability and governance, the federal government negotiated with Yukon to transfer this responsibility. The First Phase Transfer Agreement began the transfer of responsibility for healthcare services from the federal government to the Yukon Territorial Government, in 1993, with the transfer of Whitehorse General Hospital operations to the Yukon Hospital Corporation. The process of devolution was completed in 1997 with the transfer of universal health services and facilities. Since then, the Department of Health and Social Services has been responsible for the delivery of health services within Yukon.

² <http://www.aadnc-aandc.gc.ca/eng/1336669107650/1336669168438> accessed January 21 2012 8:15pm

APPENDIX 1: DEMOGRAPHIC INFORMATION

Province/Territory	Population (male, female, total) ¹	Age 65+ (%) ²	Age 85+ (%)	Urban, rural & Remote (%) ^{3,4}	Health care spending (global \$) ⁵	Health care spending Per capita ⁶
BC	2,292,810 male 2,329,790 female 4,622,600 total	15.9%	4.4% (80+)	85% urban; 15% rural	\$26.5 billion	\$5,700
AB	1,975,587 male 1,898,113 female 3,873,700 total	11.1%	1% ⁷	82% urban; 18% rural	\$26.0 billion	\$6,754
SK	538,920 male 541,080 female 1,080,000 total	14.7%	2.5% ⁸	65% urban; 35% rural	\$6.9 billion	\$6,481
MB	630,966 male 636,034 female 1,267,000 total	14.2%	2.2% ⁹	72% urban; 29% rural	\$8.2 billion	\$6,518
ON	6,658,409 male 6,847,491 female 13,505,900 total	14.6%	2% ¹⁰	85% urban; 15% rural	\$79.1 billion	\$5,849
QC	3,995,181 male 4,059,619 female 8,054,800 total	16.2%	2% ¹¹	80% urban; 20% rural	\$44 billion	\$5,469

¹ Statistics Canada. *Population by sex and age group, by province and territory*. July 1, 2012. <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo31a-eng.htm>

² Ibid

³ Statistics Canada. *Population, urban and rural, by province and territory*. <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62k-eng.htm> 2006 Statistics

⁴ Rural population for 1981 to 2006 refers to persons living outside centres with a population of 1,000 AND outside areas with 400 persons per square kilometre.

⁵ Health Expenditure Summary forecast by the National Health Expenditure Database, Canadian Institute for Health Information. https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 60 of 178

⁶ Health Expenditure Summary forecast by the National Health Expenditure Database, Canadian Institute for Health Information. https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 60 of 178

⁷ http://finance.alberta.ca/aboutalberta/population_reports/2012-2041-alberta-population-projections.pdf page 30

⁸ Statistics Canada, *Saskatchewan Population (at July 1), by Age Group, 2002 to 2012* <http://www.stats.gov.sk.ca/stats/population/saskpopbyage.pdf>

⁹ Manitoba Health, *Manitoba Health Population Report, June 1, 2011* (27682 of 1250484 total) <http://www.gov.mb.ca/health/population/parttwo.pdf>

¹⁰ Ontario Ministry of Finance, *Ontario population by five-year age group and gender, selected year, 2012*

<http://www.fin.gov.on.ca/en/economy/demographics/projections/table4.html>

¹¹ Institut de la statistique du Québec, *Population by age group, Canada and regions*, July 2012 (167048 of 8054756 total)

http://www.stat.gouv.qc.ca/donstat/societe/demographie/struc_poplt/104.htm

Province/Territory	Population (male, female, total) ¹²	Age 65+ (%) ¹³	Age 85+ (%)	Urban, rural & Remote (%) ^{14,15}	Health care spending (global \$) ¹⁶	Health care spending Per capita ¹⁷
NB	371,196 male 384,804 female 756,000 total	17.0%	2.3% ¹⁸	51% urban; 49% rural	\$4.8 billion	\$6,318
NS	461,068 male 487,632 female 948,700 total	17.2%	2.2% ¹⁹	56% urban; 45% rural	\$6.1 billion	\$6,497
NL	251,736 male 260,964 female 512,700 total	16.6%	1.7% ²⁰	58% urban; 42% rural	\$3.6 billion	\$7,057
PE	71,297 male 74,803 female 146,100 total	16.4%	2% ²¹	45% urban; 55% rural	\$0.9 billion	\$6,336
NT	22,429 male 20,871 female 43,300 total	6.2%	0.5% ²²	43% urban; 57% rural (including Nunavut)	\$0.4 billion	\$9,853
YK	18,339 male 17,761 female 36,100 total	9.4%	0.7% ²³	60% urban; 40% rural	\$0.3 billion	\$8,916

¹² Statistics Canada. *Population by sex and age group, by province and territory*. July 1, 2012. <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo31a-eng.htm>

¹³ Ibid

¹⁴ Statistics Canada. *Population, urban and rural, by province and territory*. <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62k-eng.htm> 2006 Statistics

¹⁵ Rural population for 1981 to 2006 refers to persons living outside centres with a population of 1,000 AND outside areas with 400 persons per square kilometre.

¹⁶ Health Expenditure Summary forecast by the National Health Expenditure Database, Canadian Institute for Health Information. https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 60 of 178

¹⁷ Health Expenditure Summary forecast by the National Health Expenditure Database, Canadian Institute for Health Information. https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 60 of 178

¹⁸ New Brunswick, *Population Distribution by Five-Year Age Group and Sex*, July 1, 2012 <http://www.gnb.ca/0160/Economics/PopulationbyAgeandSex2.htm>

¹⁹ Statistics Canada, *Nova Scotia – Population by five-year age groups and sex, 2011 Census (20380 of 921730 total)* <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-pr-eng.cfm?Lang=Eng&TAB=2&GK=PR&GC=12>

²⁰ Newfoundland and Labrador Department of Finance, *Population by Age Group and Sex, Newfoundland and Labrador 1971-2012*, July 1, 2012 (8959 of 512659 total) http://www.stats.gov.nl.ca/statistics/population/PDF/PopAgeSex_BS.PDF

²¹ Statistics Canada, *Prince Edward Island – Population by five-year age groups and sex, 2011* <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-pr-eng.cfm?Lang=Eng&TAB=2&GK=PR&GC=11>

²² Newstats Bureau of Statistics, *Age and Sex 2011 Census*, May 29, 2012 <http://www.statsnwt.ca/census/2011/Age%20and%20Sex%202011.pdf>

²³ Statistics Canada, *Yukon – Population by five-year age groups and sex, 2011* <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-pr-eng.cfm?Lang=Eng&TAB=2&GK=PR&GC=60>

APPENDIX 2 : HEALTHCARE COSTS BREAKDOWN OF EXPENDITURES

Prov / Ter.	Global Budget	Cost by region	Acute Care (%) ²⁴	Community Care (%)	Long Term Care (%)	Drugs (%) ²⁵	Health care Professionals (%) ²⁶
BC	\$16.03 billion ²⁷	NHA ²⁸ : \$685.74 million IHA ²⁹ : \$1,789.6 million VIHA ³⁰ : \$1,977.6 million VCH ³¹ : \$3,161 million FHA ³² : \$2,788.0 million PHSA ³³ : \$2,408.4 million	29.1%	Not Available	Not Available	12.9%	28.2%
AB	\$16.6 billion ³⁴	Alberta Health Services: 61.4% ¹¹	35.3%	1.0% to Community Programs and Healthy Living ¹¹	0.2% for Enhanced Home Care and Rehabilitation ¹¹	12.9%	26.0%
SK	\$4.68 billion ³⁵	Regional Health Authorities (RHAs) will receive \$2.9 billion from the Ministry of Health in 2012-13 ¹²	29.2%	14.3% ³⁶	Not available ³⁷	13.8%	22.8%
MB	\$5.55 billion ³⁸	IERHA: 178,922 NRHA: 204,540 SRHA: 288,662 WRHA: 485,909 Wpg RHA: 2,370,380 ³⁹	31.0%	4.9% ⁴⁰	11.9% ⁴¹	13.4%	22.3%

²⁴ 'Hospital' expenditure as % of provincial total. 2012. Source: National Health Expenditure Database. Canadian Institute for Health Information (CIHI). https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 62 of 178

²⁵ Drugs expenditures as % of provincial total. 2012. Source: National Health Expenditure Database. Canadian Institute for Health Information (CIHI). https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 62 of 178

²⁶ Physicians and other professionals expenditures as a % of provincial total. 2012. Source: National Health Expenditure Database. Canadian Institute for Health Information (CIHI). https://secure.cihi.ca/free_products/NHEXTrendsReport2012EN.pdf page 62 of 178

²⁷ Total 2012-13 Health budget. BC Care Providers Association. <http://www.bccare.ca/2012/02/2012-bc-budget-recap>

²⁸ 2011/12 budget. http://www.northernhealth.ca/Portals/0/About/Financial_Accountability/documents/2009-10NorthernHealthServicePlan.pdf

²⁹ 2012/13 budget. http://www.interiorhealth.ca/AboutUs/Accountability/Documents/Service%20Plan%202011-12_2013-14.pdf

³⁰ 2012/13 budget. http://www.viha.ca/NR/rdonlyres/AADEEF61-F0F4-47F8-B65B-268D2F6D1FDB/0/HSP_2008_2009.pdf

³¹ 2011/12 budget. http://www.vch.ca/media/health_service_plan2009_10.pdf

³² 2011/12 budget. <http://www.fraserhealth.ca/media/ServicePlan09.pdf>

³³ 2012/12 budget. http://www.phsa.ca/NR/rdonlyres/95FB10E2-3243-4FC3-8E43-B46D4F38509E/0/PHSAServicePlan_201213_SignedbyChair_13July2012.pdf

³⁴ 2012/13 funding allocation. <http://www.health.alberta.ca/documents/Funding-Allocation-12-13Q1.pdf>

³⁵ 2012/13 budget. <http://www.finance.gov.sk.ca/Budget2012-13/HealthNR.pdf>

³⁶ 2011/12 regional health authorities operating fund audited financial statements (936,268,000/6,547,591,000). <http://www.health.gov.sk.ca/health-annual-report-2011-12> p. 45-46

³⁷ Leanne from MOH confirmed Annual Report is only source: <http://www.health.gov.sk.ca/health-annual-report-2011-12>

³⁸ Health and Healthy Living Expenditures 2012/13. <http://www.gov.mb.ca/finance/budget12/papers/summary.pdf>

³⁹ Tara from MOH confirmed no data for expenditures by region available- these are payments to health authorities: Interlake-Eastern, Northern, Southern, Western & Winnipeg Regional Health Authority <http://www.gov.mb.ca/health/ann/docs/1112.pdf> p. 95

⁴⁰ <http://www.gov.mb.ca/health/ann/docs/1112.pdf> p. 83

⁴¹ <http://www.gov.mb.ca/health/ann/docs/1112.pdf> p. 83

Prov / Ter.	Global Budget	Cost by region	Acute Care (%) ²⁴	Community Care (%)	Long Term Care (%)	Drugs (%) ²⁵	Health care Professionals (%) ²⁶
ON	\$44.77 billion ⁴²	1. Erie St. Clair LHIN: \$1,011,071,025 ⁴³ 2. South West LHIN \$2,102,799,081 ⁴⁴ 3. Waterloo Wellington LHIN: \$925,882,849 ⁴⁵ 4. Hamilton Niagara Haldimand Brant LHIN \$2,606,584,599 ⁴⁶ 5. Central West LHIN: \$765,999,982 ⁴⁷ 6. Mississauga Halton LHIN: \$1,254,141,164 ⁴⁸ 7. Toronto Central LHIN: \$4,378,789,541 ⁴⁹ 8. Central LHIN: \$1,765,403,069 ⁵⁰ 9. Central East LHIN: \$2,048,213,773 ⁵¹ 10. South East LHIN: \$1,023,761,346 ⁵² 11. Champlain LHIN: \$2,377,099,009 ⁵³ 12. North Simcoe Muskoka LHIN: \$743,731,929 ⁵⁴ 13. North East LHIN: \$1,341,003,128 ⁵⁵ 14. North West LHIN: \$593,547,674 ⁵⁶	27.7%	6% ⁵⁷	7.7% ⁵⁸	16.3%	26.1%

⁴² Ontario Ministry of Finance. 2010-11 spending. <http://www.fin.gov.on.ca/en/reformcommission/chapters/ch5.html>

⁴³ Erie St. Clair LHIN Annual Report 2010-11, March 31, 2011, <http://www.erieclairhin.on.ca/annualReports.aspx> p. 19

⁴⁴ South West LHIN Annual Report 2010-11, March 31, 2011, <http://www.southwestlhlin.on.ca/annualreports.aspx> p. 32

⁴⁵ Waterloo Wellington LHIN Annual Report 2010-11, March 31, 2011, http://www.waterloowellingtonlhlin.on.ca/uploadedFiles/Home_Page/Board_of_Directors/2010%20-%202011%20-%20AR%20FINAL%20June%202020%202011%20with%20financials-1.pdf p. 28

⁴⁶ Hamilton Niagara Haldimand Brant LHIN Annual Report 2010-11, March 31, 2011, http://www.hnhblhin.on.ca/annualreports.aspx?id=88&ekmensel=e2f2c9a_72_206_88_5 p. 53

⁴⁷ Central West LHIN Annual Report 2010-11, March 31, 2011, http://www.centralwestlhlin.on.ca/uploadedFiles/Public_Community/v2_About_our_LHIN/CW%20LHIN%20AR%202010_11%20w%20Financials-FINAL.pdf p. 38

⁴⁸ Mississauga Halton LHIN Annual Report 2010-11, March 31, 2011, http://www.mississaugahaltonlhlin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/MH%20Annual%20Report%202010_11_English.pdf p. 33

⁴⁹ Toronto Central LHIN Annual Report 2010-11, March 31, 2011, http://www.torontocentrallhlin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/TCLHIN-AR2011-ENG-web.pdf p. 26

⁵⁰ Central LHIN Annual Report 2010-11, March 31, 2011, http://www.centrallhlin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Annual_Reports/CentralLHIN_ARcontent_2010_011_final.pdf p. 27

⁵¹ Central East LHIN Annual Report 2010-11, March 31, 2011, http://www.centraleastlhlin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/CE_LHIN_2010-11_Annual_Report_Final.pdf p. 30

⁵² South East LHIN Annual Report 2010-11, March 31, 2011, http://www.southeastlhlin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Annual_Reports/FINAL%20AR%202010-11%20for%20submission%20to%20MOHLTC-%20Eng.pdf p. 42

⁵³ Champlain LHIN Annual Report 2010-11, March 31, 2011 <http://www.champlainlhlin.on.ca/annualreports.aspx> p. 57

⁵⁴ North Simcoe Muskoka LHIN Annual Report 2010-11, March 31, 2011 http://www.nsmihlin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Annual_Reports/NSM%2010-11%20AR%20Jun30%2011.pdf p. 30

⁵⁵ North East LHIN Annual Report 2010-11, March 31, 2011 <http://www.nelhin.on.ca/WorkArea/showcontent.aspx?id=13034> p. 33

Prov / Ter.	Global Budget	Cost by region	Acute Care (%) ²⁴	Community Care (%)	Long Term Care (%)	Drugs (%) ²⁵	Health care Professionals (%) ²⁶
QC	\$31.1 billion ⁵⁹	Only French Annual Report/financials available www.medic.org/content/quebec-publishes-first-annual-health-report <ol style="list-style-type: none"> Région de l'Abitibi-Témiscamingue Région de l'Estrie Région de l'Outaouais Région de la Capitale-Nationale Région de la Chaudière-Appalaches Région de la Côte-Nord Région de la Gaspésie-Îles-de-la-Madeleine Région de la Mauricie et du Centre-du-Québec Région de la Montérégie Région de Lanaudière Région de Laval Région de Montréal-Centre Région des Laurentides Région des Terres-Cries-de-la-Baie-James Région du Bas-Saint-Laurent Région du Nord-du-Québec Région du Nunavik Région du Saguenay - Lac-Saint-Jean 	26.3%	Only French Annual Report/financials available www.medic.org/content/quebec-publishes-first-annual-health-report	Only French Annual Report/financials available www.medic.org/content/quebec-publishes-first-annual-health-report	19.4%	23.7%
NB	\$5 million in primary health-care investments ⁶⁰	<ol style="list-style-type: none"> Vitalité Health Network: \$687,905,839⁶¹ Horizon Health Network: \$1,132,727,679⁶² 	33.5%	Not available (most recent MOH Annual Report: www.gnb.ca/0051/pub/pdf/2011/8533ef-final.pdf	Not available (most recent MOH Annual Report: www.gnb.ca/0051/pub/pdf/2011/8533ef-final.pdf	17.6%	21.8%
NS	\$3.86 billion ⁶³	<ol style="list-style-type: none"> South Shore District Health Authority: \$89,899,236⁶⁴ South West District Health Authority: 	30.8%	4.7% ⁷³	13.3%	17.9%	22.5%

⁵⁶ North West LHIN Annual Report 2010-11, March 31, 2011,

http://www.northwestlhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Annual%20Report%202010-11%20ENG%20FINAL_electronic.pdf p. 39

⁵⁷ Ontario Ministry of Finance. 2010-11 spending. <http://www.fin.gov.on.ca/en/reformcommission/chapters/ch5.html>

⁵⁸ Ontario Ministry of Finance. 2010-11 spending. <http://www.fin.gov.on.ca/en/reformcommission/chapters/ch5.html>

⁵⁹ 2012/13 budget. <http://www.budget.finances.gouv.qc.ca/Budget/2012-2013/en/documents/budgetplan.pdf> page 41

⁶⁰ 2012/13 budget. http://www.gnb.ca/0160/budget/buddoc2012/Budget_2012-13_Final-E.pdf

⁶¹ Vitalité Health Network Annual Report 2010-11, March 31, 2011 <http://www.santevitalitehealth.ca/pdf/AnnualReport20102011web.pdf> p. 49

⁶² Horizon Health Network, Financial Statements, March 31, 2012 http://en.horizonnb.ca/media/270694/horizon_health_network_march_31_2012_fs_-_final.pdf p.5

⁶³ 2012/13 estimate. http://www.novascotia.ca/finance/site-finance/media/finance/budget2012/Budget_Highlights.pdf

⁶⁴ South Shore District Health Authority, Financial Statements, March 31, 2012 http://www.southshorehealth.ca/index.php?option=com_docman&Itemid=53 p. 6

Prov / Ter.	Global Budget	Cost by region	Acute Care (%) ²⁴	Community Care (%)	Long Term Care (%)	Drugs (%) ²⁵	Health care Professionals (%) ²⁶
		<p>\$104,012,008⁶⁵</p> <p>3. Annapolis Valley District Health Authority: \$127,421,000⁶⁶</p> <p>4. Colchester East Hants Health Authority: \$79,356,649⁶⁷</p> <p>5. Cumberland Health Authority: \$63,742,180⁶⁸</p> <p>6. Pictou County Health Authority: \$78,970,733⁶⁹</p> <p>7. Guysborough Antigonish Strait Health Authority: \$87,542,618⁷⁰</p> <p>8. Cape Breton District Health Authority: \$273,958,741⁷¹</p> <p>9. Capital District Health Authority: \$854,100,000⁷²</p>					
NL	"nearly \$3 billion" ⁷⁴	Not Available	37.6%	Not Available	Not Available	15.4%	19.2%
PE	\$515,980,700 ⁷⁵	N/A (Health PEI is single Authority for province)	29.9%	5.6% ⁷⁶	9.6% ⁷⁷	14.8%	18.8%
NT		<p>1. Beaufort-Delta HSS Authority – Not Available</p> <p>2. Sahtu HSS Authority \$11,067,108⁷⁸</p> <p>3. Deh Cho HSS Authority \$18,073,537⁷⁹</p> <p>4. Tlicho HSS Authority – not available</p> <p>5. Yellowknife HSS Authority:</p>	39.8%	Not available	Not available	7.1%	18.6%

⁷³ Nova Scotia Department of Health Annual Accountability Report 2011-2012 <http://novascotia.ca/DHW/reports/Accountability-Report-2011-2012-DHW.pdf> p. 5 (Community Care defined as Home Care Services)

⁶⁵ South West Nova District Health Authority, Financial Statements, March 31, 2012 <http://www.swndha.nshealth.ca/pages/2011-2012AuditedStatements.pdf> p.6

⁶⁶ Annapolis Valley Health Report to Community 2011-12 http://www.avdha.nshealth.ca/sites/default/files/avh_annual_report_2012.pdf p. 19

⁶⁷ Colchester East Hants Health Authority, Board Committee Reports & Audited Financial Statements March 31, 2011

http://www.cehha.nshealth.ca/News/pdf/annual_report_2010-11.pdf p. 13

⁶⁸ Cumberland Health Authority, Annual Report 2011-12, http://www.cha.nshealth.ca/pdf_files/2012/annual_report_2011_12.pdf p.14

⁶⁹ Pictou County Health Authority, Financial Statements, March 31, 2012 http://www.pcha.nshealth.ca/pdf_files/2012/audited_financial_statements.pdf p.6

⁷⁰ Guysborough Antigonish Strait Health Authority, 2011-12 Annual Report to the Community http://www.gasha.nshealth.ca/admin/sources/editor/assets/GASHA_Annual_Report_2011-12.pdf p. 30

⁷¹ Cape Breton District Health Authority Financial Statements, March 31, 2012 http://www.novascotia.ca/finance/site-finance/media/finance/PublicAccounts2012/vol2/Cape_Breton_District_Health_Authority.pdf p. 5

⁷² Capital District Health Authority, 2011-12 Annual Report <http://www.cdha.nshealth.ca/about-us/measuring-success-progress/previous-annual-reports> p. 6

⁷⁴ 2012 budget. <http://www.budget.gov.nl.ca/budget2012/highlights/highlights1.pdf>

⁷⁵ Health PEI Annual Report 2010-11, http://www.gov.pe.ca/photos/original/hpei_ar10-11Eng.pdf p. 34

⁷⁶ Health PEI Annual Report 2010-11, http://www.gov.pe.ca/photos/original/hpei_ar10-11Eng.pdf p. 34, Community Hospitals & Community Mental Health

⁷⁷ Health PEI Annual Report 2010-11, http://www.gov.pe.ca/photos/original/hpei_ar10-11Eng.pdf p. 34, Continuing Care

⁷⁸ Sahtu Health and Social Services Authority Financial Statements, March 31, 2009 http://www.shssa.org/pdf/publications/reports/finance/2009/english/audited_financial_statements.pdf p. 6

⁷⁹ Deh Cho HSS Authority Annual Report 2009-10, http://www.dhssa.ca/headlines/documents/DHSSAAAnnualReport2009_2010.pdf p.24

Prov / Ter.	Global Budget	Cost by region	Acute Care (%) ²⁴	Community Care (%)	Long Term Care (%)	Drugs (%) ²⁵	Health care Professionals (%) ²⁶
		<p>\$47,723,673⁸⁰</p> <p>6. Stanton Territorial Health Authority: \$112,134,730⁸¹</p> <p>7. Hay River HSS Authority – not available</p> <p>8. Fort Smith HSS Authority – not Available</p>					
YT		Yukon Territory Health Region ~\$148,000,000 ⁸²	24.4%	Not available	Not available	8.3%	17.3%

⁸⁰ Yellowknife Health and Social Services Authority Financial Statements March 31, 2010 http://www.yhssa.org/aboutus/report_files/financials2009_10.pdf p.6

⁸¹ Stanton Territorial Health Authority 2011-12 Annual Report, <http://www.stha.ca/files/services/100/STHA%20AnReprt%202012%20online%20version.pdf> p. 44

⁸² 2011 February Report of the Auditor General of Canada, Yukon Health Services and Programs—Department of Health and Social Services, http://www.oag-bvg.gc.ca/internet/English/yuk_201102_e_34985.html#hd3a

APPENDIX 3: KEY ELEMENTS/ACCOUNTABILITIES OF THE GOVERNANCE STRUCTURE IN EACH JURISDICTION

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
BC	<p>Provincial Health Services Authority</p> <p>Ministry of Health</p>	<ol style="list-style-type: none"> 1. Northern Health Authority 2. Interior Health Authority 3. Vancouver Island Health Authority 4. Vancouver Coastal Health Authority 5. Fraser Health Authority 	<p>Providence Health Care (PHC):</p> <p>Providence Health Care is a Catholic health care community dedicated to meeting the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.</p> <p>PHC Hospitals and Residences:</p> <p>St. Paul's Hospital Mount Saint Joseph Hospital St. Vincent's Sites (Brock Fahrni + Langara + Honoria Conway at Heather) Holy Family Hospital Youville Residence Marion Hospice</p>	<p>Ministry of Health:</p> <p>The B.C. Ministry of Health is responsible for making sure that all British Columbians have quality, appropriate, cost effective and timely health services.</p> <p>The Ministry works with health authorities, health care providers, agencies and other organizations to guide and enhance the province's health services to ensure that British Columbians are supported in their efforts to maintain and improve their health.</p> <p>BC Patient Safety and Quality Council:</p> <p>The "Education for Quality and Safety Leaders" report supports the BC Patient Safety & Quality Council's commitment to building capability for patient safety and quality improvement across BC's health system.</p> <p>Provincial Health Services Authority's Patient Care Quality Office</p> <p>The Patient Care Quality Office handles patient care quality complaints in an open, transparent manner, serving as a liaison between patients and health-care providers during the complaint process.</p>
AB	<p>Alberta Health Services (AHS)</p>	<p>Alberta Health Services is the single health authority for the province; it was created in 2008 from nine former regional health authorities (RHAs) plus the Alberta Mental Health Board, the Alberta Cancer Board, and the Alberta Alcohol and Drug Abuse Commission. The RHAs were in turn created in 1994, from the former hospital boards and local health units.</p>	<p>12 health advisory councils within AHS</p> <p>The former Community Health Councils had been established by the previous regional health authorities. These Councils varied considerably in their mandate, effectiveness and the support they received. The creation of Alberta Health Services as a single health service delivery organization for the province provided the opportunity to develop a new structure which builds on the best of the pre-existing model. Established in 2009, Health Advisory Councils facilitate dialogue between communities and AHS. There are 12 appointed Health Advisory Councils across the province.</p>	<p>Alberta Health Services:</p> <p>Alberta Health Services has well established processes and a Patient Concerns Department which works with individuals and families to address concerns. Concerns, feedback or complaints about patient care should be directed to the Patient Concerns Department.</p>

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
			<p>Each council has 10 to 15 volunteer members who:</p> <p>Engage members of the community and communicate what is being said about health services in their area.</p> <p>Provide feedback about what is working well within the health care system and recommend areas for improvement.</p> <p>Advise AHS on matters pertaining to local health service delivery and design.</p>	
SK	<p>Saskatchewan Health</p> <p>Saskatchewan Cancer Agency</p> <p>Cancer care services are primarily delivered by the Saskatchewan Cancer Agency. Major areas of responsibility include:</p> <p>assess the needs of the persons to whom the agency provides cancer care services;</p> <p>organize the cancer care services it provides with health services, provided by regional health authorities and other providers of health services;</p> <p>evaluate the cancer care services and provincial standards for cancer care services provided in Saskatchewan;</p> <p>educate health care providers in the prevention, diagnosis, treatment and post-treatment of persons at risk of cancer or diagnosed with cancer</p> <p>Athabasca Health Authority</p> <p>The Athabasca Health</p>	<ol style="list-style-type: none"> 1. Cypress 2. Five Hills 3. Heartland 4. Keewatin Yatthe 5. Kelsey Trail 6. Mamawetan Churchillville River 7. Prairie North 8. Prince Albert Parkland 9. Regina Qu'Appelle 10. Saskatoon 11. Sun Country 12. Sunrise 	<p>Cypress Region Foyer St. Joseph Nursing Home Inc.</p> <p>Five Hills Moose Jaw Alcohol and Drug Abuse Society Inc.</p> <p>St. Joseph's Hospital (Grey Nuns) of Gravelbourg</p> <p>Extencicare (Canada) Inc.</p> <p>Providence Place for Holistic Health Inc.</p> <p>Heartland St. Joseph's Hospital of Macklin BridgePoint Center Inc.</p> <p>Prairie North Societe Joseph Breton Inc.</p>	<p>Saskatchewan Health/Ministry of Health</p> <p>The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. Saskatchewan Health establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities and other organizations, and ensures the provision of essential and appropriate services.</p> <p>Saskatchewan Health Quality Council (HQC) The HQC is an independent agency that will report on and recommend innovative ways to improve quality within Saskatchewan's health system. The HQC provides advice to government, regional health authorities, and health care professionals on a wide range of issues related to health system quality and performance.</p>

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
	<p>Authority is located in northern Saskatchewan, and provides health care services to five main communities in the north.</p> <p>NORTHERN MEDICAL SERVICES (NMS)</p> <p>NMS Employs a unique team approach, working toward equitable, accessible health care in a geographically and culturally distinct setting.</p>			
MB	<p>Manitoba Health</p> <p>Manitoba Healthy living, Seniors and Consumer Affairs</p> <p>Cancer Care Manitoba</p> <p>Diagnostic Imaging of Manitoba</p> <p>Office of the Chief Provincial psychiatrist</p> <p>Office of the chief public health officer</p> <p>The Aboriginal and Northern Health Office</p>	<p>Interlake-Eastern Regional Health Authority</p> <p>Northern Regional Health Authority</p> <p>Southern Regional Health Authority</p> <p>Prairie Mountain Health</p> <p>Winnipeg Regional Health Authority</p>	<p>Manitoba institute for patient safety</p> <p>Manitoba Health Appeal Board</p> <p>Manitoba Home Care Program</p> <p>Various provincial councils and committees</p>	<p>RHA Chief Quality and Safety Officers / Offices</p>

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
ON	<p>Ministry of Health & Long-Term Care</p>	<p>Local Health Integration Networks</p> <p>formalized through the <i>Local Health System Integration Act 2006</i>. LHINs were created as non-for-profit corporations to work with local health providers and community members to determine the health service priorities in each of their regions. LHINs are specifically responsible for:</p> <ul style="list-style-type: none"> Hospitals Community Care Access Centres (CCACs) Long-Term Care Mental Health and Addiction Services Community Health Centres. <p>There are 14 LHINs:</p> <ol style="list-style-type: none"> 1. Erie St. Clair LHIN 2. South West LHIN 3. Waterloo Wellington LHIN 4. Hamilton Niagara Haldimand Brant LHIN 5. Central West LHIN 6. Mississauga Halton LHIN 7. Toronto Central LHIN 8. Central LHIN 9. Central East LHIN 10. South East LHIN 11. Champlain LHIN 12. North Simcoe Muskoka LHIN 13. North East LHIN 14. North West LHIN 	<p>There are 36 Public Health Units across Ontario that do not fall under the purview of the LHINs but are governed by the <i>Health Promotion and Protection Act 1983</i> which provides for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.</p>	<p>In June 2010, the Excellent Care for All Act (ECFAA) received Royal Assent. The Act is intended to help the province focus its efforts on improving delivery of high quality patient-centred care and creating greater value within the health system. ECFAA embodies the government’s commitment to provide quality care that is centred on patients and driven by improving outcomes and satisfaction for those patients. ECFAA also centres on improving the health system by harnessing and disseminating the delivery of health care based on evidence-based best practices.</p> <p>The legislation sets out a number of requirements for health care providers which will be implemented first in the hospital sector, with the intent to expand across all health care organizations in the province. The legislation requires that health care providers:</p> <ul style="list-style-type: none"> establish quality committees that report on quality-related issues put annual quality improvement plans in place and make these available to the public link executive compensation to the achievement of targets set out in the quality improvement plan put patient / care provider satisfaction surveys in place conduct staff surveys develop a declaration of values following public consultation, if such a document is not currently in place establish a patient relations process to address and improve the patient experience. <p>Health Quality Ontario (HQO) plays a leadership role in helping to drive continuous quality improvement across the system. The agency is responsible for finding the best evidence of what works and translating it into concrete tools and guidelines that providers and institutions across the system can put into practice to</p>

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
				<p>benefit patient care and outcomes. HQO also makes recommendations to the provincial government on what health services and procedures to fund based on evidence that they are warranted, effective and benefit patients.</p> <p>Health Quality Ontario (HQO) is the agency in Ontario mandated to advise government and health care providers on the evidence to support high-quality care, to support improvements in quality, and to monitor and report to the public on the quality of health care provided in Ontario. The agency received this mandate through the Excellent Care for All Act, 2010 (ECFAA). The goal of ECFAA, as well as Ontario’s Action Plan for Health Care, is to transform the healthcare system by creating greater public accountability, increasing the focus on quality, bringing patient satisfaction to the forefront and basing patient care decisions on the best scientific evidence available.</p> <p>HQO’s critical roles in the implementation of this quality agenda, as outlined by the legislation, are :</p> <p>to monitor and report to the people of Ontario on,</p> <ul style="list-style-type: none"> • access to publicly funded health services, • health human resources in publicly funded health services, • consumer and population health status, and • health system outcomes; <p>to support continuous quality improvement;</p> <p>to promote health care that is supported by the best available scientific evidence by,</p> <ul style="list-style-type: none"> • 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 • making recommendations, based on evidence, concerning the Government of Ontario’s provision of funding for health care services and medical devices.

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
QC	<p>Ministère de la Santé et des Services sociaux</p> <p>At the central level, the Ministère de la Santé et des Services sociaux (MSSS) establishes overall orientations and allocates budgetary resources. In addition, the MSSS assesses the results obtained in the entire health care network in light of the objectives set.</p>	<p>At the regional level, the health and social services agencies are responsible for coordinating the establishment of services in their respective territories. They must, in particular, develop policy directions and regional priorities, exercise the regional public health functions, facilitate the deployment and management of local networks of services, and ensure the allocation of budgets.</p> <p>There are 18 regional authorities:</p> <ol style="list-style-type: none"> 1. Bas-Saint-Laurent 2. Saguenay - Lac-St-Jean 3. Capitale-Nationale 4. Mauricie et Centre-du-Québec 5. Estrie 6. Montréal 7. Outaouais 8. Abitibi-Témiscamingue 9. Côte-Nord 10. Nord-du-Québec 11. Gaspésie-Iles-de-la-Madeleine 12. Chaudière-Appalaches 13. Laval 14. Lanaudière 15. Laurentides 16. Montérégie 17. Nunavik 18. Terres-Cries-de-la-Baie-James <p>The objectives of health and social services centres are the following:</p> <ul style="list-style-type: none"> • To promote health and well-being • To bring together the services offered to the public • To offer more accessible, 	<p>The implementation of ninety-five (95) local services networks will lead all stakeholders within a given territory to become responsible for the accessibility and continuity of services offered to their population. This new approach will benefit everyone, in particular the most vulnerable members of the population such as those suffering from mental health problems or chronic illnesses, those nearing the end of life, frail seniors and troubled youth.</p> <p>Health and social services centres are found at the heart of each local services network. The health and social services centre were created by merging local community health centers (CLSCs), residential and long-term care centers (CHSLDs) and general and specialized hospital centers (CHSGSs). This new type of institution results from the adoption of the <i>Act Respecting Local Health and Social Services Network Development Agencies</i> (Bill 25) in December 2004.</p>	<p>The following organizations report to the Minister of Health and Social Services.</p> <ul style="list-style-type: none"> • Bureau des projets Centre hospitalier de l'Université de Montréal (CHUM), Centre universitaire de santé McGill (CUSM) et CHU Sainte-Justine • Comité pour la prestation des services de santé et des services sociaux aux personnes issues des communautés ethnoculturelles • Comité provincial pour la prestation des services de santé et des services sociaux en langue anglaise • Commissaire à la santé et au bien-être • Curateur public • Héma-Québec • Institut national de santé publique du Québec • Institut national d'excellence en santé et en services sociaux • Office des personnes handicapées du Québec • Régie de l'assurance maladie du Québec • Urgences-santé <p>Québec Health and Welfare Commissioner</p> <p>The mission of the Health and Welfare Commissioner is to provide perspective for public debate and governmental decision-making that will contribute to enhancing the health and welfare of women and men in Québec. The Commissioner appraises the results achieved by the health and social services system. He evaluates all facets of the system, with particular emphasis on factors such as quality, accessibility, continuity and funding of services. His mandate includes the various factors that affect health and welfare as well as questions raised by medication and technology. The Commissioner replaces the Conseil médical du Québec and the Conseil de la santé et du bien-être.</p>

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		<p>better coordinated and seamless services</p> <ul style="list-style-type: none"> • To make it easier for people to move through the health and social services network • To ensure better patient management, particularly of the most vulnerable users <p>The newly created local services networks as well as the Health and social services centres were the subject of consultations held in spring 2004 by the regional agencies concerned, following the adoption of the <i>Act Respecting Local Health and Social Services Network Development Agencies</i> (Bill 25).</p>		
<p>NB</p>	<p>FacilicorpNB</p> <p>Is a public sector agency located in New Brunswick (Canada) managing shared services for the health-care system.</p> <p>Our mandate is to provide safe, cost-effective and innovative support services to Regional Health Authorities in New Brunswick. We currently provide Supply Chain, Clinical Engineering, Information Technology and Telecommunications, and Laundry and Linen services.</p> <p>Vitalité Health Network</p> <p>Horizon Health Network</p>	<p>Under Vitalité Health Network:</p> <ul style="list-style-type: none"> • Edmundston • Campbellton • Bathurst <p>Under Horizon Health Network:</p> <ul style="list-style-type: none"> • Fredericton • Miramichi • Saint John <p>Shared:</p> <ul style="list-style-type: none"> • Moncton 		<p>New Brunswick Health Council</p> <p>New Brunswick Health Council is a government organization to promote and improve health system performance. It has a two-part mandate. The first is to engage citizens in ongoing dialogue about important health system performance. The second involves measuring, monitoring and reporting on health system performance to both the public and the health system partners.</p>
<p>NS</p>	<p>DEPARTMENT OF HEALTH AND WELLNESS</p> <p>CHIEF PUBLIC HEALTH OFFICE</p> <p>Cancer Care Nova Scotia</p> <p>Cardiovascular Health</p>	<p>ANNAPOLIS Valley Health – District 3</p> <p>Cape Breton Health Authority - District 8</p>	<p>MULTIPLE ADVISORY COMMITTEES</p>	<p>QUALITY AND PATIENT SAFETY DIVISION</p>

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
	<p>Nova Scotia Diabetes Care Program of Nova Scotia</p> <p>Legacy of Life: Nova Scotia Organ and Tissue Donation Program</p> <p>Nova Scotia Breast Screening Program</p> <p>Nova Scotia Hearing and Speech Centres</p> <p>Nova Scotia Provincial Blood Coordinating Program</p> <p>Nova Scotia Renal Program Reproductive Care Program/Rh of Nova Scotia</p> <p><i>INFECTION PREVENTION AND CONTROL CENTRE OF NOVA SCOTIA</i></p> <p><i>NOVA SCOTIA HEALTH RESEARCH FOUNDATION</i></p>	<p>Colchester East Hants Health Authority - District 4</p> <p>Cumberland Health Authority - District 5</p> <p>Guysborough Antigonish Strait Health Authority - District 7</p> <p>Pictou County Health Authority - District 6</p> <p>South Shore Health - District 1</p> <p>Capital Health District 9</p>		
NL		<p>Eastern Health Authority Central Health Authority Western Health Authority Labrador-Grenfell Health Authority</p>		
PE	<p><i>Health PEI</i></p> <p>Committees of the Board:</p> <ul style="list-style-type: none"> • <i>Quality and Safety committee</i> • <i>Compliance and Monitoring committee</i> • <i>Public Engagement committee</i> <p>Provincial authorities:</p> <ul style="list-style-type: none"> • PEI Drug Information System • Provincial Diagnostic Imaging • Laboratory Services (QEH / PCH / Community) 	N/A	<ul style="list-style-type: none"> • PEI Sports Hall of Fame and Museum Inc. • Community Care Facilities and Nursing Homes Board • Council of the Association of Registered Nurses of PEI • Council of the College of Physicians and Surgeons • Council of the Denturist Society of PEI • Council of the PEI Chiropractic Association • Council of the PEI College of Physiotherapists • Dietitians Registration Board • Dispensing Opticians Board • Emergency Medical Services 	<i>Corporate Development and Innovation</i>

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
	<p>Hospitals)</p> <ul style="list-style-type: none"> • Pharmacy Services (QEH / PCH / Community Hospitals) • Emergency Health Services • Provincial Pharmacare Program 		<p>Board</p> <ul style="list-style-type: none"> • Financial Assistance Appeal Panel • <u>Health PEI/</u> • Licensed Practical Nurses Registration Board • Medical Advisory Committee • Mental Health Review Board • Nurse Practitioner Diagnostic and Therapeutics Committee • PEI College of Optometrists • PEI Occupational Therapists Registration Board • <u>PEI Pharmacy Board/</u> • Pharmaceutical Information Program Advisory Committee • Physician Resource Planning Committee • Provincial Canada Games Committee • Psychologists Registration Board <p><i>Leadership Committees</i></p> <ul style="list-style-type: none"> • Advisory Committee on Organizational Development (ACOD) • Information Management and Technology Steering Committee • Provincial Medical Advisory Committee • Provincial Nursing Advisory Committee • Quality and Patient Safety Council • Utilization Management /Patient Flow Steering Committee • Wait Times Strategy Steering Committee 	
NT		<ol style="list-style-type: none"> 1. Beaufort-Delta HSS Authority 2. Sahtu HSS Authority 3. Deh Cho HSS Authority 4. Tlicho HSS Authority 		

Prov/ Terr	Provincial Authorities Including Specialized Authorities	Regional Authorities	Local/Community Authorities	Authority Resp. for Quality & Safety
		5. Yellowknife HSS Authority 6. Stanton Territorial Health Authority 7. Hay River HSS Authority 8. Fort Smith HSS Authority		
YK		Yukon Territory Health Region		

BRITISH COLUMBIA LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
The Hospital Act Regulation: Hospital Act Regulation, BC Reg 121/97	To govern and licence operators of hospitals	Hospitals (other than private hospitals)	<ul style="list-style-type: none"> Operation of Hospitals (operation standards; rules and by-laws; reporting and audits) Financial (grants, fees, investment) General (licensing; standards; reporting; penalties; regulations) 	Yes ⁱⁱ	No	No	No
The Mental Health Act	To set out the admission and treatment requirements for patients in psychiatric facilities	Private mental hospitals, provincial mental health facilities, public hospitals, patients, guardians, mental health review board and other entities as described in the Act	<ul style="list-style-type: none"> General (licensing; penalties; regulations) Financial (charges and payment) Offences and liability Admissions and Exams (voluntary, involuntary, court ordered) Transfer to correctional facility Treatment decisions and competence Administering treatment Mental health review board & applications to court 	No	No	No	No
Health Authorities Act	To create regional authorities with responsibility for providing for the delivery and administering of health services in specified geographical areas; and to address health sector labour relations	Regional Health Boards, Labour Relations Board, and certain other public bodies as described in the Act	<ul style="list-style-type: none"> Regional Health Boards (structure and administration; responsibilities, duties and powers; financial matters; amalgamation of Regional Health Boards and designated corporations) Health sector labour relations (certification; application of collective agreements; application of <i>Labour Relations Code</i>; powers of Labour Relations Tribunal) 	Yes ⁱⁱⁱ	Limited ^{iv}	No	Yes ^v
Health Act	To set out the powers of the BC Cancer Agency and Health Status Registry in respect of collection and use of information	BC Cancer Agency and Health Status Registry	<ul style="list-style-type: none"> Operation of BC Cancer Agency (powers to request and use information) Operation of Health Status Registry (powers to record and classify information, requirements regarding privacy) 	No	No	No	No
Emergency and Health Services Act	To continue and set out the powers of the Emergency and Health Services Commission and the Emergency Medical Assistants Licensing Board	Emergency and Health Services Commission and the Emergency Medical Assistants Licensing Board	<ul style="list-style-type: none"> Operation of Emergency and Health Services Commission (powers to provide emergency and health services; establish and operate emergency health centres and stations; assist hospitals and other health institutions, agencies, municipalities and other organizations to provide emergency health services and health services; establish or improve communications for emergency health 	Yes	No	No	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
			<p>services and health services; train and make available the services of personnel; provide ambulance services)</p> <ul style="list-style-type: none"> • Operation of Emergency Medical Assistants Licensing Board (sets out its composition; provides for its role with respect to disciplinary action; and provides for appeals of its decisions to the BC Supreme Court) 				
Public Health Act	To enable the delivery of health services and to govern its provision	Local governments, health service operators, provincial and medical health officers and other entities as described in the Act	<ul style="list-style-type: none"> • General (licensing; standards; reporting; regulations; offences and penalties) • Judiciary (provides for applications to the Provincial Court and Supreme Court and for the orders each can make) • Responsibilities and powers of the minister (require a public body make health plans; require a health authority to monitor implementation of a public health plan; make orders regarding quarantine facilities and infectious and/or hazardous agents; inquire into the status of the population's health; establish directives and standards; appoint someone to conduct an inquiry) • Responsibilities and powers of health officers (order diagnostic exams and reports; enter into written agreements for the protection of public health; inspect a vehicle, place or person; address health hazards and contraventions; advise entities on issues of public health) • Establishes emergency powers 	Yes ^{vi}	No ^{vii}	No	Yes
Health and Social Services Delivery Improvement Act	To facilitate the provision of health and social services	Health sector employers, social services sector employers, and the Labour Relations Board	<ul style="list-style-type: none"> • Employer-employee relationship (authorizes health sector employers to reorganize delivery of their services; precludes declaration of certain categories of persons as health sector employees; and establishes employment security provisions in the social services sector) 	No	No	No	No
Continuing Care Act	To ensure the provision of continuing care	Operators of continuing care facilities, inspectors and administrators	<ul style="list-style-type: none"> • Financial (fees and charges to clients) • Responsibilities and powers of the minister (may enter into an agreement under which the government will make payments on behalf of clients; issuance of standards, guidelines and directives; determine who will receive continuing care for which payment is made; appoint inspectors to inspect relevant records and facilities, and 	Yes ^{viii}	No	No	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
			administrators to deliver continuing care if the operator risks health or safety)				
Community Care and Assisted Living Act	To regulate the provision of community care and assisted living	Director of licensing, medical health officers, assisted living registrar, licensed community care operators, Community Care and Assisted Living Appeal Board	<ul style="list-style-type: none"> • General (standards; regulations; offences and penalties) • Responsibilities and powers of the director of licensing (may require a health authority to provide reports; can inspect records, conduct an audit, specify policies and standards of practice) • Responsibilities and powers of medical health officers (can examine the premises of community care facilities; must investigate every license application and complaint and carry out inspections) • Establishes the Community Care and Assisted Living Appeal Board (sets out its powers, the process of appeals in respect of which it has exclusive jurisdiction) 	Yes ^{ix}	No ^x	No	No
Hospital District Act	To create regional authorities with responsibility for providing for the delivery of and administering health services in specified geographic areas	Regional hospital district boards	<ul style="list-style-type: none"> • Establishes regional hospital district boards (sets out their voting structure and system, composition and procedure; empowers them to acquire, hold and dispose of property; requires the preparation and adoption of a provisional budget; provides for their ability to borrow and spend money to meet capital expenditures) 	No	No	No	No
Patient Care Quality Review Board Act	To provide a forum to address health care quality complaints	Health authorities, patient care quality offices, Patient Care Quality Review Board	<ul style="list-style-type: none"> • General (regulations, collection, use and disclosure of personal information) • Patient care quality offices (requires each health authority establish such an office to receive and process care quality complaints) • Patient Care Quality Review Board (established for each health authority region and the Provincial Health Services Authority) 	Yes ^{xi}	No	No	No
Budget Transparency and Accountability Act	To ensure greater transparency and public accountability with respect to public organizations	Health and education sector organizations, government organizations and corporations, Treasury Board	<ul style="list-style-type: none"> • Budget consultation papers (requires that the minister make public a budget consultation paper for each government reporting entity) • Fiscal reports (annual and quarterly public accounts are required) • Service plans (not applicable to health sector organizations) 	No	Limited ^{xii}	Yes ^{xiii}	No

- ⁱ Process for selection: (a) first, we conducted an online key word search of all British Columbia Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or, in most provinces, legislation governing the provincial health insurance plan. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to a representative at the Ministry of Health Services for review and comment; no comments had been returned at the time this summary was finalized.
- ⁱⁱ **Sections 19, 40, 43, 44:** inspections may be conducted by, and reports and returns are to be submitted to, an inspector. **BC Reg 121/97, s. 4(3):** requires that a hospital’s board (e) assist in providing adequate documentation for the purpose of maintaining a health record for each patient; (f) participate in appropriate quality improvement activities.
- ⁱⁱⁱ **Section 5:** a regional health board is to develop and implement a regional health plan that includes the health services provided in the region and the programs for their delivery; and to develop and implement regional standards for the delivery of health services in the region.
- ^{iv} **Section 8(3):** meetings of a regional health board are open to the public, unless the board decides certain other interests outweigh the desirability of public disclosure of the information.
- ^v **Section 16:** a Regional Health Board may be amalgamated with a designated corporation if suitable for the purposes of the Act.
- ^{vi} **Sections 3, 7, 8, 61, 66, 86:** the minister can require a public body make public health plans, and that a health authority monitor their implementation, and can appoint someone to conduct an inquiry and set its terms of reference in order to assess the impact on health promotion or protection; the minister is required to inquire into the status of the health of the population and health hazards and impediments, and to evaluate and advise the government on action impacting public health; provincial health officers are to monitor and advise on public health issues and to submit annual reports.
- ^{vii} **Sections 3, 73, 84:** requirement that each regional health board and local government with jurisdiction in the relevant area be consulted in respect of public health plans; local governments can act cooperatively with other local governments in taking action in respect of health hazards or impediments; medical health officers are to advise entities (school boards and local governments) with respect to public health issues.
- ^{viii} **Section 7:** the minister is authorized to appoint inspectors, who can inspect all records related to the provision of continuing care, the facilities and the relevant financial records of an operator.
- ^{ix} **Section 4, 9:** the director of licensing can require a health authority to provide routine or special reports on the operation of licensed community care facilities, of the licensing program of the health authority and the results of any investigations of community care facilities or investigations of complaints; inspect or make an order for the inspection of books, records or premises in connection with the operation of a community care facility; require a health authority to conduct an audit of the operations of a community care facility; carry out or order the investigation of a reportable incident at a community care facility or a matter affecting the health or safety of a person in care; specify policies and standards of practice for all community care facilities. Directors of licensing and medical health officers may examine any part of a community care facility, require the licensee produce for inspection relevant records, inquire into and inspect all matters concerning the community care facility, its operations, employees and persons in care.
- ^x **Section 1 of Schedule 1:** provides a series of rights for adult persons in care, among them the right to transparency and accountability, which includes ready access to copies of the most recent routine inspection record made under the Act.
- ^{xi} **Section 2:** requires that each health authority establish a patient care quality office to receive and process care quality complaints. **Section 8:** establishes a Patient Care Quality Review Board for each health authority region and the Provincial Health Services Authority. **Section 13:** authorizes the minister to direct a review board to review a complaint respecting the delivery of or failure to deliver health care or related services, or respecting the quality of health care or related services delivered. **Section 13:** requires a review board make an annual report to the minister, which may include recommendations for improvements in patient quality care.
- ^{xii} **Section 2:** requires that the annual budget consultation paper made by the minister include information on how members of the public may provide their views on the key issues that the minister considers need to be addressed in the next budget.
- ^{xiii} **Section 2:** requires the minister annually make public a budget consultation paper presenting a fiscal forecast for each government reporting entity and indicate the key issues that the minister considers need to be addressed in the next budget. **Section 9:** requires each government reporting entity provide annual public accounts for each fiscal year. **Section 10:** requires that each government reporting entity make quarterly public reports.

ALBERTA LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Alberta Health Act (not yet in force)	Will require establishment of a health charter setting out expectations and responsibilities within the health system; appointment of a health advocate to address citizen concerns; and provide for a process for public input in the development of the Act's regulations. ⁱⁱ	Individuals, families, communities, health professionals and the Government of Alberta	<ul style="list-style-type: none"> • Health Charter • Appointment of Health Advocate • Complaints • Roles and responsibilities • Reporting • Directions by the Minister • Public Input 	No	Yes ⁱⁱⁱ	Yes ^{iv}	Yes ^v
Regional Health Authorities Act	To establish health regions and regional health authorities	Regional health authorities, community health councils, provincial health boards	<ul style="list-style-type: none"> • General (regulations; grants and other payments; exclusions from liability) • Establishment of health regions • Establishment of regional health authorities (charged with administering each health region; promoting and protecting the health of the population; determining priorities for provision of health services; ensuring reasonable access to quality of health services) • Establishment of provincial health boards (charged with acting in an advisory capacity; promoting and engaging in research; and carrying out certain health-related activities) 	Limited ^{vi}	Yes ^{vii}	Limited ^{viii}	No
Hospitals Act	To provide for the governance and administration of hospitals	Regional health authorities, hospitals, medical staff, Hospital Privileges Appeal Board, hospital foundations	<ul style="list-style-type: none"> • General (regulations; liability for hospital charges) • Establishes a Hospital Privileges Appeal Board (provides for its composition, procedure and appeals) • Hospital governing boards (requires that each hospital have a governing board with full control of that hospital; provides the governing board must enact general bylaws) • Removal, discharge and transfer of patients • Insured services (defined; entitlement to; recovery of cost of services; payment) • Hospital foundations (provides for their establishment, status and composition) 	Yes ^x	No	No	Yes ^x
Health Care Protection Act	To provide for the public administration of the health system	Hospitals, health authorities, Premier's Advisory Council on Health, operators of surgical facilities	<ul style="list-style-type: none"> • General (regulations; offences and punishment) • Surgical facilities (requires accreditation; sets conditions of operation; regulates provision of insured and uninsured services) 	Limited ^{xi}	Limited ^{xii}	No	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
			<ul style="list-style-type: none"> Establishes the Premier's Advisory Council on Health (provide strategic advice to the Premier on the preservation and future enhancement of quality health services) Enhanced medical services (limits amounts that may be charged; establishes conditions on which they may be provided) 				
Health Facilities Review Committee Act	To ensure a high standard for health facilities	Alberta Health Facilities Review Committee, hospitals	<ul style="list-style-type: none"> Establishes the Alberta Health Facilities Review Committee (provides for its composition and structure; sets out its duties and responsibilities) 	Yes ^{xiii}	No	No	No
Provincial Health Authorities of Alberta Act	To continue the Alberta Hospital Authorities of Alberta Act	Provincial Health Authorities of Alberta	<ul style="list-style-type: none"> Continues the Alberta Hospital Association as the Provincial Health Authorities of Alberta (directs the use of profits to health-related purposes) 	No	No	No	No
Mental Health Act	To provide for the admission and treatment requirements for patients in psychiatric facilities	Patients, physicians, peace officers, Mental Health Patient Advocate, regional health authorities, review panels, and health professionals	<ul style="list-style-type: none"> Admissions and exams (voluntary, involuntary and court ordered) Transfer to correctional facilities Treatment decisions and competence Administering treatment Review panels and appeals to court 	Yes ^{xiv}	No	No	No
Public Health Act	To enable the delivery of public health services to protect and promote public health and well-being	Medical officers of health, regional health authorities, physicians, executive officers, general public	<ul style="list-style-type: none"> General (regulations; penalties; court enforcement; protection from liability) Establishes a Public Health Appeal Board (provides for its duties and procedure) Regional Health Authorities (requires that they provide health, promotional, preventive, diagnostic, treatment, rehabilitative and palliative services) Chief Medical Officer of Health (monitor health of Albertans, activities of regional health authorities, medical officers of health and executive officers) Declarations of state of public health emergency (provides the conditions for their issuance, duration and authority) 	Yes ^{xv}	No	No	No
Protection for Persons in Care Act	To require the reporting of abuse of clients, provide for an independent review of reports of abuse and promote prevention of abuse	Service providers, complaints officers, investigators	<ul style="list-style-type: none"> General (regulations; offences, prosecutions and penalties) Provides for duty to protect clients from abuse Duties of a complaints officer Powers of an investigator 	No	No	No	No
Health Quality Council of Alberta Act	To ensure and improve patient safety and health service quality through the Health Quality Council of Alberta	Health Quality Council of Alberta	<ul style="list-style-type: none"> Health Quality Council of Alberta (continued as a corporation; provides its mandate; sets out its duties and powers) 	Yes ^{xvi}	No	Yes ^{xvii}	Yes ^{xviii}

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute’s Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Nursing Home Act	To regulate the provision of nursing home facilities and to ensure the health, safety and well-being of their residents	Regional health authorities, nursing home operators	<ul style="list-style-type: none"> • General (records; prohibitions; offences and penalties; regulations) • Eligibility for benefits • Grants (authorizes the Minister to make grants to an operator in respect of its operating or capital costs) • Regional Health Authorities (authorizes them to enter into agreements for the provision of nursing home care to eligible residents of hospitals) 	Limited ^{xix}	No	No	No
Alberta Public Agencies Act	To ensure the accountability and transparency of public agencies and their activities, and that they fulfil their mandates	Public agencies, as defined in the Act	<ul style="list-style-type: none"> • Mandate and Rolls Document (must be developed annually) • Responsibilities of public agencies • Members of public agencies 	No	No	Limited ^{xx}	No
Emergency Health Services Act	To provide for the provision of emergency health services	Regional health authorities	<ul style="list-style-type: none"> • General (information; Ministerial powers; regulations) • Licensing and appeals • Governance (duties of regional health authorities; emergency health services plan proposals) • Provision of emergency health services (dispatch centres; ambulance attendant duties; prohibitions) • Inspections, investigations and enforcement 	No	No	Limited ^{xxi}	No
Government Accountability Act	To ensure the accountability of governing entities	Crown-controlled organizations, provincial agencies and other entities as defined in the Act	<ul style="list-style-type: none"> • Consolidated reports (prepared by the Minister annually) • Ministry reports • Public accounts 	No	No	Limited ^{xxii}	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all Alberta Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plan. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to the Ministry of Health and Wellness for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ The *Alberta Health Act* is the result of an Advisory Committee on Health consultation and recommendation that Alberta establish legislation to set the overall direction for Alberta’s publicly-funded health system. The Minister’s Advisory Committee on Health proposed to consolidate the current legislation that defines how publicly funded health services are provided, including the *Alberta Health Care Insurance Act*, *Hospitals Act*, *Nursing Homes Act*, *Health Care Protection Act* and *Health Insurance Premium Act*. This Act is not yet in force and the draft regulations have not yet been released.

ⁱⁱⁱ **Section 4: (1)** A person may make a complaint to the Health Advocate that a person has failed to act in a manner consistent with the Health Charter.
(2) The Health Advocate shall review a complaint made under subsection (1) unless, in the opinion of the Health Advocate, (a) the complaint relates to a matter that is within the jurisdiction of another person or body, or (b) the complaint is frivolous or vexatious or is without merit. **(3)** Where the complaint relates to a matter that is within the jurisdiction of another person or body, the Health Advocate shall refer the complaint to that person or body.

Section 14: (1) Neither the Minister nor the Lieutenant Governor in Council shall make any regulation under this Act unless (a) the Minister has published a notice of the proposed regulation on the public website of the Minister's department, (b) the notice complies with the requirements of this section, (c) the time period specified in the notice, during which members of the public and stakeholders may submit comments, has expired, and (d) the Minister has reported to the Executive Council. **(2)** The notice referred to in subsection (1)(a) must contain (a) a summary of the proposed regulation and the proposed text of it; (b) a statement of the time period during which members of the public and stakeholders may submit written comments on the proposed regulation to the Minister and the manner in which the comments must be submitted; (c) any other information that the Minister considers appropriate.

^{iv} **Section 8:** To enable the Minister to report to the public on the status of the health system, the Minister may, by order, direct a regional health authority, health provider, professional college or operator or any other person involved in the provision of a health service to report to the Minister in the form and manner directed by the Minister on any one or more of the following as specified, and to the extent provided, in the order: (a) compliance with the Health Charter; (b) health status of Albertans; (c) health service outcomes; (d) health system performance; any other matters provided for in regulations.

Section 9: The Minister may, by order, direct a regional health authority, health provider, professional college or operator or any other person involved in the provision of a health service to do any one or more of the following as specified, and to the extent provided, in the order: (a) comply with the Health Charter; (b) develop and adopt a charter, consistent with the Health Charter, specific to that person's role in the health system; (c) modify its bylaws, codes of conduct, policies or other documents to make them consistent with the Health Charter and the principles of this Act; (d) co-ordinate its roles and responsibilities; (e) any other matters provided for in regulations.

^v **Section 2:** The Minister shall establish a Health Charter to guide the actions of regional health authorities, provincial health boards, operators, health providers, professional colleges, Albertans, and any other persons specified in the regulations. The Health Charter must (a) recognize that health is a partnership among individuals, families, communities, health providers, organizations that deliver health services, and the Government of Alberta, and (b) acknowledge the impact of an individual's health status and other circumstances on the individual's capacity to interact with the health system, but the Health Charter must not be used to limit access to health services.

^{vi} **Section 21:** authorizes the Minister, or a person authorized by the Minister, to enter and inspect any place under the jurisdiction of an existing health authority, regional health authority, community health council or subsidiary health corporation; and require the production for examination of any documents or records in the possession of the existing health authority, regional health authority, community health council or subsidiary health corporation.

^{vii} **Section 12:** requires that meetings of a regional health authority or community health council be open to the public unless it could result in the release of information that might impair the ability of the either to carry out its responsibilities or of information relating to the personal interests, reputation or privacy of any person.

^{viii} **Section 13:** requires that a regional health authority, a subsidiary health corporation and a community health council have an auditor, who shall forward to the Minister copies of any audit reports, and the auditor's observations and recommendations to management relating to the auditor's audit activity. **Section 14:** requires that a regional health authority, a subsidiary health corporation and a community health council, on written request of the Minister, forward to the Minister records, reports and returns as specified by the Minister in the request; and requires that a regional health authority provide to the Minister an annual report on its activities for the previous fiscal year.

^{ix} **Section 24:** authorizes the Minister to require health information and other patient records to a person for the purposes of assessing the standards of care, improving hospital or medical procedures, compiling medical statistics, or conducting medical research; authorizes the Appeal Board to inspect any health information or other records relating to a patient. **Section 29:** authorizes the Minister to authorize an investigation into the administration and operation of a hospital, and to appoint a committee of inquiry into the affairs of the hospital.

^x **Section 4:** on the request of the owner of a non-regional hospital that serves a health region, or on the request of the regional health authority, the Minister may cause a plan to be prepared for the use of the services of the non-regional hospital by the regional health authority and for the integration of the operation, management and financing of all hospitals serving the health region.

^{xi} **Section 24:** authorizes the Minister to make inquiries into the management and affairs of a designated surgical facility or surgical facility whose designation has been withdrawn, and to visit and inspect the surgical facility and examine records at the surgical facility for the purpose of verifying the accuracy of records, reports and returns and ensuring compliance with the Act and regulations.

^{xii} **Sections 11 and 15:** requires that the Minister publish or otherwise make available to the public in a form and manner the Minister considers appropriate the Minister's reasons for designating a surgical facility in respect of insured and uninsured services.

^{xiii} **Section 7:** requires the Alberta Health Facilities Review Committee visit all hospitals to review and inspect them. **Section 8:** authorizes the Minister to investigate the care, treatment and standards of accommodation received by patients if a complaint is made. **Section 16:** requires that the Committee prepare and submit to the Minister annually a report summarizing its activities in that year.

^{xiv} **Section 45:** requires the Lieutenant Governor in Council appoint a Mental Health Patient Advocate to investigate complaints from or relating to formal patients or persons who are subject to community treatment orders.

^{xv} **Section 17:** authorizes the Minister and employees of the Government authorized by the Minister for the purpose to make inquiries into the management and affairs of a regional health authority, enter and inspect any place under the jurisdiction of a regional health authority, and examine the records of a regional health authority for the purpose of verifying the accuracy of reports and ensuring that the Act and the regulations are complied with.

- ^{xvi} **Section 3:** provides that the objects of the Council are to promote and improve patient safety and health service quality on a province-wide basis; in cooperation with health authorities, to monitor and assess patient safety and health services quality; to identify effective practices and make recommendations for the improvement of patient safety and health service quality; to assist in the implementation and evaluation of activities, strategies and mechanisms designed to improve patient safety and health service quality; to survey Albertans on their experience and satisfaction with patient safety and health service quality; and other activities provided for in the regulations. **Section 4:** requires the Council report to Albertans on any survey it conducts and advise the Minister on the quality of health services, results and recommendations of the work of the Council on patient safety and health service quality; and, at the request of the Minister, to prepare and submit any reports respecting the activities of the Council that the Minister requires. **Section 16:** authorizes the board to enter and inspect any place under the jurisdiction of a regional health authority, community health council or subsidiary health corporation, and to require the production for examination of any documents or records in the possession of the regional health authority, community health council or subsidiary health corporation.
- ^{xvii} **Section 24:** requires the board submit to the Speaker of the Legislative Assembly a report on the activities of the Council for the preceding year, and a financial statement showing the business of the Council for the preceding fiscal year.
- ^{xviii} **Section 13:** requires that the Council network with health professions, health authorities, organizations providing health services, academic health centres and other related organizations for the purposes of sharing information on patient safety and health service quality issues; identifying and assessing patient safety and health service quality issues; and developing and commending effective practices in patient safety and health service quality.
- ^{xix} **Section 12:** authorizes, for the purposes of ensuring that the health, safety or well-being of the residents in a nursing home is being maintained or that the nursing home is being operated in accordance with this Act, a person authorized by the Minister to enter and inspect any land or buildings used for a nursing home, or require an operator to furnish any specified information in connection with the operation of the nursing home as soon as is reasonably possible.
- ^{xx} **Section 19:** requires the mandate and operations of every public agency be reviewed at least every seven years by the responsible Minister, who shall report the results to the Executive Council.
- ^{xxi} **Section 24:** authorizes authorized persons to enter and inspect any place for the purpose of determining whether the Act and regulations are being complied with.
- ^{xxii} **Section 16:** requires that the governing body of an accountable organization, which includes a regional health authority, subsidiary health corporation, community health council, or provincial health board, prepare and give to the Minister responsible for the accountable organization a business plan and annual report for each fiscal year.

SASKATCHEWAN LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
<i>The Department of Health Act</i>	This Act grants the Minister of Health power to govern the affairs of the department of health of Saskatchewan.	The department of health and its staff.	<ul style="list-style-type: none"> • The Department of Health • Powers and Duties of the Minister • Agreements Respecting Northern Saskatchewan • Health Systems, Technology and Information • Health Service Outside of Saskatchewan 	No	No	No	No
<i>The Cancer Agency Act</i>	To govern establish and govern the Cancer Agency for the province of Saskatchewan and plan, organize, deliver and evaluate cancer care services in the province.	The Cancer Agency, regional health authorities, health care organizations and health care providers.	<ul style="list-style-type: none"> • The Cancer Agency • Responsibilities and Powers of the Agency • Cancer Registry 	Yes ⁱⁱ	No	No	Yes ⁱⁱⁱ
<i>The Health Districts Act</i>	This Act has largely been repealed by the <i>Regional Health Services Act</i> . The purpose was to establish health districts and boards of health	Municipalities, health corporations defined as hospital boards, ambulance boards or prescribed corporations, and health districts.	<ul style="list-style-type: none"> • Establishment of Health Districts and Boards • Amalgamations • Payments to Municipalities 	No	No	No	No
<i>The Health Facilities Licensing Act</i> Regulation: The Health Facilities Licensing Regulations H-0.02 Reg 1	License and govern health facilities in Saskatchewan.	Health facilities and health facility operators.	<ul style="list-style-type: none"> • Licensing • Approval and Accreditation • Responsibilities • Annual Returns and Financial Statements 	Limited ^{iv}	No	Yes ^v	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
The Health Quality Council Act	The Act establishes the Health Quality Council as a corporation with the object of existing the clinical standards of health care and research.	Health Quality Council	<ul style="list-style-type: none"> • Membership in the Health Quality Council • Objects and Powers • Council Responsible to Minister • Head Office, Board, Officers and Committees • Remuneration and Reimbursement 	Yes ^{vi}	No	Yes ^{vii}	No
The Mental Health Services Act Regulation: The Mental Health Services Regulations M-13.1 Reg 1	This Act promotes procedures geared toward preventing circumstances that lead to mental disorder and distress and for promoting and restoring the mental health and well-being of the people of Saskatchewan.	Patients and their families, mental health centres, health facilities, health care providers including physicians and psychiatrists, courts, the review board established under the Act, and other entities as described in the Act.	<ul style="list-style-type: none"> • Administration • Eligibility for Services • General Rights and Obligations • Assessment, Treatment and Admission/Discharge • Appeal and Review Procedures 	Yes ^{viii}	Yes ^{ix}	Yes ^x	No
The Public Health Act	The purpose of this Act is to facilitate and enable the delivery of public health services to protect and promote the health and well-being people in Saskatchewan.	Public health officials, the public, regional health authorities, etc.	<ul style="list-style-type: none"> • Community Health Protection • Water Supply and Sewage Disposal • Environmental Health Protection • Communicable Diseases • Control of Epidemics • Enforcement of the Act 	Yes ^{xi}	No	Yes ^{xii}	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
<p>The Regional Health Services Act</p> <p>Regulation: Regional Health Services Administration R-8.2 Reg 1</p>	<p>The purpose of this Act is to establish and govern Health Regions and Regional Health Authorities, to govern Health Care Organizations, to respect standards related to Health Services and Facilities and to make consequential amendments to certain other Acts.</p>	<p>Health Regions established pursuant to section 13 of the Act, Regional Health Authorities established pursuant to section 14 and 24 of the Act, Health Care Organizations means the operator of a hospital or not-for-profit special-care home or any prescribed person that receives funding from the regional health authority and Facilities, defined as a facility in which health services are provided.</p>	<ul style="list-style-type: none"> • Responsibilities and Powers of the Minister • Establishment of Health Regions and Regional Health Authorities • Changes to Health Regions and Regional Health Authorities • Responsibilities and Powers of Regional Health Authorities 	<p>Yes^{xiii}</p>	<p>Limited^{xiv}</p>	<p>Yes^{xv}</p>	<p>Yes^{xvi}</p>
<p>The Personal Care Homes Act</p> <p>Regulation: The Personal Care Homes Regulations 1996 P-6.01 Reg 2</p>	<p>To license and govern personal care homes in Saskatchewan.</p>	<p>Holders of licences of personal care homes, personal care home facilities, patients of personal care homes and their families.</p>	<ul style="list-style-type: none"> • Licence Required • Issuance and Compliance with Licence • Security • Inspection and Investigation 	<p>Yes^{xvii}</p>	<p>No</p>	<p>Limited^{xviii}</p>	<p>Limited^{xix}</p>
<p>The Saskatchewan Health Research Foundation Act</p>	<p>This Act establishes the Saskatchewan Health Research Foundation as a corporation with the object of seeking and receiving funding for the advancement of research and facilitating health-related research.</p>	<p>The Saskatchewan Health Research Foundation.</p>	<ul style="list-style-type: none"> • Foundation Established • Membership • Objects • Head Office, Board, Officers, Committees, Remuneration 	<p>No</p>	<p>Limited^{xx}</p>	<p>Yes^{xxi}</p>	<p>No</p>

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute’s Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
<p>The Ambulance Act</p> <p>Regulation: The Ambulance Regulations A-18.1 Reg 1</p>	<p>The majority of this Act has been repealed. The purpose of the Act is to establish ambulance services for regional health authorities in Saskatchewan.</p>	<p>Regional health authorities, ambulance operators and licensees.</p>	<ul style="list-style-type: none"> • Districts and Boards • Emergency Medical Assistants 	<p>Yes^{xxii}</p>	<p>No</p>	<p>Yes^{xxiii}</p>	<p>No</p>

ⁱ Process for selection: (a) first, we conducted an online key word search of all Saskatchewan Consolidated Acts database for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plan. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was reviewed by a representative of the Ministry of Health.

ⁱⁱ **Section 9(3)(a)-(j):** The cancer agency shall evaluate the cancer care services provided in Saskatchewan, and establish protocols and standards for cancer care services.

ⁱⁱⁱ **Section 9(3)(c):** The cancer agency shall co-ordinate the cancer care services it provides with other health services provided by the regional health authorities of the province along with other providers of health services.

^{iv} **Section 29(i):** The Lieutenant Governor in Council may make regulations respecting the quality and standards of service to be provided at a health facility and respecting the quality and standards of health facilities. Regulation 0.02 Reg 1 **Section 7(2):** states that a licensee must ensure that all aspects of the health services provided in the health facility are provided in accordance with generally accepted standards that are appropriate for the health services being provided at the facility.

^v **Section 7(2)(e):** The Minister may issue or renew a licence of a health facility only if the Minister is satisfied that the licensing of the health facility constitutes and effective and efficient use of public resources.

^{vi} **Section 5(a)-(l):** The objects of the Health Quality Council are to monitor existing clinical standards of health care and promote the improvement of quality health care and to monitor and assess the quality of the health services available in Saskatchewan.

^{vii} **Section 5(c):** The Health Quality Council shall assess the effectiveness of new and existing health technologies. **Section 21(1):** The council shall regularly prepare and publish reports on the activities of the council, the research promoted or undertaken by the council and the recommendations made by the council.

^{viii} **Section 43(l):** The Lieutenant Governor in Council may make regulations prescribing the physical and operating standards to be met by approved homes accommodating persons with mental disorder. Per M-13.1 Reg 1, **Section 28:** Every in-patient facility shall comply with The Hospital Standards Regulation 1980.

^{ix} **Section 3(a):** It is the primary object of the Act that mental health services be made available which provide clinical services in the community, residential services, rehabilitation services, consultation, public education, research and prevention in various centres throughout Saskatchewan. **Section 24.3:** The Act also provides for community treatment orders to provide care to persons with mental disorder outside of an in-patient facility.

^x **Section 3(d):** The Minister may take steps to conduct research for the purpose of ascertaining more effective methods of providing mental health services.

^{xi} **Section 3(d)(i)-(iii):** The general functions of the Minister include establishing standards for public health programs and services, public health personnel and public health reporting systems.

^{xii} **Section 3(e):** In protecting the health of the people of Saskatchewan, the Minister may monitor and evaluate the efficiency of programs and services and their effectiveness in achieving goals established for the health of the population.

- xiii **Section 58(2):** Regional health authorities and health care organizations shall give notice to the Minister and investigate any critical incident that arises as a result of a health service provided by a regional health authority. **Section 59(1):** The Minister may appoint persons to inquire into and report on any matter respecting a regional health authority or health care organization.
- xiv **Section 47(1):** All bylaws of a regional health authority must be made open and available for inspection by the public during normal office hours. The public shall have access to the minutes of meetings of a regional health authority during normal office hours. **Section 49(1):** All meetings of a regional health authority or cancer agency must be open to the public unless the meeting would reveal information relating to proposals for contracts or plans or proposals of the regional health authority involving future budgetary decisions or would reveal issues relating to patient care or human resources.
- xv **Section 50(1):** Every regional health authority shall prepare an operational plan for the provision of health services that it is responsible to provide and submit the operational plan to the minister. **Section 51(a):** In each fiscal year, every regional health authority shall prepare a financial and health service plan for the next fiscal year and submit it to the Minister. **Section 52:** The minister may determine the amount of funding that will be provided to the regional health authority for the fiscal year, the health services that the regional health authority is to provide, and any performance measures or targets to be achieved by the regional health authority.
- xvi **Section 25(1) and Section 6(1)** of the R 8.2-Reg 1 Certain health care organizations (set out in a schedule to the regulation) may be amalgamated with a regional health authority upon approval of the members of the health care organization if that health care organization is not incorporated or continued pursuant to *The Co-operatives Act, 1996* or *The Non-profit Corporations Act, 1995*.
- xvii **Section 11(1):** The Minister may make any inspection, investigation or inquiry necessary for the purpose of ensuring the well-being of residents of personal care homes.
- xviii P-6.01 Reg 2 **Section 3(4)(1):** If a proposed home is to accommodate 21 or more residents an application for a licence must include an operational plan including a market analysis plan, a staffing plan and demonstrate the financial viability of the home.
- xix P-6.01 Reg 2 **Section 3(4)(c)(i):** An applicant for a licence for a personal care home must provide evidence that it consulted with the regional health authority and include a statement indicating the regional health authority's support for the proposed home.
- xx **Section 4(1):** The foundation consists of 12 members appointed by the Lieutenant Governor in Council and the members will consist of a faculty member of the University of Saskatchewan engaged in health science research, a member of the University of Regina who is engaged in health science research, an official of the Department of Health, the Department of Learning and the Department of Industry and a member or a regional health authority.
- xxi **Section 11(a) and (b):** The board of directors of the foundation may appoint any committees that it considers necessary for the efficient conduct of the affairs and business of the foundation. **Section 12(1)(a):** Members of the board are entitled to remuneration for their services at rates approved by the Lieutenant Governor in Council.
- xxii A-18 Reg 1 **Section 10(1)(a)(i):** A board of a health region shall ensure that the health region receives adequate ambulance services through the direct operation, maintenance and provision of ambulance services.
- xxiii A-18.1 Reg 1 **Section 10(1)(b):** A board of a regional health authority may acquire by purchase, lease or otherwise anything that it considers necessary for the efficient operation of its business and affairs and sell, lease or otherwise dispose of anything that it considers to be no longer necessary for its purposes.

MANITOBA LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
The Hospitals Act Regulation: 453/88 Hospital Standards	To govern and licence operators of hospitals	Hospitals (other than private hospitals)	<ul style="list-style-type: none"> Operation of Hospitals (operation standards; rules and by-laws; reporting and audits) Financial (grants, fees, investment) General (licensing; standards, reporting, penalties; regulations) 	Yes ⁱⁱ	No	No	No
The Private Hospitals Act Regulation: 58/93 Private Hospitals	To govern and licence private hospitals	Private hospitals (does not include hospitals as defined in <i>The Hospitals Act</i>)	<ul style="list-style-type: none"> Licence Requirements Penalties 	No	No	No ⁱⁱⁱ	No
The Regional Health Authorities Act Regulations: 63/2012 Amalgamation of Regional Health Authorities 211/2006 Critical Incidents 218/98 Boards of Directors	To create regional authorities with responsibility for providing for the delivery of and administering health services in specified geographic areas	Regional Health Authorities and certain health corporations. ^{iv}	<ul style="list-style-type: none"> Powers of the Minister Regional Health Authorities (Structure and Administration; Responsibilities, Duties and Powers of Regional Health Authorities; Financial Matters; Agreements between Regional Health Authorities and Health Corporations; Amalgamation of Regional Health Authorities) Patient Safety 	Yes ^v	Yes ^{vi}	Yes ^{vii}	Yes ^{viii}
The Department of Health Act	To continue the Department of Health; direct funds granted to the government that pertain to health; and set out government remedies for liability for the health care of persons.	The Department of Health; Government of Manitoba	<ul style="list-style-type: none"> Continuation of the Department of Health Funds granted or gifted to government pertaining to health Government remedies and methods to pursue remedies 	No	No	No	No
The Health Services Act Regulation: 455/88 Medical Nursing Unit Districts, Hospital Districts, and Hospital	To govern the establishment of hospital districts	<ul style="list-style-type: none"> The council of each municipality in which a hospital district is proposed;^{ix} The hospital district, once established; 	<ul style="list-style-type: none"> Hospital Districts (plan by minister, approval or plan, organization committee; board) General (local government districts; administrative regulations; penalties grants and payments) 	No	Limited ^x	No	Yes ^{xi}

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Areas		<ul style="list-style-type: none"> The organization committee and board 					
The District Health and Social Services Act Regulation: 450/88 District Health and Social Services Regulation	To establish the board of a health and social services district and to establish a health and social services board to provide health services and social services within the district.	Local government districts	<ul style="list-style-type: none"> Local government districts and lands outside municipalities Establishment of districts and boards; corporate status Authorized health and social services Liabilities 	No	Limited ^{xii}	Yes ^{xiii}	Limited ^{xiv}
The Public Health Act Regulations: 30/2009 Information Sharing Regulation 29/2009 Health Hazard Regulation 28/2009 Public Health Personnel Regulation	To enable the delivery of public health services to protect and promote the health and well-being of the people of Manitoba.	Public health officials, regional health authorities, the public, professionals and facilities, tanning facilities, and other entities outlined in the regulations (x-ray facilities and cervical cancer screening facilities, swimming pools, waste disposal entities, entities that deal with dead bodies, food handling establishments, dwellings and buildings and recreational camps)	<ul style="list-style-type: none"> Public health officials and regional health authorities Community health protection; Disease control (including reporting requirements for disease) Public health emergencies Information gathering and sharing and health surveillance Compliance 	Yes ^{xv}	No	No	No
The CancerCare Manitoba Act	To continue the Manitoba Cancer Treatment and Research Foundation as a corporation under the name "CancerCare Manitoba" and carry out the objects of the corporation toward the diagnosis of, treatment of, and research in, cancer.	CancerCare Manitoba	<ul style="list-style-type: none"> Membership; chairperson; advisory medical board; members of board Annual health plan; Funds and property of corporation; Agreements; Report; Grants; By-laws 	Yes ^{xvi}	No	Yes ^{xvii}	No
The Mental Health Act Regulation: 316/88 Standards Committee Regulation 316/88	To set out the admission and treatment requirements for patients in psychiatric facilities	Patients, physicians, courts, peace officers and police, the Public Trustee, the Mental Health Review Board and other entities as described in the Act	<ul style="list-style-type: none"> Admissions and Exams (voluntary, involuntary, court ordered) Transfer to correctional facility Treatment decisions and competence Administering treatment Mental Health Review Board & appeals to court 	Yes ^{xviii}	Limited ^{xix}	No	No
The Sanatorium Board of Manitoba Act	To continue the Sanatorium Board of Manitoba as a non-profit	The Sanatorium Board of Manitoba	<ul style="list-style-type: none"> Governance (board of directors) 	No	No	No	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute’s Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
	body corporate to carry out the objects of the board: to enhance care of those with respiratory diseases, pursue education and research and extend health and treatment services						
<i>The Protection for Persons In Care Act</i>	To help protect adults from abuse while receiving care in personal care homes, hospitals or any other designated health facility	Regional health authorities, professional associations and regulatory bodies, and health facility staff and management	<ul style="list-style-type: none"> • Duty to Protect Patients from Abuse • Reporting Abuse and Investigating Report • Directions to a Health Facility • Referral to a Professional Body 	No	No	No	No
<i>The Caregiver Recognition Act</i>	To increase recognition and awareness of caregivers; acknowledge the valuable contribution they make; and help develop a framework for caregiver recognition and caregiver supports	Caregivers; each department or government agency that is responsible for the development, implementation, provision or evaluation of caregiver supports	<ul style="list-style-type: none"> • General principles relating to caregivers • Caregiver Recognition Day • Government to promote general principles • Government to consider general principles re caregiver supports • Consultation by minister • Report about caregivers • Caregiver Advisory Committee • Failure to comply with Act 	Yes ^{xx}	No	No	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all Manitoba Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plans. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to the Manitoba Health for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ **Sections 7 and 8:** The person, board of directors, board of management or management committee who or which operates, conducts or manages a hospital (the hospital operator) shall submit to the minister an annual statistical report respecting the operations of the hospital and shall appoint an auditor to have its books audited each year.

ⁱⁱⁱ **Section 15(f):** The Lieutenant Governor in Council may make regulations and orders respecting matters that relate to the effective operation of private hospitals however to date there have been no regulations made respecting the government and management of private hospitals.

^{iv} **Section 1:** A “**health corporation**” means (a) the board of a health and social services district established under *The District Health and Social Services Act*; (b) the board of a hospital district, the board of a medical nursing unit district and the board of a medical service unit district established under *The Health Services Act*; (c) a corporation which owns, operates or maintains a hospital or personal care home; and (d) a prescribed body corporate. A “**health care organization**” means a person or group of persons other than a health corporation or a health care provider who provides health services.

^v **Section 53.2:** Regional health authorities, health corporations and prescribed health care organizations must establish critical incident disclosure and recording procedures in accordance with guidelines that may be established by the minister pursuant to section 53.5. **Section 37.1:** A regional health authority, health corporation or health care organization must, as specified by the regulations, make periodic public reports about matters relating to the quality of health services provided and patient safety, at the time and in the form specified by the regulations.

- ^{vi} **Section 19:** The board of the regional health authority established under Regulation 218/98 shall hold an annual meeting, which shall be open to the public. **Section 23(3):** When carrying out responsibilities, duties and powers, a regional health authority shall consult with residents of its health region. **Section 24(2):** In the course of preparing a proposed regional health plan, the regional health authority shall consult with such persons, including municipalities, Indian Bands, and government departments and agencies, as the regional health authority considers appropriate.
- ^{vii} **Section 24(1)-(3):** The regional health authority is responsible for submitting a regional health plan to the minister. This plan shall include a comprehensive financial plan which shall include a statement of how resources, including but not limited to financial resources, will be allocated to meet the objectives and priorities developed by the regional health authority. **Section 38(2):** An annual report submitted under subsection (1) shall contain (a) a report respecting the activities of the regional health authority, including but not limited to the health services provided or funded by the regional health authority, and the costs of these activities; (b) a report respecting the health status of the population of the health region and the effectiveness of the health services provided or funded by the regional health authority; (c) the audited financial statement of the regional health authority respecting the fiscal year covered by the annual report, in the form specified by the minister; and (d) such other information as may be required by the minister.
- ^{viii} **Section 29.1:** A regional health authority may give a direction to a health corporation within its region. This direction-making power is limited to matters with a region-wide impact on the regional health authority's responsibility to coordinate and integrate health services and facilities in its health region, including planning, standards, and the allocation of financial and other resources; however, directions cannot: (a) relate to aspects of the health corporation's activities for which the regional health authority does not provide funds; (b) require the health corporation to sell, transfer pursuant to section 46, encumber or otherwise dispose of the property or operation of the health corporation; (c) require closure of a facility operated by the health corporation; or (d) require a change in the composition of the board of directors of the health corporation.
- ^{ix} **Section 78(1):** Every local government district shall be deemed to be a municipality; and the resident administrator of a local government district shall, but subject as in this section provided, stand in the place of, and be deemed to be, the council of the municipality, and have all the powers vested in the council of the municipality under this Act
- ^x **Section 28(1):** Where 10% of the resident electors in the area that would constitute the proposed hospital district petition the minister for establishment of a hospital district or a medical nursing unit district; or a medical service unit district, if the minister is satisfied that it is desirable to consider the establishment of such a district, he shall prepare a preliminary and tentative plan setting out details relative to the proposed district. The minister shall submit the plan for approval to the council of each municipality.
- ^{xi} **Sections 32 and 33:** Where a plan is approved, an organization committee will be appointed by and consist of members from each of the different municipalities that comprise a single district (meaning a medical nursing unit district, a medical service unit district, or a hospital district).
- ^{xii} **Section 18:** The council of each affected municipality in a district shall in accordance with the regulation respecting the board elect or appoint or have the right to nominate at least one person resident within the district as a member of the board of the district.
- ^{xiii} **Section 37(1):** Where the minister is satisfied that a board has failed to show financial responsibility or has failed to meet its financial obligations; he may suspend the powers of a board for such period as he may determine and in that event the minister is, during the period of the suspension, seized with all the powers, and assets of the board, and shall for all purposes stand in the place of, exercise powers and perform functions for and in the name of, the board, and administer the business and affairs of the board.
- ^{xiv} **Section 18:** The council of each affected municipality in a district shall in accordance with the regulation respecting the board elect or appoint or have the right to nominate at least one person resident within the district as a member of the board of the district.
- ^{xv} **Section 82(1)(a)-(h):** The minister has the authority to establish and maintain, or cause to be established and maintained, a provincial system of health surveillance for the ongoing, systematic collection, analysis, interpretation, publication and distribution of information necessary to, among other things, gain an overall understanding of the health status of Manitobans.
- ^{xvi} **Section 7.1(2) and (3):** The corporation shall prepare an annual health plan for its upcoming fiscal year and submit it to the minister. To do this, the corporation shall consult with regional health authorities, any other persons the corporation considers appropriate, or as the minister may direct.
- ^{xvii} **Section 7.1 and 8(1):** As noted above, CancerCare Manitoba is required to submit an annual health plan to the minister for approval. The annual health plan must: (a) state how the corporation proposes to carry out its objects and exercise its powers under this Act, consistent with any priorities set by the minister; (b) include a comprehensive financial plan that sets out the corporation's funding requests and states how the funding will be allocated; and (c) deal with any other matters and contain any other information the minister requires. The corporation shall manage and allocate its resources, including funds provided to it by the minister or a regional health authority, in accordance with the health plan approved under section 7.1 or any directions given to it under section 8.1 or 8(2).
- ^{xviii} **Standards Committee Regulation 316/88 Section 3(1):** A standards committee shall assure that a medical audit program is undertaken which will provide an effective evaluation of the quality of care rendered to all patients under the care of the psychiatric facility for which it is appointed.
- ^{xix} **Sections 26, 34(1), 35(1):** No specific mechanism measuring patient or community engagement, however some sections of the Act enumerate patient rights, including the right to patient information, the right to examine clinical records, and the right to request a correction to a clinical record.
- ^{xx} **Section 8(a)-(c):** Every two years, the minister must prepare a report analyzing progress, caregiver needs and containing an inventory of supports available and must table that report to the Legislative Assembly and publish the report on a government website.

ONTARIO LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Local Health System Integration Act, 2006	To provide for an integrated health system through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks.	Local Health System Integration Networks, Hospitals (public and private); Community Care Access Centres (CCACs); Community support service organizations; Community mental health and addictions agencies; Community health centres; Long-term care homes.	<ul style="list-style-type: none"> Local Health Integration Networks Planning and Community Engagement Funding and Accountability Integration and Devolution 	Limited ⁱⁱ	Yes ⁱⁱⁱ	Yes ^{iv}	Yes ^v
Ontario Agency for Health Protection and Promotion Act, 2007	To enhance the protection and promotion of the health of Ontarians and to contribute to efforts to reduce health inequities through the establishment of an agency to provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.	Ontario Agency for Health Protection and Promotion	<ul style="list-style-type: none"> Corporation established Issuing directives to the Corporation Crown may transfer its rights, obligations, assets and liabilities to the Corporation Crown immunity 	No	No	Limited ^{vi}	No
Health Facilities Special Orders Act	To enable the Minister to act quickly to prevent harm likely to be caused by the physical state or management of a health facility (including where conduct of a director or officer gives rise to such risk).	An ambulance service under the <i>Ambulance Act</i> A private hospital under the <i>Private Hospitals Act</i> A laboratory or specimen collection centre under the <i>Laboratory and Specimen Collection Centre Licensing Act</i>	<ul style="list-style-type: none"> Minister may order the license of a health facility suspended or revoke the license Procedural aspects (hearing, appeal to court) 	Yes ^{vii}	No	No	No
Independent Health Facilities Act	The IHFA provides a funding and licensing mechanism for certain	Independent health facilities or persons operating health facilities	<ul style="list-style-type: none"> Licences and Facility Fees Proposals 	Yes ^{viii}	No	No	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Ontario Regulation 57/92 General	needed community-based facilities that provide OHIP-insured services. It requires licensed facilities to participate in a quality assurance program to protect patient care and prohibits charging facility fees, as defined in the Act, to anyone other than the Minister of Health and Long-Term Care or a person designated in the regulations.	that have been designated as independent health facilities.	<ul style="list-style-type: none"> • Issuance of Licence • Application for a Licence • Adding Services to Licence • Relocation and Transfer of Licence • Revocation and Refusal to Renew Licence • Amendments to Conditions of Licence • Inspectors Appointed by Ministers or Registrar • Appointment of Assessors • Assessment • Inspection 				
Mental Health Act Ontario Regulation 741 General	To regulate the involuntary admission of individuals into a psychiatric hospital. The Act governs how people are admitted to psychiatric facilities, how their mental health records are kept and accessed, their financial affairs are handled, and how people can be released into the community.	Every Psychiatric Facility	<ul style="list-style-type: none"> • Standards • Hospitalization • Estates • Veterans, etc. 	Limited ^{ix}	No	No	No
Ministry of Health and Long-Term Care Act	Enabling statute for the Ministry of Health and Long-Term Care.	The Minister and Deputy-Minister of the Ministry of Health and Long-Term Care.	<ul style="list-style-type: none"> • Ministry and Minister • Delegation • Duties and Functions of Minister • Limit on Indemnification • Approval of Sale 	No	No	No	No
Ministry of Health and Long-Term Care Appeal and Review Boards Act	Enabling statute for the Health Professions Appeal and Review Board and the Health Services Appeal and Review Board.	The Health Professions Appeal and Review Board and the Health Services Appeal and Review Board.	<ul style="list-style-type: none"> • Health Professions Appeal and Review Board • Health Services Appeal and Review Board • Provisions Relating to Both Boards 	No	No	Limited ^x	No
Health Protection and Promotion Act	To provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario.	Every Board of Health; medical officers of health; administrators, hospitals, patients and out-patients as defined in the <i>Public Hospitals Act</i> ; inspectors appointed by the Minister.	<ul style="list-style-type: none"> • Health Programs and Services • Community Health Protection • Communicable Diseases • Rights of Entry and Appeals From Orders • Health units and Boards of Health • Provincial Public Health Powers • Administration • Enforcement 	Yes ^{xi}	No	Limited ^{xii}	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Public Hospitals Act Regulations: 553/96 Financial Reports by Hospital Subsidiaries 965 Hospital Management	To provide the framework within which public hospitals operate.	Public Hospitals	<ul style="list-style-type: none"> Private hospitals, independent health facilities not affected Administration and Enforcements Payment to Hospitals Powers Investigations; Protection from Liability; Inspectors Admission of Patients Municipal Right of Recourse Against Patient and Proper Municipality Offence Classification of Hospitals Advice as to Quality of Professional Work Ceasing to Operate or Provide Services 	Yes ^{xiii}	No	Yes ^{xiv}	Limited ^{xv}
Private Hospitals Act Regulation: 937 General	To provide the framework within which private hospitals operate.	Private Hospitals	<ul style="list-style-type: none"> Licence Required to operate Private Hospital Use of term "Hospital" Applications to Incorporate License, Renewal Transfer of Licence; Revocation of Licence Powers of Private Hospitals Construction, Addition or Enlargement Prohibited Inspectors Use of Licenced Hospitals 	Yes ^{xvi}	No	No	No
Excellent Care for All Act Regulation: 445/10 General	Improving the quality and value of the patient experience through the application of evidence-based health care.	Every "health care organization": (1) Public Hospitals; (2) Any others designated by regulation (but none are so designated at this time); Health Quality Council.	<ul style="list-style-type: none"> Preamble Quality committee Surveys Patient relations Process Patient Declaration of Values Annual Quality Improvement Plan Performance Based Compensations Council Offences 	Yes ^{xvii}	Yes ^{xviii}	Yes ^{xix}	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Broader Public Sector Accountability Act	The BPSAA establishes new rules and higher accountability standards for hospitals, Local Health Integration Networks (LHINs) and broader public sector organizations.	Local Health Integration Networks (LHINs) and "designated public sector organizations" which include: every hospital, community care access corporation, shared service organizations controlled by broader public sector organizations ^{xx} , and others. ^{xxi}	<ul style="list-style-type: none"> • Lobbyists and Consultants • Compensation Arrangements • Public Reporting of Expense Claim Information • Expense Claims: Allowable Expenses • Perquisites • Procurement Standards • Compliance Reports • Enforcement Provisions 	Yes ^{xxii}	No	Yes ^{xxiii}	No
Long Term Care Homes Act Regulation: 79/10 General	The LTCHA ensures that residents of these homes receive safe, consistent, and high-quality resident-centred care in settings where residents feel at home, are treated with respect, and have the supports and services they need for their health and well-being.	Licensees of long-term care homes.	<ul style="list-style-type: none"> • Fundamental Principle and Interpretation • Residents: Rights, care and Services • Admission of Residents • Councils • Operation of Homes • Funding • Licensing • Municipal Homes and First Nations Homes • Compliance and Enforcement • Administration, Miscellaneous and Transition 	Yes ^{xxiv}	Yes ^{xxv}	Yes ^{xxvi}	No
Ambulance Act Regulation: 257/00 General	To set standards for ambulance services in the Province of Ontario by granting Upper-tier municipalities (UTMs) and designated delivery agents the responsibility for the delivery of those services in accordance with the standards of the Act.	Ambulance, Land Ambulance and Air Ambulance Services; Paramedics; and Emergency medical attendants.	<ul style="list-style-type: none"> • Provincial Responsibilities • Responsibilities of Upper-Tier Municipalities • Delivery Agents • Land Ambulance Services - Designated Persons • Certification 	Yes ^{xxvii}	No	Limited ^{xxviii}	Yes ^{xxix}
Commitment to the Future of Medicare Act	To increase the government's ability to take action when Ontarians are being billed for health services that are otherwise insured by OHIP and continue to support the prohibition of two-tier medicine, extra billing and user fees in accordance with the <i>Canada Health Act</i> .	Designated and non-designated practitioners, designated and non-designated services, insured persons, insured services, physicians, health resource providers (as defined in the Act), Local Health Integration Networks.	<ul style="list-style-type: none"> • Preamble • Health Services Accessibility • Accountability 	No	No	Yes ^{xxx}	No
Home Care and Community Services Act	See Section 1 of the Act. ^{xxxi}	Service providers of community services including community support services, homemaking services, personal support	<ul style="list-style-type: none"> • Bill of Rights • Funding and Approvals • Agreements with First Nations or Aboriginal Organizations 	Yes ^{xxxii}	Yes ^{xxxiii}	Limited ^{xxxiv}	Yes ^{xxxv}

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute’s Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
		services and professional services, as described in the Act.	<ul style="list-style-type: none"> • Rules Governing Approved Agencies • Rules Governing Service Providers • Complaints and Appeals • Revocation and Takeover Powers • General 				
Community Care Access Corporations Act	Establishes CCACs as service agencies and provides the CCACs’ mandate, governance and accountabilities.	Community Care Access Corporations (as set out in Regulation 554/06).	<ul style="list-style-type: none"> • Continuation or Establishment of Corporations • Corporate Matters • Organization of Corporations 	No	No	Limited ^{xxxvi}	No
Cancer Act	Establishes Cancer Care Ontario (formerly The Ontario Cancer Treatment and Research Foundation)	Cancer Care Ontario	<ul style="list-style-type: none"> • General Governance Matters (Members, Chair and Vice-Chair, Quorum) • Objects • Audit and Annual Reports 	No	No	Limited ^{xxxvii}	No

ⁱ Process for selection: (a) first, we conducted an online key word search of the Ontario Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plan. It also does not include non-health related social service legislation. This summary was forwarded to the Ministry of Health and Long-Term Care; we received comments from the Ministry and, to the extent possible within the specified scope of this legislative review, incorporated and made revisions based on these comments.

ⁱⁱ **Section 13(6):** Each LHIN will provide the Ontario Health Quality Council with information about the LHIN the council requests.

ⁱⁱⁱ **Sections 14(2, 4), 15(1), 16(1-3):** Aboriginal and French language advisory councils to be established (14(2)); Minister shall seek advice of province-wide health planning organizations (14(4)); plans to be made available to public (15(1)); LHIN shall engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan and while setting priorities (community” includes patients, providers and employees) through such methods as community meetings s (16(1)-(3)).

^{iv} Funding and accountability provisions include provision that the Minister and each LHIN shall enter into accountability agreements that include performance goals and objectives; performance standards and targets and measures; reporting requirements; spending plans; management process (18).

^v **Part IV:** The entire purpose of the Act is to provide for an integrated health system. Specific provisions are found in **Part V** including: LHINs and each health service provider shall work independently and together to identify integration opportunities (24); LHINs issue integration decisions; change funding or facilitate negotiation (25).

^{vi} **Sections 21-22:** Board of directors of the Corporation must submit business plans and annual reports to the Minister.

^{vii} **Section 3(1):** Where the Minister is of the opinion upon reasonable grounds (a) that the physical state of a health facility or the manner of operation of the health facility by the licensee is causing or is likely to cause harm to or an adverse effect on the health of any person or impairment of the safety of any person; and (b) that it is practicable to correct the physical state or the manner of operation, as the case may be, of the health facility so that it will not cause harm to or an adverse effect on the health of any person or impairment of the safety of any person, the Minister, by a written order, may suspend the licence of a health facility other than an ambulance service, and in the case of an ambulance service may require that the licensee suspend the provision of ambulance services, until the Minister is satisfied that the physical state or the manner of operation, as the case may be, of the health facility has been so corrected.

^{viii} **Section 26(2):** If the Director is of the opinion that there is reasonable ground to believe that the quality and standards of a service provided in a health facility do not comply with the regulations or, in the absence of regulations, do not conform to the generally accepted quality and standards for the health facility and for services provided in such a facility, the Director may give notice to the Registrar. On receiving notice, the Registrar must appoint an inspector (26(3)).

Section 32(1): An inspector appointed by the Registrar may, at any reasonable time, without a warrant, enter any premises of a health facility to make an inspection in respect of a health facility operated by a person not licensed under the Act, to determine whether there is or has been a contravention or to ensure that the quality and standards of services provided in the facility comply with the regulations or, in the absence of regulations, conform to the generally accepted quality and standards for the health facility and the service or services provided in such a health facility.

Ontario Regulation 57/92: outlines the quality standards and employee and patient record retention requirements for licensees of an independent health facility.

Ontario Regulation 741: outlines certain standards that psychiatric facilities must abide by. **O Reg 741 Section 2:** Plans and specifications for the creation, establishment, construction, alteration or renovation of a psychiatric facility must be submitted to the Minister for approval. **O Reg 741 Section 4:** psychiatric facilities must provide the following “essential services” unless exempted by the Minister: in-patient services, out-patient services, day care services, emergency services, consultative and educational services to local agencies. Any alteration in this program that limits or restricts an essential service must be submitted to the Minister for approval.

Section 10: The Boards shall report annually to the Minister of Health and Long-Term Care on its activities.

Section 10: Every medical officer of health shall inspect or cause the inspection of the health unit served by him or her for the purpose of preventing, eliminating and decreasing the effects of health hazards in the health unit.

Section 41: An inspector appointed by the Minister, a medical officer of health, a public health inspector or a person acting under a direction given by a medical officer of health may enter and have access to the premises, make examinations, investigations, tests and inquiries, and make, take and remove or require the making, taking and removal of copies, samples or extracts related to an examination, investigation, test or inquiries for the purposes mentioned in the Act.

The Regulations provide the standards of care, licensing and safety requirements for various Public Health issues including Camps in Unorganized Territories, Communicable Diseases, Control of West Nile Virus, Food Premises, Public Pools, Public Spas, Rabies Immunization, Recreational Camps, School Health Services and Programs, and Small Drinking Water Systems.

Section 31: Every medical officer of health shall report to the Ministry in respect of reportable diseases and in respect of deaths from such diseases that occur in the health unit served by the medical officer of health.

Section 8: The Lieutenant Governor in Council may appoint one or more persons to investigate and report on the quality of the management and administration of a hospital, the quality of the care and treatment of patients in a hospital or any other matter relating to a hospital where the Lieutenant Governor in Council considers it in the public interest to do so.

Section 9.1: In making a decision in the public interest, the Lieutenant Governor in Council or the Minister, as the case may be, may consider any matter they regard as relevant including, (a) the quality of the management and administration of the hospital; (b) the proper management of the health care system in general; (c) the availability of financial resources for the management of the health care system and for the delivery of health care services; (d) the accessibility to health services in the community where the hospital is located; and (e) the quality of the care and treatment of patients.

Section 2(5.1) Ontario Regulation 965: The board shall ensure that the administrator establishes a system for ensuring, following a disclosure of a critical incident, that the incident is analyzed and a plan developed with systemic steps to avoid or reduce the risk of further similar critical incidents. **2(5.2):** The board shall ensure that the administrator provides aggregated critical incident data related to critical incidents occurring at the hospital to the hospital’s quality committee established under the *Excellent Care for All Act*, 2010 at least two times per year. **2(5.3):** The aggregated data shall include data about all critical incidents occurring at the hospital since the previous aggregated data was provided to the quality committee. **2(6):** Subject to the Quality of Care Information Protection Act, 2004, the board shall ensure that the administrator establishes a system for ensuring that at an appropriate time following a disclosure of a critical incident, there be a disclosure to the person the systemic steps, if any, that the hospital is taking or has taken in order to avoid or reduce the risk of further similar critical incidents, and that the content and date of this further disclosure be recorded.

Section 7(2) Ontario Regulation 965: Every medical advisory committee shall make recommendations to the board concerning the quality of care provided in the hospital by the medical staff, dental staff, midwifery staff and by the extended class nursing staff. **7(8):** When reporting to the board, the quality committee shall consider the medical advisory committee’s recommendations that relate to systemic or recurring quality of care issues.

Section 22.2 Ontario Regulation 965: A hospital, when requested to do so by the Minister in writing, shall disclose information concerning indicators of the quality of health care provided by the hospital, as specified by the Minister, that relate to any or all of the following: (1) Diagnoses of hospital-acquired infections; (2) Activities undertaken to reduce hospital-acquired infections; and (3) Mortality. The hospital shall disclose the information through the hospital’s website and through such other means and to such other persons as the Minister may direct.

Section 1 Ontario Regulation 553/96: Every hospital subsidiary shall provide a copy of its most recent audited annual financial statements to the Minister, (a) within 30 days after this Regulation is published in The Ontario Gazette; (b) on or before June 30, 1997, if more recent audited annual financial statements have become available since the copy was provided under clause (a); and (c) on or before June 30 of each year after 1997.

Section 6(1), (2), (10): A hospital that has received a direction as from the *Local Health System Integration Act* shall comply with it. An integration decision as defined in section 2 of the *Local Health System Integration Act 2006* or a Minister’s order made under section 28 of that Act prevails over a direction under section 10, as it read immediately before subsection 52 (3) of the *Local Health System Integration Act, 2006* came into force.

- ^{xvi} **Section 12:** A licence may at any time be revoked by the Minister, (a) if the licensee has made default for two months in paying the annual licence fee;(b) if the licensee or superintendent has been convicted of an offence against the Act or of any offence punishable by imprisonment; or (c) if, in the opinion of the Minister, (i) the premises of the private hospital are unclean, unsanitary or without proper fire protection, (ii) the standard of patient care provided in the private hospital is inadequate, (iii) the private hospital is managed or conducted in a manner contrary to the Act or the regulations, or (iv) the private hospital is managed or conducted in such a manner that the revocation of the licence is required in the public interest.
- Section 23(2):** Every private hospital and its registers and records shall at all times be open to inspection by an inspector.
- ^{xvii} **Section 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; and (5) To carry out any other responsibilities provided for in the regulations.
- Section 12:** The functions of the Quality Care Council are 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; and to support continuous quality improvement.
- Section 8(2-3):** An 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; and (4) Any factors provided for in the regulations. 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.
- Section 9:** 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.
- Section 8(4-5):** 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. 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.
- ^{xviii} **Sections 6 and 7:** Every health care organization shall have a patient relations process and shall make information about that process available to the public. The health care organization shall ensure that the patient relations process reflects the content of its patient declaration of values. Those organizations that do not already have a publicly available patient declaration of values produced after consultation with the public shall, (a) within six months consult with the public concerning a draft patient declaration of values; and (b) within 12 months finalize the patient declaration of values and make it available to the public. 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.
- Section 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.
- Section 12:** The Health Quality Council shall seek the advice of the public in relation to promoting health care that is supported by the best available scientific evidence by making recommendations, based on evidence and with consideration of the recommendations to the Minister concerning the Government of Ontario's provision of funding for health care services and medical devices.
- ^{xix} **Section 5:** 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. The purpose, of a survey under clause (a) is to collect information concerning satisfaction with the services provided by the health care organization, and the purpose of a survey under clause (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.
- ^{xx} Corporations controlled by one or more designated public sector organizations that exist solely or primarily for the purpose of purchasing goods or services for the designated broader public sector organization or organizations.
- ^{xxi} Publicly-funded organizations that received public funds of 10 million dollars or more in the previous fiscal year of the Government of Ontario.
- ^{xxii} **Section 7.8(3):** An increase in a payment, or a new or additional payment, may be provided to a designated executive or designated office holder before the end of the restraint period, if the increase or the new or additional payment, (a) is in recognition of the designated executive's or designated office holder's, ... (iii) achievement of performance improvement targets set out in an annual quality improvement plan developed under the *Excellent Care for All Act, 2010*, if the designated employer is a public hospital.
- ^{xxiii} **Section 4(4):** No organization to which the Act applies shall provide public funds, or other revenues that may not be used for the purpose, to any person or entity for the purpose of that person or entity engaging a lobbyist to provide lobbyist services to the organization.

Section 7.18: Every designated employer shall prepare reports signed by the employer's highest ranking officer, certifying whether the employer has complied with the restraint measures throughout the reporting period.

Section 2(3), 8, 14(4): Every directive and guideline under the Act, (a) shall be made available to the public on request; and (b) shall be publicly posted on at least one Government of Ontario website. Every local health integration network and every hospital shall, in compliance with directives, post on its public website information about expense claims that is required to be posted under the directives. Every local health integration network shall publicly post the attestations on their website.

Section 5 and 6: Every local health integration network shall prepare reports approved by the local health integration network's board concerning the use of consultants by the local health integration network. The Minister of Health and Long-Term Care may issue directives to local health integration networks respecting the reports, including directives with respect to, (a) the information that shall be included in reports; (b) to whom the reports shall be submitted; and (c) the form, manner and timing of the reports. Also, the Minister of Health and Long-Term Care may issue directives to a hospital respecting its reports concerning the use of consultants by the hospital.

Section 14: Every local health integration network shall prepare attestations, made by its chief executive officer and approved by its board, attesting to, (a) the completion and accuracy of reports required on the use of consultants; (b) compliance with the prohibition on engaging lobbyist services using public funds; (c) compliance with the expense claim directives issued by the Management Board of Cabinet; (d) compliance with the perquisites directives issued by the Management Board of Cabinet; and (e) compliance with procurement directives issued by the Management Board of Cabinet.

xxiv **Section 3:** Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: (4) Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. **Section 84:** Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

xxv **Section 3(1): (11)** Every resident has the right to, (i) participate fully in the development, implementation, review and revision of his or her plan of care, (ii) give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent, (iii) participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters. **(17)** Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else.

Section 6(5): The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care

Section 56(1): Every licensee of a long-term care home shall ensure that a Residents' Council is established in the home.

Section 59(1): Every long-term care home may have a Family Council.

Section 85: Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly.

xxvi **Section 6:** Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident. The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (a) a goal in the plan is met; (b) the resident's care needs change or care set out in the plan is no longer necessary; or (c) care set out in the plan has not been effective.

xxvii **Section 4(2):** The Minister has the power to designate hospitals as base hospitals that shall monitor the quality of the care provided by ambulance services in the regions and districts established by the Minister and perform such other functions as may be assigned to them by regulation.

Ontario Regulation 257/00: This Regulation outlines the qualification standards for emergency medical attendants and paramedics, the standards of patient care and documentation the proper operation of ambulance services, base programs and land ambulance services that are funded by the province, and plans for response time performance.

xxviii **Section 4:** The Minister has the duty and the power: to establish standards for the management, operation and use of ambulance services and to ensure compliance with those standards; to monitor, inspect and evaluate ambulance services and investigate complaints respecting ambulance services; and to fund and ensure the provision of air ambulance services.

xxix **Section 4:** The Minister has the duty and the power to ensure the existence throughout Ontario of a balanced and integrated system of ambulance services and communication services used in dispatching ambulances.

xxx **Section 22(5, 7):** If the health resource provider does not enter into a service accountability agreement with the Minister or the local health integration network within the applicable number of days after the Minister or the network, as the case may be, gave notice, the Minister or the network may direct the health resource provider to enter into a service accountability agreement with the Minister or the network and with any other health resource provider on the terms that the Minister or the network determines, and the health resource provider shall enter into and shall comply with the service accountability agreement. If a

service accountability agreement requires that a health resource provider enter into a performance agreement, the health resource provider and its chief executive officer shall enter into a performance agreement within such period of time stipulated in the service accountability agreement, and the terms of the performance agreement shall be consistent with the service accountability agreement.

Section 22: The Minister and each local health integration network shall be governed by the principle that accountability is fundamental to a sound health system. The Minister, the Lieutenant Governor in Council or a local health integration network may exercise any authority where he, she or it considers it in the public interest to do so and, in doing so, the Minister, the Lieutenant Governor in Council or the network may consider any matter that he, she or it considers relevant in the circumstances, including any of the following: (1) Clear roles and responsibilities regarding the proper management of the health care system and any health resource provider; (2) Shared and collective responsibilities; (3) Transparency (4) Quality improvement; (5) Fiscal responsibility; (6) Value for money; (7) Public reporting; (8) Consistency; (9) Trust; (10) Reliance on evidence; (11) A focus on outcomes and the quality of the care and treatment of individuals; (12) Timely access to care; (13) Accessibility; and (14) Any other prescribed matter.

^{xxxi} **Section 1:** The Purposes of the Act are: (a) to ensure that a wide range of community services is available to people in their own homes and in other community settings so that alternatives to institutional care exist; (b) to provide support and relief to relatives, friends, neighbours and others who provide care for a person at home; (c) to improve the quality of community services and to promote the health and well-being of persons requiring such services; (d) to recognize, in all aspects of the management and delivery of community services, the importance of a person's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors; (e) to integrate community services that are health services with community services that are social services in order to facilitate the provision of a continuum of care and support; (f) to promote equitable access to community services through the application of consistent eligibility criteria and uniform rules and procedures; (g) to promote the effective and efficient management of human, financial and other resources involved in the delivery of community services; (h) to encourage local community involvement, including the involvement of volunteers, in planning, co-ordinating, integrating and delivering community services and in governing the agencies that deliver community services; and (i) to promote co-operation and co-ordination between providers of community services and providers of other health and social services.

^{xxxii} **Section 27:** An approved agency shall ensure that a quality management system is developed and implemented for monitoring, evaluating and improving the quality of the community services provided or arranged by the agency.

^{xxxiii} **Section 3: Bill of Rights** - A service provider shall ensure that the following rights of persons receiving community services from the service provider are fully respected and promoted: (5) A person applying for a community service has the right to participate in the service provider's assessment of his or her requirements and a person who is determined under this Act to be eligible for a community service has the right to participate in the service provider's development of the person's plan of service, the service provider's review of the person's requirements and the service provider's evaluation and revision of the person's plan of service; (6) A person has the right to give or refuse consent to the provision of any community service; (7) A person receiving a community service has the right to raise concerns or recommend changes in connection with the community service provided to him or her and in connection with policies and decisions that affect his or her interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal; (8) A person receiving a community service has the right to be informed of the laws, rules and policies affecting the operation of the service provider and to be informed in writing of the procedures for initiating complaints about the service provider.

Section 22(4): An approved agency shall provide an opportunity to participate fully in the development, evaluation and revision of a plan of service to, (a) the person who is the subject of the plan of service; (b) if the person who is the subject of the plan of service is mentally incapable, the person or persons who are lawfully authorized to make a decision on his or her behalf concerning the community services in the plan of service; and (c) the person, if any, designated by the persons referred to in clauses (a) and (b).

^{xxxiv} **Section 22(2):** If a person is receiving a community service provided or arranged by an approved agency, the agency shall, (a) review the person's requirements when appropriate, depending on the person's condition and circumstances; and (b) evaluate the person's plan of service and revise it as necessary when the person's requirements change.

^{xxxv} **Section 50(d), 51(d):** The Minister may revoke or suspend an approval of an agency or premises if a local health integration network has issued an integration decision as defined in the *Local Health System Integration Act, 2006* or the Minister has made an order under section 28 of that Act to the agency.

^{xxxvi} **Section 12:** Each community care access corporation shall appoint one or more auditors licensed under the Public Accounting Act, 2004 to audit annually the accounts and financial transactions of the corporation.

Section 13(1): Each community care access corporation shall give an annual report on its affairs for the preceding fiscal year to the Minister within six months after the end of that fiscal year, if that fiscal year ends before the day before the first anniversary of the day on which subsection 41 (17) of the Local Health System Integration Act, 2006 comes into force.

^{xxxvii} **Section 12:** The accounts of CCO shall be audited annually by the Auditor General or by such qualified auditor as the Lieutenant Governor in Council designates.

Section 13(1): CCO shall after the close of each fiscal year make a report upon its affairs during the preceding year to the Minister and every such report shall contain a financial statement, certified by the auditor, showing all money received and disbursed by CCO during the preceding year.

QUÉBEC LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency/ Effectiveness?	Legislative Requirements / Support for Integration?
<p>An Act Respecting Health Services and Social Services</p> <p>Regulations: See below a detailed analysis of the relevant regulations</p>	<p>To maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume</p>	<p>Health service professionals, public institutions and private institutions under agreement</p>	<ul style="list-style-type: none"> • Rights of users of health services and user complaints processes • Provisions of health services and social services • Designation and mission of health institutions • Local health and social services network and local authority • Boards of Directors of Public Institutions • Administration of Private institutions • Management and accountability agreement; annual management report • Accountability of clinical department heads • Appointments of various directors • Health services and social services user committee • Establishment of council of physicians dentists, pharmacists, nurses, midwives as well as professional requirements • Establishment of multidisciplinary council • Outline provisions applicable to all institutions (public institutions and private institutions under agreement) • Amalgamation and conversion of institutions • Specialized medical centres; community organizations • Coordination, control and regulation of health services and social services • Regulation of agency board of directors (composition, tenure, qualifications) • Agency powers of intervention • Establishment of regional departments of general medicine, regional pharmaceutical services committee, and regional panel of heads of departments of specialized medicine 	<p>Yesⁱⁱ</p>	<p>Yesⁱⁱⁱ</p>	<p>Yes^{iv}</p>	<p>Yes^v</p>

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency/ Effectiveness?	Legislative Requirements / Support for Integration?
			<ul style="list-style-type: none"> Integrated university health networks Inspection and government supervisory powers; penal provisions 				
Regulations under the Act respecting health services and social services							
<i>Regulation respecting the issue of permits under the Act respecting health services and social services</i>	Regulating the issuance of permits under the Act respecting health services and social services.	A natural person, physician (applying for specialized medical centre permit), legal person or partnership applying for a permit under the Act respecting health services and social services.	<ul style="list-style-type: none"> Conditions for the issuance of a permit 	No	No	No	No
<i>Regulation respecting the formation of regional committees for programs of access to health services and social services in the English language</i>	To establish regional committees for programs of access to health services and social services in the English language	Applicable institutions under An Act respecting health services and social services	<ul style="list-style-type: none"> Establishment of English language regional committees 	No	Limited ^{vi}	No	No
<i>Order in council concerning institutions designated under section 508 of the Act respecting health services and social services</i>	Designates institutions required to make health services and social services accessible in the English language to English-speaking persons	Applies to the list of institutions designated by the Act respecting health services and social services ^{vii}	<ul style="list-style-type: none"> Designates institutions required to make health services and social services accessible in the English language to English-speaking persons 	No	Limited ^{viii}	No	No
<i>Regulation respecting the information that institutions must provide to the Minister of Health and Social Services</i>	To establish the information that institutions must provide to the Minister of Health and Social Services	An institution operating a local community service centre, A public institution or a private institution under agreement operating a residential and long-term care centre, An institution operating an emergency department,	<ul style="list-style-type: none"> Establishes institutions that must provide information Establishes the information that must be provided to the Minister of Health and Social Services 	No	Limited ^{ix}	No	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency/ Effectiveness?	Legislative Requirements / Support for Integration?
		An institution operating a hospital centre, An institution operating a hospital of the general and specialized class of hospitals and a trauma centre					
<i>Regulation respecting the procedure for the election or appointment of the members of the board of directors of public health institutions providing health and social services</i>	Establishment of the procedure for the election or appointment of the members of the board of directors of public health institutions providing health and social services	Applies to the election or appointment of the persons referred to in paragraphs 2 to 6 of each of sections 129 and 132, in paragraphs 2 to 4 of section 131, in paragraphs 5 of section 132 and in the second paragraph of section 133 of the Act respecting health services and social services ^x	<ul style="list-style-type: none"> Responsibilities of the returning officer. Requirements for an election notice and an election list Nominations Election by acclamation Election not held List of candidates and election notice Voting procedure Counting of votes, election proclamation and publication of results Election by members of the User's Committee Election Notice and Election List Nominations Election by acclamation Appointment by the members of a corporation referred to in Section 139 of the Act Appointments and notices Election by a foundation or Appointment by a University Appointment after consultation with representative bodies 	No	Yes ^{xi}	No	Yes ^{xii}
<i>Regulation respecting the designation procedure for certain members of the board of directors of a public institution</i>	Regulates the designation of certain members of the board of directors of the public institution referred to in Part IV.2 of the Act respecting health services and social services	Regulation applies to the designation of certain members of the board of directors of the public institution referred to in Part IV.2 of the Act respecting health services and social services pursuant to section 530.64 of that Act	<ul style="list-style-type: none"> Designation by user committee, by and from among the institutions board of physicians, dentists and pharmacists, board of nurses, multidisciplinary board, other personnel 	No	Yes	No	No
<i>Regulation respecting the election by the</i>	Regulates the election by the citizens of certain members of	This Regulation applies to the election by the citizens of certain	<ul style="list-style-type: none"> Election procedure 	No	Yes ^{xiii}	No	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency/ Effectiveness?	Legislative Requirements / Support for Integration?
<i>public of certain members of the board of directors of the public institution</i>	the board of directors of the public institution referred to in Part IV.2 of the Act respecting health services and social services	members of the board of directors of the public institution referred to in Part IV.2 of the Act respecting health services and social services pursuant to section 530.63 of that Act					
An Act Respecting Pre-Hospital Emergency Services	To ensure that persons in need of pre-hospital emergency services may obtain an appropriate, efficient and quality response aimed at reducing mortality	Agencies and institutions referred to in the <i>Act respecting health services and social services</i>	<ul style="list-style-type: none"> • Role and responsibilities of Minister of Health and Social Services • Functions of national medical director of pre-hospital emergency services • Roles and responsibilities of regional agencies and of regional medical director of pre-hospital emergency services • Health communication centres • Roles and responsibilities at the local level (first responder service) • Ambulance Services (conditions and requirements for permit) • Ambulance Technicians • Vehicle requirements (ambulances and other vehicles) and transport rates • Special Provisions applicable to <i>Corporation Urgences-Santé</i> 	Yes ^{xiv}	No	Yes ^{xv}	No
Public Health Act Regulations: <i>Regulation under the Public Health Act</i> <i>Minister's Regulation under the Public Health Act</i>	To enable public health authorities to engage in public health monitoring activities and to give them the power to take action in cases where the health of the population is threatened	Minister of Health and Social Services, the national public health director and other health directors	<ul style="list-style-type: none"> • National Public Health Program and Regional and Local Public Health Action Plans • Ongoing surveillance of the health status of the population • Health promotion and prevention • Reporting of unusual clinical manifestations; reportable intoxications, infections and diseases • Compulsory treatment and prophylactic measures • Reporting to public health authorities • Powers of the public health authorities and the government in the event of a threat to public health • Powers of the Minister 	No	Yes ^{xvi}	Yes ^{xvii}	Yes ^{xviii}

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency/ Effectiveness?	Legislative Requirements / Support for Integration?
			<ul style="list-style-type: none"> • Declaration of public health emergency • Government plan of action to protect public from vector-borne diseases 				
<p>An Act respecting health services and social services for Cree Native persons</p> <p>Regulation: <i>Regulation respecting the application of the Act respecting health services and social services (Health services and social services for Cree Native persons)</i></p>	Improve the state of health of the population, provide accessible social services, encourage community participation in funding and administration of institutions	Applies to all public and private health and social service institutions (except for benevolent activities principally supported by public subscription, to activities for social betterment, public information or mutual social aid) operating in the territory of the Cree Board of Health and Social Services of James Bay.	<ul style="list-style-type: none"> • Establishment of the right to health services and social services • Formation and powers of health and social services councils • Formation and administration of institutions • Issuance, suspension and cancellation of permits • Provisional administration of institutions by the Minister • Establishment of regulations • Financial and Penal provisions 	Limited ^{xxix}	Yes ^{xxx}	Yes ^{xxxi}	Yes ^{xxxii}
<p>An Act Respecting the Health and Social Services Ombudsman</p>	To outline the role and functions of the health and social services ombudsman, most notably the function of examination of complaints by users	Health and Social Services Ombudsman	<ul style="list-style-type: none"> • Establishment of the Ombudsman position • Functions of the Ombudsman (examine complaints by users) • Conditions for Ombudsman intervention • Ombudsman Advice Recommendations and Reports 	No	Yes ^{xxxiii}	No	No
<p>An Act Respecting the Health and Welfare Commissioner</p>	To outline the appointment, responsibilities, functions and powers of the Health and Welfare Commissioner	Health and Welfare Commissioner	<ul style="list-style-type: none"> • Appointment, Responsibilities and Organization of Commissioner • Powers of the Commissioner • Consultation Forum 	Yes ^{xxxiv}	Yes ^{xxxv}	Yes ^{xxxvi}	No
<p>An Act respecting the sharing of certain health information</p>	To establish information assets allowing the sharing of health information considered essential to primary care services and the continuum of	Various groups including: operations managers; the Régie de l'assurance maladie; health and social service providers entered in the register of	<ul style="list-style-type: none"> • General provisions are in force, but note that the rest of the Act is not in force 	Yes ^{xxxvii}	No	Yes ^{xxxviii}	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency/ Effectiveness?	Legislative Requirements / Support for Integration?
	care, in order to improve the quality and security of health services	providers; institutions and agencies governed by the Act respecting health services and social services; persons or partnerships operating a private physician's office, community pharmacy and specialized medical center					
An Act to provide for balanced budgets in the public health and social services network	To enact measures to require public institutions of the health and social services network to maintain a balanced budget	Public health institutions	<ul style="list-style-type: none"> • Requirement to keep a balanced budget • Deficit prohibited • Executive director of a public institution must inform the board of directors of the institution if budgetary balance is at risk 	No	No	Yes ^{xxix}	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all Quebec Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plans. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to representatives at *Ministre de la Santé et des Services sociaux* for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ The Act ensures quality control through the establishment of the service quality and complaints commissioner (see, for example **Section 30**).

ⁱⁱⁱ **Section 76.6:** The Minister, after consulting with the agency, shall give a community organization in the region the mandate to assist and support, on request, users residing in the region who wish to address a complaint to an institution in the region, to the agency or to the Health Services Ombudsman or whose complaint was referred to the council of physicians, dentists and pharmacists of the institution and is governed by section 58. See also **Section 76.7**.
Section 209: Establishment of User’s Committee.
Section 334: Establishment of Community Organizations.

^{iv} **Section 2(8):** Act aims to foster effective and efficient provision of health services and social services and respect for the rights of the users of such services

^v **Section 370.1:** Establishment of Regional Nursing Commission.
Section 376: Discusses the establishment of regional staffing and human resources development plans.
Section 436.1: Discusses Integrated University Health Networks.

^{vi} Act provides for the establishment of regional committees for programs of access to health services and social services in the English language.

^{vii} In accordance with section 508 of the *Act respecting health services and social services*, the regulations designate the institutions (listed in the Schedule) required to make health services and social services accessible in the English language to English-speaking persons.

^{viii} See *ibid*. Designation of institutions required to make health services and social services accessible in the English language to English-speaking persons.

- ^{ix} **Section 2** : An institution operating a local community service centre must provide the Minister with the information in Schedule I in respect of an individual user, a group user or a community user that receives services from such a centre.
- ^x **Section 1**: Please refer to paragraphs 2 to 6 of each of sections 129 and 132, in paragraphs 2 to 4 of section 131, in paragraphs to 5 of section 132 and section 133 of the Act respecting health services and social services. (describes the mode of appointment of members);
- ^{xi} **Section 28**: Election by members of the User's Committee
- ^{xii} **Section 4**: Where an institution has facilities situated at some distance from one another, the regional council may allow the election to be held in more than one location and may appoint a deputy returning officer for each location. This provision also applies where several institutions elect one board of directors.
- ^{xiii} **Section 17**: Procedures enabling candidates to address the public
- ^{xiv} **Section 1**: The object of this Act is to ensure that persons in need of pre-hospital emergency services may at all times obtain an appropriate, efficient and quality response aimed at reducing the mortality and morbidity rate among the recipients of pre-hospital emergency services.
- ^{xv} **Section 1**: See *ibid*.
- ^{xvi} **Section 14**: Each health and social services institution operating a local community service centre shall develop, implement, evaluate and regularly update a local public health action plan. The plan must be developed in collaboration with, in particular the community organizations concerned. The local plan must be consistent with the prescriptions of the national public health program and must define the measures to be taken at the local level to achieve the objectives identified in the regional action plan, having regard for the specific characteristics of the population served by the institution.
- Section 53(6)**: The Minister, public health directors and institutions operating a local community service centre may support actions which, within a community, foster the creation of a living environment conducive to health and well-being.
- ^{xvii} **Sections 121, 122 and 128**: Public health emergencies must be dealt with efficiently.
- ^{xviii} **Section 10 and 11**: Provides for the preparation and dissemination of provincial and regional reports and regional public health action plan in collaboration with relevant institutions.
- Section 18**: The Minister shall ensure coordination between the health and social services network and the Institut national de santé publique du Québec created under the Act respecting Institut national de santé publique du Québec as regards the delivery of the required public health services to the population and the carrying out of public health activities, as provided in the national public health program.
- ^{xix} **Section 3**: Minister shall exercise powers under the act to improve the state of health of the population and to better adapt the health services and social services to the needs of the population.
- ^{xx} **Section 3**: Encourages the population and the groups which compose it to participate in the founding, administration and development of institutions so as to ensure their vital growth and renewal
- Section 18**: Regional Council shall encourage the participation of the population in defining its own needs in health services and social services and in the administration and operation of the institutions providing such services.
- ^{xxi} **Section 105 (e)**: The Executive Director shall see to the implementation and operation of an effective management and supervisory system to ensure the preservation and use of the institution's resources.
- Section 3(e)**: The Minister shall promote recourse to modern methods of organization and management to make the services offered to the population more effective.
- ^{xxii} **Section 3.1**: The Government may, with a view to furthering the apportionment of medical resources among the regions on the basis of rational considerations, authorize, each year, a certain number of the medical training positions prescribed by the law and subject to the acceptance, by the trainee, of an undertaking with a penal clause, where such is the case, to practise in the region or institution determined by the Minister for a period not exceeding four years. The number of such positions must not exceed 25% of the positions which, among all the positions prescribed, are intended for new medical trainees.
- Section 18 (e)**: promotes the exchange, the elimination of duplication and the better distribution of services in the region and the setting up of common services for several institutions;
- ^{xxiii} **Section 10**: The Health Services Ombudsman shall establish a complaint examination procedure.
- ^{xxiv} **Section 2, paragraph 2**: The Commissioner exercises his responsibilities with regard to such matters as the quality, accessibility, integration, insurability and funding of services, the determinants of health and welfare, the ethical aspects of health and welfare, medications and technology.
- Section 14**: The Commissioner's responsibilities include: the evaluation of all components of the health and social services system to determine their relevance; assessment of the results achieved by the health and social services system in light of the resources allocated to it and of reasonable expectations given these resources; informing the Minister and the public of the overall performance of the health and social services system, the changes proposed by the Commissioner to improve such aspects of the system as its effectiveness and efficiency, and the issues and implications associated with the proposed changes; releases information to enable public debate on and a general understanding of the issues to be addressed and the choices to be made to ensure the sustainability of the health and social services system; and submits advisory opinions to the Minister on the state of health and welfare of the population in light particularly of retrospective analysis of the impact of government policy on that state.
- ^{xxv} **Section 24**: Establishment of a Consultation Forum. It is composed of 27 members, including 18 citizens from each of the regions of Québec who do not represent a special interest group and nine other persons with special expertise in the field of health and social services. These persons are appointed by the Commissioner for a three-year term.
- ^{xxvi} **Section 14(3)**: The Health and Welfare Commissioner is mandated to improve such aspects of the system as its effectiveness and efficiency. See *supra* xxiv.

^{xxvii} **Section 1:** The purpose of this Act is to establish information assets allowing the sharing of health information considered essential to primary care services and the continuum of care, in order to improve the quality and security of health services and social services, and access to those services. A further purpose of the Act is to improve the quality, efficiency and performance of the Québec health system by allowing the management and controlled use of health and social information.

^{xxviii} **Section 1:** A further purpose of the Act is to improve the quality, efficiency and performance of the Québec health system by allowing the management and controlled use of health and social information.

^{xxix} **Section 4:** Requires that public institutions must, during a fiscal year, maintain a balance between their expenditures and revenues (i.e. balance their budget). Public institutions are prohibited from having a deficit at the end of a fiscal year.

Section 5: At the beginning of a fiscal year, the Minister shall inform each agency of the resource envelope allotted to it pursuant to the *Act respecting health services and social services* for the purpose of financing the expenditures relating to the services to be provided by public institutions. The Minister shall, at the same time, inform the agency of the ministerial policies and priorities to be complied with both as regards the allocation of resources and the maintenance of a balanced budget, and as regards the organization and accessibility of services. In addition, the Minister may indicate to an agency conditions for the allocation of resources applicable to one or more institutions in its region. The agency must comply therewith or obtain the approval of the Minister for any adjustments it proposes.

NEW BRUNSWICK LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Ambulance Services Act Regulation: General O.C. 92-768	To establish standards and licensing regime for the provision of ambulance services in New Brunswick.	Any entity which intends to operate an ambulance.	<ul style="list-style-type: none"> • Administration • Standards • Licences • Powers of Inspection and Removal • Prohibitions 	Yes ⁱⁱ	Yes ⁱⁱⁱ	No	No
Health Care Funding Guarantee	The objective of this Act is to ensure that the growth in health care spending each year will exceed the real economic growth of the provincial economy.	The Department of Health of New Brunswick.	<ul style="list-style-type: none"> • Objectives of the Government • Public Accounts • Effect of changes in accounting policies • Effect of reorganization 	No	No	No ^{iv}	No
Hospital Act Regulation: General O.C.92-508	The majority of this Act has been repealed. The remaining provisions provide for the establishment and operation of hospitals with written approval of the Minister.	Regional health authorities and other persons who establish, operate or maintain a hospital facility.	<ul style="list-style-type: none"> • Advisory Committees • Restrictions on Hospital Facilities • Offences and Penalties • Administration 	No	No	No	No
Hospital Services Act Regulation: General O.C. 84-580 Elimination of Authorized Charges O.C. 86-320	To govern the agreement between the federal and provincial governments with respect to the contributions of the federal government to the province and to be paid to regional health authorities for entitled services under the Act.	Federal government and government of New Brunswick.	<ul style="list-style-type: none"> • Federal-Provincial Agreements • Administration • Regional Health Authority budget • Immunity • Offences and penalties 	No	No	No ^v	No
The Mental Health Act Regulation: General O.C. 94-173	To set out the admission and treatment requirements for patients in psychiatric facilities, using the least restrictive means possible.	Patients and their families, physicians, courts, police, psychiatric facilities and other entities as described in the Act.	<ul style="list-style-type: none"> • Administration • Hospital Procedures • Estates • Maintenance and Property • Offences 	Yes ^{vi}	Limited ^{vii}	Yes ^{viii}	No
Mental Health Services Act	To promote self-reliance of and support for persons with mental disorders in the community-	Patients and their families, community agencies, mental health services providers, and	<ul style="list-style-type: none"> • Investigations • Mental Health Services Advisory Committee 	Yes ^{ix}	Yes ^x	No	Yes ^{xi}

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Regulation: Mental Health Services Advisory Committee O.C. 97-900	based setting.	other entities as described in the Act.	<ul style="list-style-type: none"> • Reporting of the Committee • Offences and Penalties 				
Public Health Act	The delivery of public health services to protect and promote the health and well-being of the people of New Brunswick.	Public health officials, regional health authorities, the public, professionals and facilities and other entities outlined in the regulations	<ul style="list-style-type: none"> • Public Health Promotion • Notifiable and Communicable Diseases • Enforcement and Penalties • Administration 	No	No	No	No
Regional Health Authorities Act	To create regional authorities with responsibility for providing for the delivery of and administering health services in specified geographic areas of New Brunswick.	Regional Health Authorities established under the Act.	<ul style="list-style-type: none"> • Powers and Duties of the Minister • Regional Health Authorities (establishment; structure and administration; and powers, duties and responsibilities) • Financial Matters 	Yes ^{xii}	Yes ^{xiii}	Yes ^{xiv}	No
New Brunswick Health Council Act	This Act establishes the New Brunswick Health Council, a body corporate with the object of promoting the improvement of health services quality in the province and engaging the citizens of New Brunswick in meaningful dialogue to improve health service quality.	New Brunswick Health Council	<ul style="list-style-type: none"> • Establishment of the New Brunswick Health Council • Objects, Purposes and Powers of Council • Public Accountability • Membership • Business plan, Budget • Annual and Special Reports 	Yes ^{xv}	No	Yes ^{xvi}	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all New Brunswick Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plan. It also does not include non-health related social service legislation. This summary was reviewed by a representative from New Brunswick Health.

ⁱⁱ **Section 11(1):** The Minister of Health for New Brunswick (the “Minister”) shall establish training standards for the certification of ambulance attendants and may require periodic re-certification.

ⁱⁱⁱ **Section 4(2):** The membership of an “Ambulance Services Advisory Committee” appointed by the Minister to provide advice regarding the provision of ambulance services shall include nominees from each of the New Brunswick Ambulance Operators Association, St. John’s Ambulance, the New Brunswick Hospital Association, the Nurses Association of New Brunswick, the New Brunswick College of Physicians and Surgeons, the Department of Environment and Local Government, the Department of Education and Early Childhood Development, and the Department of Health.

- iv Note that this Act encourages stable or increased funding for healthcare in the province of New Brunswick relative to the growth rate of the province. **Section 4(b)**: The Public Accounts of New Brunswick shall contain information relating to the real growth rate of the New Brunswick economy compared to the actual growth rate of the Department of Health of New Brunswick. This is to ensure that the growth in health care spending each year will exceed the real economic growth of the provincial economy
- v There is no legislated requirement or support for integration, though there is a statement of support for integration in principle. **Section 4(a)**: The Minister may take such steps to ensure the development throughout New Brunswick of a balanced and integrated system of hospital facilities, and **(b)** will approve regional health authorities in accordance with the regulations to the Act.
- vi **Section 4(2)**: An inspector appointed by the Minister may visit and inspect a psychiatric facility at any time and inquire into the quality of care being offered by the psychiatric facility.
- vii **Section 16.1(1) and (7)**: A patient is entitled to examine and to copy the clinical record of the observation, examination, assessment, restraint, care and treatment of that person in a psychiatric facility and to request a correction or require that a statement of disagreement be attached to the clinical record reflecting any correction that is requested but not made.
- viii **Section 4(2)**: An inspector appointed by the Minister may visit and inspect a psychiatric facility at any time and may inquire into the effectiveness of coordination with other mental health services.
- ix **Section 3(1)**: The Minister may make necessary investigations of an institution, agency or person if he or she has reason to believe that the service is of inadequate quality to a recipient of the service. The Minister may then direct the institution or agency to make changes as recommended or may terminate an agreement to provide services.
- x The overarching purpose of the act is to integrate individuals suffering from mental health disorders into the community. **Section 2(a)(v)**: provides that the Minister will promote successful community living for person with mental disorders and will maximize individuals' mental health potential in the community. **Section 2(d)**: provides for the development and maintenance of community-based support systems and **(h)** establishes the entering into of agreements with community-based agencies to provide vocational, recreational, residential and other support for persons with mental disorders.
- xi **Section 4**: The Minister shall establish a Mental Health Services Advisory Committee which shall advise on issues respecting mental health services and matters related to the development and improvement of community-based support. **Section 5(1)**: The Committee shall consist of seven members from the public at large; seven members from nominees of mental health interest groups, and two members from nominees of mental health professional associations prescribed in **Section 3(2)**: of the General Regulation O.C. 97-900.
- xii **Section 10**: The Minister may establish provincial standards for the provision of health services and with respect to the quality of the health services provided.
- xiii **Section 20(1)**: A board of a regional health authority is established and consists of fifteen members, seven of whom are appointed by the Minister and eight of whom are elected, having regard to the gender, urban and rural representation, aboriginal representation, and representation of all official linguistic communities. **Section 23(1)**: Meetings of the board will be open to the public.
- xiv **Section 30(c)**: A regional health authority shall allocate resources according to its business plan. And shall provide services only if there is a need, the services are in a plan approved by the Minister, and there are sufficient resources available.
- xv **Section 3(c) and (e)**: The object and purpose of the New Brunswick Health Council (the "Council") is to measure, monitor and assess population health and health service quality in the province and to evaluate strategies designed to improve health service quality in the Province. **Section 5(b)**: The Council shall prepare and publish reports from time to time containing information relating to health service quality in the province and recommendations for the improvement of health service quality.
- xvi **Section 3(d)**: The object of the Council is to identify effective practices for the improvement of health service quality in the province. **Section 17(1)**: The Council shall prepare and submit to the Minister a business plan for each fiscal year. **Section 18(1)**: The Council shall submit to the Minister a proposed budget containing the estimate of the amount of money required for the operation of the Council during the next fiscal year. **Section 18(3)**: The Council shall not accumulate a deficit.

NOVA SCOTIA LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
<p>The Hospitals Act</p> <p>Regulation: 289/2007 District Health Authorities Medical Staff</p> <p>212/2003 Hospital Approvals Regulations</p> <p>16/79 Hospital Regulations</p>	To approve and govern operators of hospitals.	Hospitals (other than tuberculosis sanatoriums, nursing homes, or other types of custodial homes).	<ul style="list-style-type: none"> • Operation of Hospital (by-laws, admission of patients, teaching hospital, regulations) • General (regulations, admission, treatment, record keeping, and quality of care) • Consent and Capacity (factors in determining competency, consent to treatment, public trustee, and confidentiality of records) • Financial (charge for uninsured services) 	Yes ⁱⁱ	No	No ⁱⁱⁱ	No
<p>The Health Authorities Act</p> <p>Regulations: 190/2000 District Health Authorities General Regulations</p>	To create regional authorities responsible for engaging community members in their own health, providing for the delivery of and administering of health services in the districts established by the Act; and to designate provincial health-care centres.	Areas designated as health districts and provincial health-care centres under the Act.	<ul style="list-style-type: none"> • District Health Authorities (Powers of Authority, Objects, and the Duties of the District Health Authority) • Community Health Boards and Plans (Continuation of Boards, Membership; Boundaries, Duties, and the Power to Provide Certain Services) • Health Service Business Plans • Minister's Duties and Powers • Provincial Health Care Centres • General (Financial Statements and Health Authorities as Hospitals) 	Yes ^{iv}	Yes ^v	Yes ^{vi}	Yes ^{vii}
The Health Act	To regulate the provision of cancer and drug dependency programs.	Medical practitioners who treat cancer patients and drug dependency programs.	<ul style="list-style-type: none"> • General • Cancer • Drug Dependency (Powers of the Minister, Duties of Board, Regional Advisory Boards, and Confidentiality of Records). 	No	No	No	No
Health Council Act	To set out the duties and the structure of the Health Council.	Provincial Health Councils.	<ul style="list-style-type: none"> • Provincial Health Council • Members of Council 	No	Yes ^{viii}	No	No
Health Council Appointments (1998) Act	To ensure twelve members are appointed to the Provincial Health Council.	Provincial Health Council.	<ul style="list-style-type: none"> • Requirement to Appoint • Terms of Office 	No	No	No	No

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Health Protection Act Regulations: NS Reg. 198/2005	To protect against health hazards and ensure compliance with health orders.	Chief Medical Officers.	<ul style="list-style-type: none"> • Diseases and Health Hazards • Food Safety 	No	Limited ^x	No	No
Health Research Foundation Act	To create the health research foundation and to promote health research.	Nova Scotia Health Research Foundation.	<ul style="list-style-type: none"> • Objects • Powers of the Board • Duties of the Foundation • Regulations (fixing proportion of funds allocated, and prescribing the terms and conditions governing financial or other assistance) 	No	Yes ^x	No	No
Hospital Services Planning Commission Act	To establish and regulate the Hospital Services Planning Commission.	The Hospital Services Planning Commission.	<ul style="list-style-type: none"> • Members and Officers • Functions and Powers • Powers and Privileges • General (tabling of report, approval of remuneration, and advisory committee) 	No	No	Yes ^{xi}	No
Involuntary Psychiatric Treatment Act	To set out the conditions for the admission of involuntary patients and treatment requirements of these patients.	Patients, substitute-decision-makers, the Public Trustee, physicians, peace officers, psychiatrists, psychiatric facilities, and the Review Board (of orders).	<ul style="list-style-type: none"> • Voluntary Admission • Medical Examination and Involuntary Psychiatric Assessment • Involuntary Admission • Substitute Decision Makers • Certificate of Leave • Treatment in Community • Patient-Advisor Service and Patient Rights • General (regulations) 	Yes ^{xii}	Limited ^{xiii}	Limited ^{xiv}	No
Emergency Health Services Act	To regulate the provision of ambulance and emergency services.	Hospitals, inspectors, Minister of Health, the register, registered paramedics and pre-hospital first responder.	<ul style="list-style-type: none"> • Powers of the Minister • Standards for Management (operation and use) • Services and Training • Inspections • Offences and Penalties 	Yes ^{xv}	No	No	No
Emergency Department Accountability Act	To provide public accountability to emergency departments.	District health authorities, emergency departments, and the Minister of Health.	<ul style="list-style-type: none"> • Closure of District Health Authorities • Ministerial Reporting Requirements • General (short title, purpose, and interpretation) 	Limited ^{xvi}	Yes ^{xvii}	No	No
Patient Safety Act	To improve patient safety and	District health authorities and the	<ul style="list-style-type: none"> • Duties of the Minister of Health and Wellness 	Limited	Limited ^{xix}	Yes ^{xx}	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute’s Key Parts	Legislated Quality of Care? ^{xviii}	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
	health systems accountability.	Minister of Health and Wellness.					
Protection for Persons in Care Act	To help protect adults from abuse while receiving care in personal care homes, hospitals or any other designated health facility.	Regional health authorities, service providers, professional regulatory bodies, and health facility staff and management.	<ul style="list-style-type: none"> • Duties of Administrators of Health Facilities • Duty of the Service Provider • Duty to Report • Investigation • Report and records • Referral to professional body • Offences, Penalties and Limitations 	No	No	No	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all Nova Scotia Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plans. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to a representative of the Department of Health for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ **Regulation NS Reg. 16/79 Section 7:** The Minister or a person designated by him, on his own initiative or at the request of a board, a physician, a patient or any other person, may examine and inspect a hospital and any information for the purpose of reviewing the standard of care and treatment of any patient, to determine whether the hospital is complying with the Act and regulations.
NS Reg. 16/79 Section 8(1): Where a complaint is made against a hospital, or against a member of the medical staff of a hospital, or against a nurse or other employee of a hospital by or on behalf of a patient or former patient of the hospital, with respect to alleged improper treatment or care of a patient or former patient, the Minister or a person designated by him may direct the Hospital Standards Committee to investigate the complaint.
NS Reg. 16/79 Section 9: A hospital which has been surveyed by the Canadian Council on Hospital Accreditation shall forward to the Minister a copy of any report made by the said Council regarding such hospital.

ⁱⁱⁱ **Section 17(q):** The Governor in Council may make regulations respecting any other matter they consider necessary or advisable to secure the most effective utilization of monies available under this Act, however at this time no regulations have been enacted.

^{iv} **Sections 19(a) (iii):** District health authorities must: govern, plan, manage, monitor, evaluate and deliver health services, in accordance with this Act. Their objective is to meet the needs of the health district and to maintain and improve the health of the residents of the health district. **Section 21(1)(c):** A district health authority shall provide to the Minister information, as necessary, for the purpose of monitoring and evaluating the quality, accessibility, and comprehensiveness of the health services. **Section 60(c):** The Minister shall monitor measure and evaluate the quality, accessibility and comprehensiveness of the health services. **Section 66(1):** A provincial health-care centre shall continue to plan, manage, monitor and evaluate the delivery of the specialized health services it is delivering at the time this Act comes into force and shall deliver such other specialized health services for which it is made responsible pursuant to this Act.

^v **Sections 18:** A board of directors shall conduct at least two public forums in the health district in each year for the purpose of providing information on the operations and activities of the district health authority and seeking input from the public. **Section 54(2) (b):** The community health plan shall include a demonstration that the recommended priorities have been established through community consultation. **Section 21(1)(c):** A district health authority shall, in the form of and with the content required by the Minister, provide to the Minister such information as is required by the Minister for the purpose of the monitoring and evaluating of the quality, accessibility and comprehensiveness of health services.

^{vi} **Sections 19(a)(i):** One of the objectives of the district health authority is to maintain the most beneficial allocation of health care resources. **Section 20 (a):** A district health authority shall determine the priorities for the provision of health services in the health district and allocate resources accordingly.

- vii **Sections 19(a) (ii):** As mentioned above the district health authorities are to monitor and evaluate the delivery of health services, this evaluation is to be used to avoid duplication of health services. **Section 54(2) (c):** A community health plan must be created and must include provisions identifying and making recommendations for the elimination of any unnecessary duplication of health services between district health authorities.
- viii **Section 6(a):** In carrying out its duties, the Council shall invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues, under review by the Council, through public symposia, hearings and distribution of briefs and discussion papers.
- ix **Reg 198/2005 -Section 8:** After a Medical Officer completes a risk assessment they must establish a communication process to inform the affected individuals or community of the: (a) outcome of the risk assessment; and (b) if a risk is determined to exist, strategies for managing that risk.
- x **Section 6 (1):** In consultation with health agencies, health charities, health professional bodies, the health-research community and the public, the Governor in Council shall appoint ten of the twelve directors to the Board of Directors of the Foundation. **Section 12(a) and (e):** Health-research priorities shall be identified in consultation with government, health boards, organizations, institutions and individuals and a forum shall be established for interaction among health-care researchers and prospective funding recipients.
- xi **Section 8:** The Commission has the authority to inquire into: (a) the adequacy of hospital facilities in the Province; (b) the probable need for additional hospital facilities in the Province; (c) the need for public assistance in the constructing and equipping of hospitals and related facilities;(d) the need for the expansion or establishment of places for the training of hospital and related personnel;(e) the cost of hospital care; and (f) the cost of privately and publicly operated prepaid hospital-care service plans in the Province and in other jurisdictions.
- xii **Section 2(f):** A person has the right to a treatment plan that maximizes the person's potential and is based on the principles of evidence-based best practice. **Section 68(2):** In reviewing an order of admission the Review Board may make such recommendations to the chief executive officer as it sees fit respecting the treatment or care of a patient.
- xiii **Section 2(b) and (c):** A person has the right to make treatment decisions to the extent the person has the capacity to do so, and the treatment and related services are to be offered in the least-restrictive environment and manner, with the goal of having the person live in their community or return to their home surroundings at the earliest possible time. **Section 47(3) (a) (i):** A psychiatrist may issue a community order. This order allows the treatment, care and supervision of the patient (person) to happen in the community. **Section 68(4):** A patient may request the Review Board conduct a review of their order. **Section 83(1) (c):** The Governor in Council may make regulations respecting patient rights, however there are none as of yet.
- xiv **Section 59(1) (b):** The Minister shall undertake a review of the effectiveness of a community treatment order during the review period.
- xv **Section 4(d):** An inspector may monitor, inspect and evaluate ambulance services, emergency health services, and can investigate complaints. **Section 11(1):** An inspector can enter and inspect a facility for the purposes of providing ambulance services, emergency health services or any other emergency health service. **Section 17(1):** Every person who contravenes the Act or fails to comply is liable for summary conviction and to a penalty of not more than ten thousand dollars.
- xvi **Preamble:** The Act requires that when closing emergency departments, safety, quality of care, and wait times are considered. **Section 3 (1):** When reviewing closure reports the Minister assesses the closures to ensure that the quality of care is not being compromised.
- xvii The aim of the Act is to ensure that communities where emergency department closures are occurring are consulted. The results of these consultations and any actions taken are reported to the Minister of Health. **Section 4(1) and (2):** Where there has been an ongoing pattern of closures of the emergency departments since the last public forum held by the district health authority, the district health authority shall consult with the community served by the emergency department as part of the next public forum. The consultation must also include consideration of proposed community solutions to keep open or re-open the emergency department.
- xviii The Act is aimed at ensuring patient safety, which is a key component in quality care. **Section 4 (1) and (2):** Requires a district health authority to compile and report hand-hygiene adherence rates and patient-safety indicators prescribed by the regulations in accordance with the protocols established by the regulations.
- xix The Act is concerned with patient safety, while there is no direct engagement mandate by the Act their safety is considered.
- xx **Section 4(1) and (2):** A district health authority shall compile and report hand-hygiene adherence rates and patient safety indicators in accordance with the protocol established by the regulations.

NEWFOUNDLAND AND LABRADOR LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Centre for Health Information Act Regulations: 57/07 Centre for Health Information Regulations	To establish the Centre for Health Information.	Newfoundland and Labrador Centre for Health Information.	<ul style="list-style-type: none"> Objectives Centre (restrictions on powers) Operations (finances, meetings, and employees) 	No	Yes ⁱⁱ	Yes ⁱⁱⁱ	Yes ^{iv}
Emergency Medical Act	To regulate the provision of ambulance and emergency services.	Physicians, registered nurses, and a person who voluntarily renders emergency medical services.	<ul style="list-style-type: none"> Protection of Certain Persons From Action 	No	No	No	No
Health and Community Services Act	To regulate the provision of health and community services.	Health officers, health departments, inspectors, medical health officers, ministers, municipal authorities, nurses, social-workers, chairpersons of a school boards, pharmacists, dentists and dental surgeons.	<ul style="list-style-type: none"> Release of information Offences and penalties Internal Review Programs and Services 	Limited ^v	No	No	No
Health Care Association Act	To establish the Newfoundland and Labrador Health Care Association. The objective of the Association is to distribute information to hospitals, nursing homes and other health care organizations.	The association, the board, board members, and the minister. ^{vi}	<ul style="list-style-type: none"> Powers Head Office Branches Regulations re: pensions and benefits 	No	No	No	No
Health Research Ethics Authority Act	To establish a health care research ethics authority for the province.	Advisory committee, appeal board, researchers, the minister ^{vii} , research ethics board, principal investigator, and tri-council.	<ul style="list-style-type: none"> Powers of Authority Research Ethics Board Approvals (of other research ethics bodies and approval required for Research) 	Yes ^{viii}	No	No	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Mental Health Care and Treatment Act	To set out the admission and treatment requirements for patients in psychiatric facilities.	Patients, physicians, nurses, registered nurses, courts, peace officers and police, the Public Trustee, the Mental Health Review Board and other entities as described in the Act.	<ul style="list-style-type: none"> • Powers of the minister, agreements, protections from liability, and regulations • Rights and Rights Advisors (duties of the peace officer, the facility of apprehension or detention, procedural rights of involuntary patient, and rights advisory) • Assessment, Admission, Treatment, and Discharge 	Limited ^{ix}	Limited ^x	No	No
Regional Health Authorities Act	To establish health regions and health authorities.	The regional health authority, board of trustees, health and community services ^{xi} , and the minister.	<ul style="list-style-type: none"> • Powers of the Minister • Creation of regions and health authorities • Operations of authorities (meetings and committees) 	Yes ^{xii}	Yes ^{xiii}	Limited ^{xiv}	Yes ^{xv}
Self-Managed Home Support Services Act	To define home support services and designate who the employer is	Employers (users) of home care support services.	<ul style="list-style-type: none"> • Designation 	No	Limited ^{xvi}	No	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all Newfoundland and Labrador Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plans. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to a representative at the Department of Health and Community Services for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ **Section 4 (1)(b)**: The objective of the centre is to assist individuals and communities, health services providers and policy makers to make informed decisions and to provide accurate and current information to users of the health and community services system. **Regulation 57/03-Section 4(1) (c)**: There will be one person at the centre who will be responsible for responding to inquiries and complaints from the public.

ⁱⁱⁱ **Section 4(1) (d)**: As mentioned above the centre is to provide accurate information to the public and it is do so in an efficient and cost effective manner.

^{iv} **Section 4(1) (c)**: The centre is also to provide information that integrates data from all components of the health and community services system.

^v **Section 7**: A health officer, inspector, or a designated health official shall take photographs of insanitary conditions in the interest of public health. **Section (11) (c) and (d)**: Generally, the Minister may make quality of treatment recommendations by assigning certain functions to certain health professionals and providing for the prevention or removal of things that constitute or are likely to constitute a menace to public health.

^{vi} Appointed under the *Executive Council Act* to administer the Act.

^{vii} Appointed under the *Executive Council Act* to administer the Act.

^{viii} **Section 3(1) (a) and (d)**: A person shall be appointed to the Authority that has been chosen to represent the public. **Section 4**: Other appointments are made in consultation with the president of Memorial University.

^{ix} **Section 3(1) (a)-(d)**: The Act requires that the level of care provided must be provided in the least restrictive and intrusive manner.

^x **Section 57**: The Review Board gives preference to an appointee who has been a consumer of mental health services. **Section 35(1)**: The Act states that the best interest of the patient must be considered when performing or prescribing diagnostic procedures, subsection (2) (c), specifically, requires the attending physician to consider whether the anticipated benefit from the specified treatment outweighs the risk of harm to the patient. In addition, section 35 (3) (a)-(c) requires the attending physician to consult, where appropriate, with the involuntary patient and his or her representative about diagnostic procedures or administration of treatment

^{xi} **Regulation NLR 18/08- Section 4**: The Act covers organizations providing: health protection and promotion services, mental health, addiction services, community supports and homecare, treatment for illness and injury, and road ambulance services, and other health related services.

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- xii **Section 16(3) (b):** The authority is to assess health and community services in its region on an ongoing basis. **Section 16(3) (i):** The authority is also responsible for monitoring and evaluating the delivery of health and community services with the prescribed standards and provincial objectives and in accordance with ministerial guidelines.
- xiii **Section 16(3)(h)(i)-(iii):** The authority must update the public with respect to the services they provide, how the public can gain access to the services, and how they may communicate with the authority regarding those services.
- xiv **Section 16(3)(b) and (i):** As noted above the authority must assess the services on an ongoing basis and must monitor and evaluate them.
- xv **Section 16(3)(e)-(f):** This section charges the authority with integrating health and community and health services, and collaborating with other organizations including the federal, provincial and municipal governments to do so. **Section 5(c):** The minister may also give directions for the purposes of coordinating the work of the authority with the programs, policies and work of the government of the province, agencies of the government, other regional health authorities, and those involved in the provision of health and community services in the province.
- xvi **Section 3(1):** There is no specific section outlining a mechanism for public or patient engagement however under the Act patients or users for home support are designated as the employer of the home support worker thereby giving the patient control over their treatment.

PRINCE EDWARD ISLAND LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ¹	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Health Services Act	To ensure that the provision of health services in the province is in accordance with the provincial health plan.	Health services (as defined in the Act), Health PEI, the provincial health plan and the Minister of Health and Wellness.	<ul style="list-style-type: none"> • Interpretation • Health PEI • Negotiation Committee • Quality Improvement 	Yes ⁱⁱ	Limited ⁱⁱⁱ	Yes ^{iv}	No
Hospitals Act Regulation: Hospital Management Regulations	To govern the operation and administration of Hospitals in the Province.	Hospitals (as defined in the Act and including provincial and community hospitals), insured services as defined under the <i>Health Services Payment Act</i> or under the <i>Hospital and Diagnostic Services Insurance Act</i> , the Department of Health and Wellness and hospital Administrators (as defined in the Act).	<ul style="list-style-type: none"> • Minister Responsible for Act • Provincial Hospitals • Hospital Records • Liability • Offences • Regulations • Community Hospital Authorities 	Yes ^v	No	No	No
Hospital and Diagnostic Services Insurance Act	To ensure that the proper administration of the Hospital and Diagnostic Services Insurance Plan.	Hospitals and administrators (as defined in the <i>Hospitals Act</i>), in-patient and out-patient services, insured services and the Minister of Health and Wellness.	<ul style="list-style-type: none"> • Minister • Hospital and Diagnostic Services Insurance Plan 	No	No	Yes ^{vi}	Yes ^{vii}
Mental Health Act	To regulate the involuntary (and voluntary) admission of individuals into a psychiatric hospital. The Act governs how people are admitted to psychiatric facilities, how their mental health records are kept and accessed, their financial affairs are handled, and how people can be released into the community.	Mental Health Service Care Providers and the Director of Mental Health.	<ul style="list-style-type: none"> • Interpretations and Administration • Admission to Psychiatric Facilities • Guardianship Appointment by Court 	No	No	Yes ^{viii}	Yes ^{ix}
Public Health Act	To provide for the organization and delivery of public health	Chief Health Officer, health officers, ambulance services, and	<ul style="list-style-type: none"> • Departmental Organization • Quarantine Orders 	Yes ^x	No	Yes ^{xi}	No

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute’s Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
	programs and services, the prevention of the spread of disease, the regulation for the provision of emergency medical services and the promotion and protection of the health of the people of Prince Edward Island.	emergency medical services and technicians.	<ul style="list-style-type: none"> • Emergency Medical Services • Inspections • Suspension or Revocation of a Permit • Appeals 				
Community Care Facilities and Nursing Homes Act Regulations: General Nursing Homes	To ensure the provision in facilities of accommodation, care services and nursing services that are safe, of good quality and appropriate to the needs of the residents.	Community care facilities, care services, nursing homes and nursing services.	<ul style="list-style-type: none"> • Administration • Board • Application for License • License • Refusal, etc. of License • Inspectors • Offences 	Yes ^{xii}	No	No	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all PEI Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plans. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to a representative from the Department of Health and Wellness for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ **Section 12(2):** Health PEI is accountable to the Minister in respect of its functions and shall (a) meet any standards established by the Minister respecting the quality of health services provided by Health PEI.
Section 26(e), 27: The Minister or the Board may establish quality improvement committees or designate any committee as a quality improvement committee to carry out quality improvement activities. “Quality improvement activity” means a planned or systematic activity, the purpose of which is to assess, investigate, evaluate or make recommendations respecting the provision of health services by the Minister or Health PEI, with a view to maintaining or improving the quality of such health services.

ⁱⁱⁱ **Section 8(5):** The Board of Directors of Health PEI shall ensure that its bylaws are available for inspection by the public during normal office hours.

^{iv} **Section 3:** The Minister shall establish, and may amend, a provincial health plan, which shall include a comprehensive financial plan that includes a statement of how financial, material and human resources are to be allocated to meet the goals, objectives and priorities established for the provisions of health services in the province. The Minister may establish in writing performance targets for Health PEI respecting its operations, financial management or the provision of health services.

Section 12(2): Health PEI is accountable to the Minister in respect of its functions and shall (c) operate in accordance with any accountability framework established by the Minister; (d) operate in accordance with its approved business plan and approved strategic plan; and (e) operate within its approved budget;

Section 15: Every three fiscal years, commencing in the fiscal year this subsection comes into force, Health PEI shall, within the time, in the form, and containing the information specified by the Minister, prepare and submit to the Minister, for approval, a strategic plan, which shall include a public engagement strategy, for the following three fiscal years.

^v **Section 6(2):** The administrator of a hospital may, in accordance with the regulations, establish committees to further carry out the purposes of the Act, including a quality assurance committee. The *Hospital Management Regulations* to the *Hospitals Act* provides quality of care standards and procedures for management, admission of patients, patient care, infection control, anaesthesia, surgical operations, orders, and

record-taking and retention. The following persons may review, receive information from, or reproduce and retain a copy of a health record: an officer or employee of Health PEI or the Department of Health and Wellness for the purpose of quality improvement, risk assessment or the assessment of employee performance or conduct.

^{vi} **Section 2(e)(f):** It is the function of the Minister and the Minister has power to conduct surveys and research programs and to obtain statistics for its purposes; and to approve or disapprove hospitals and other facilities for the purposes of the Act in accordance with the regulations.

Section 3: The Minister may determine those aspects or those recipients of the expenditure of public moneys under this Act that require review, study and investigation by the Minister to ensure compliance with this Act and the most economical expenditure of such public moneys and, for the purposes of any such review, study or investigation, may appoint inspectors, who may be employees of the Minister, to inspect hospital buildings, facilities, equipment and personnel records and assess the standard of care provided and other aspects of hospital administration and management.

Section 10: it is the function of the Minister and the Minister has power: (h) to appoint inspectors and other officers with the duty and power to examine and obtain information from hospital accounting records, thereon; (i) to appoint medical practitioners with the duty and power to examine and obtain information from the medical and other hospital records, including patients' charts with medical records and nurses' notes, reports, and accounts of patients who are receiving or have received insured services; (j) to appoint inspectors with the duty and power to inspect and examine books, accounts, and records of employers and collectors for the purpose of obtaining information related to the hospital insurance plan; (k) to withhold payment for insured services for any insured person who does not, in the opinion of the Minister, medically require such services; (l) to act as a central purchasing agent for the purchase of drugs, biologicals or related preparations for all hospitals in the province, to supervise, check and inspect the use of drugs, biologicals or related preparations by hospitals in the province and to withhold or reduce payments under this Act to a hospital that does not comply with regulations respecting the purchasing of drugs, biologicals or related preparations; (m) to supervise and ensure the efficient and economical use of all diagnostic or therapeutic aids and procedures used by or in hospitals and to withhold or reduce payments under this Act to a hospital that does not comply with the regulations respecting the use of such aids and procedures.

^{vii} **Section 2(a):** It is the function of the Minister and the Minister has power to ensure the development and maintenance throughout Prince Edward Island of a balanced and integrated system of hospitals and schools of nursing and related health facilities.

^{viii} **Section 3:** The Director shall coordinate and monitor the provision of mental health services in the province and, in particular, shall (a) assess the mental health needs of the public and design a strategy for meeting those needs; (b) formulate expectations and standards to govern the provision of mental health services; (c) initiate research designed to improve the provision of mental health services in the province; (d) advise on manpower needs and strategies for recruiting and training mental health service personnel; (e) provide consultation to mental health service providers on the promotion of mental health and the prevention, care, treatment and control of mental disorders; and (f) monitor the appropriateness of mental health services and give direction in accordance with prescribed standards.

^{ix} **Section 2(d):** The Minister shall oversee, coordinate and promote productive cooperation among all mental health care service providers.

^x **Section 44:** The Board may refuse to issue or renew a permit, or suspend, revoke or attach conditions to a permit if, in the opinion of the Board, the applicant or permittee: (b) has insufficient equipment or materials as prescribed by the regulations or fails to keep equipment calibrated and maintained in accordance with manufacturers standards or as prescribed; (c) fails to have and employ equipment, instruments, materials and other aids that enable the rendering of service according to the standards required; and (m) has officers or employees who purport to hold valid qualifications or special expertise which in fact are false.

Section 47(d): The Board may refuse to issue or renew a license, or suspend, revoke or attach conditions to a license if, in the opinion of the Board, the applicant or licensee fails to employ equipment, instruments, materials, and other aids or techniques that enable the rendering of service to a patient according to the standards required.

The Regulations provide the standards of care, licensing and safety requirements for various Public Health issues including Child Resistant Packages, the Disinterment of Human Remains, Eating Establishments and Licensed Premises, Emergency Medical Services, Milk Processing, Notifiable and Communicable Diseases, Radiation Safety, Rental Accommodation, Slaughterhouses, Summer Trailer Court, Tenting and Camp Areas and Swimming Pool and Waterslides.

^{xi} **Section 3:** The Minister shall (a) coordinate measures for the protection of public health and the distribution, supervision and evaluation of health services; (b) gather and analyse data on the effects of localities, employments, conditions, habits, interventions and other circumstances upon the health of the public; (c) survey and inquire into the causes of disease, injury, morbidity and mortality in the province, including the investigation of the harmful effects on health of the physical and social environment; (d) take such measures as he considers necessary for the prevention, interception and suppression of communicable disease and other problems affecting the health of the public; (e) carry out and encourage the implementation of programs for education, training, research and information in the fields of prevention, diagnosis and treatment of disease, rehabilitation of the sick, injured and handicapped, and public health generally; (f) encourage the adoption of healthy modes of living by individuals and identified groups at risk in order to reduce self-imposed risks resulting from detrimental lifestyles; (g) cooperate with and assist governmental and nongovernmental agencies to improve public health.

Section 26(9): The Minister may request and the Board shall provide information respecting any matters related to the administration and provision of emergency medical services in the province.

^{xii} **Section 5:** The primary objects of the Board are to ensure the provision in facilities of accommodation, care services and nursing services that are safe, of good quality and appropriate to the needs of the residents.

To become licensed, facilities must meet the standards and care requirements for building construction, hygiene and basic comfort and safety health and social rights set out in the *Community Care Facilities and Nursing Homes Act Regulations - General Regulations and Nursing Home Regulations*.

Section 11: The Minister may, after consultation with the Board, appoint inspectors, who shall make periodic inspection of licensed facilities and the community care facilities or nursing homes in respect of which an application for a license is made. Every applicant or operator shall permit an inspector to enter a facility at any reasonable time and investigate any aspect of the operation of the facility to assess whether it complies with the prescribed standards. An inspector may enter and carry out an investigation in respect of any premises where the Board has reasonable grounds to suspect that a community care facility or a nursing home is operated in contravention. Where an inspector considers that the health of residents may be endangered he may direct the operator of a facility to cause a resident to be examined by a medical practitioner. An inspector shall report his findings on an inspection to the Board.

NORTHWEST TERRITORIES LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
<i>Hospital Insurance and Health and Social Services Administration Act</i> Regulation: Hospital and Health Care Facility Standards Regulations, NWT Reg 036-2005 Hospital Insurance Regulation NWT Reg R-009-2013	To develop and administer a hospital insurance plan and manage the administration of health and social services facilities	Hospitals, boards of management, medical practitioners, insured persons	<ul style="list-style-type: none"> • General (regulations; offences and punishment) • Sets out powers of the Minister (to develop and administer the hospital insurance plan; license, supervise and inspect health facilities and social services facilities and ensure adequate standards are maintained; conduct surveys and research programs) • Authorizes the Minister to establish a Board of Management (provides for its composition; sets out its powers and duties) 	Limited ⁱⁱ	Limited ⁱⁱⁱ	Limited ^{iv}	No
<i>Mental Health Act</i>	To provide for the admission and treatment requirements for patients suffering from mental disorders	Hospitals, medical practitioners, peace officers, patients	<ul style="list-style-type: none"> • Admissions, Assessments and Exams (voluntary, involuntary, court ordered) • Appeals to the Supreme Court • Transfers of patients • Treatment decisions and competence • Administering treatment 	No	Limited ^v	No	No
<i>Public Health Act</i>	To promote and protect the health and well-being of the people of the Territory	Chief Public Health Officers, Deputy Chief Public Health Officers, public health officials, health professionals operators of food establishments and water supplies	<ul style="list-style-type: none"> • General (regulations; offences and punishment; appeals of orders) • Sets out powers of Chief Public Health Officers (make inspections, investigations and inquiries considered necessary; make orders necessary to protect the public health; collect personal health information for public health-related purposes). 	Limited ^{vi}	No	No	No
<i>Financial Administration Act</i>	To regulate the financial affairs of public agencies and to ensure the appropriate use of public funds	Auditor General, public agencies and officers, Financial Management Board, Comptroller General	<ul style="list-style-type: none"> • General Financial Matters (guarantees and indemnities) • Establishes the Financial Management Board • Sets out administrative and expenditure requirements with respect to public money • Authorizes investment • Public Accounts and Agencies 	No	No	Yes ^{vii}	No

- ⁱ Process for selection: (a) first, we conducted an online key word search of all Northwest Territories Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plan. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to a representative at the Ministry of Health and Social Services; we received comments from the Ministry and, to the extent possible within the specified scope of this legislative review, incorporated these comments.
- ⁱⁱ **Section 5:** authorizes the Minister to supervise and inspect health and social services facilities in the Territories and to ensure that adequate standards are maintained; and to appoint inspectors and auditors to examine and obtain information from records, reports and accounts of health and social services facilities. **NWT Reg 036-2005, section 14(6):** requires a health services committee make recommendations to the chief executive officer of a Board of Management with respect to the ways in which the hospital or health care facility can provide better service to the population, promote public health, improve professional standards, the more efficient operation of the hospital or health care facility, and any complaint relating to care; and to conduct periodic reviews for the purpose of determining ways to improve health care practices and services in the hospital or health care facility. **NWT Reg 036-2005, section 31(1):** provides the chief executive officer shall require the medical or professional staff or other hospital personnel to prepare a medical record in respect of an in-patient within 48 hours of admission.
- ⁱⁱⁱ **Section 10:** requires that, before making appointments to a board of management, the Minister solicit from the council of the community in which it will operate names of persons suitable for appointment.
- ^{iv} **NWT Reg 036-2005, section 7(1):** requires that the Minister set the rated capacity of a hospital or health care facility that is equipped with beds at the number of beds that he or she determines should be set up to utilize the resources of the hospital or health care facility in the most effective and efficient manner.
- ^v **Section 35:** provides for the rights of a patient, including the right to be informed of the reason for admission and an explanation of the need for care and treatment.
- ^{vi} **Section 8:** authorizes the Chief Public Health Officer to make any inspection, investigation or inquiry he or she considers necessary and to require the production of, inspect and take copies of any documents or records that may be relevant to an inspection, investigation or inquiry.
- ^{vii} **Section 96:** requires every public agency (pursuant to Schedule A, “public agencies” include all Boards of Management established under the *Hospital Insurance and Health and Social Services Act*), for each financial year, prepare and submit to the appropriate Minister an annual report of the public agency that (a) states the activities of the public agency; (b) includes the financial statements of the public agency; (c) includes the report of the auditor; and (d) includes any other information that this or any other Act, or the appropriate Minister, may require. **Section 98:** requires that the accounts of every public agency be audited annually. **Section 100:** requires every public agency submit its annual report to the appropriate Minister.

YUKON LEGISLATIVE REVIEW

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
Public Health and Safety Act	To provide for high standards of public health and safety	Commissioner in Executive Council, boards of health, health officers	<ul style="list-style-type: none"> General (regulations; offences and penalties; enforcement) Establishes each municipality as a health district (authorizes Commissioner in Executive Council to establish health districts outside municipalities; authorizes the Commissioner in Executive Council to appoint a medical health officer for each health district) Provides for a board of health in respect of each health district (sets out its composition; establishes its duties, practice and procedure, and powers) 	Limited ⁱⁱ	No	No	No
Mental Health Act	To make special provision for persons suffering from mental disorders	Mental Health Review Board, physicians, patients	<ul style="list-style-type: none"> General (regulations; offences) Establishes a Mental Health Review Board (sets out its composition; provides for its procedure, powers and responsibilities; authorizes appeals to the Supreme Court) Provides for conditions of treatment (sets the criteria for involuntary assessments and exams, and the treatment of persons detained; provides for issues of consent) Provides for the powers of the Minister (provide various health services; enter into agreements; provide loans, grants and other funds; conduct research; operated facilities; employ personnel; appoint consultants and committees) 	No	Limited ⁱⁱⁱ	No	No
Health Act	To improve well-being through the prevention of illness and injury, to ensure equitable access to quality health and social services and to integrate health and social services	Department of Health and Social Services, Health and Social Services Council, health and social services boards	<ul style="list-style-type: none"> General (regulations; funding and budget) Provides for the powers and responsibilities of the Minister (oversee the implementation and administration of this and other acts; develop and implement programs and services; make recommendations to the government) Establishes a Department of Health and Social Services Establishes a Health Investment Fund (to be used for health and social planning or development) Authorizes the Commissioner in Executive Council to establish health and social services districts and boards (requires each board provide all health and 	Limited ^{iv}	Yes ^v	Limited ^{vi}	Yes ^{vii}

Act and Relevant Regulation(s) ⁱ	Purpose	Entities to which the Act applies	Summary of Statute's Key Parts	Legislated Quality of Care?	Legislated Patient or Community Engagement?	Legislated Efficiency / Effectiveness?	Legislative Requirements / Support for Integration?
			social services in its district; requires each board make bylaws) <ul style="list-style-type: none"> Establishes a Health and Social Services Council (to consult about health, social and justice issues and report to the Commissioner in Executive Council; to recommend ways of encouraging partnerships) Addresses issues of consent 				
Hospital Act	To ensure the availability of necessary hospital facilities and programs, compliance with appropriate methods of operation and standards of facilities and care and the integration of hospital and medical services with other health programs and services.	The Yukon Hospital Corporation, the First Nations Health Committee, the Hospital Privileges Appeal Board	<ul style="list-style-type: none"> Establishes the Yukon Hospital Corporation (to supply hospital and medical and related services; empowered to establish and implement policies, establish and maintain more hospitals, provide insured services and establish rules and procedures) Provides for the First Nations Health Committee (authorized to determine the effect on First Nations citizens of any changes in health care programs) Establishes the Hospital Privileges Appeal Board (provides for its constitution, rights, powers, privileges and procedure) 	No	Yes ^{viii}	Limited ^{ix}	No

ⁱ Process for selection: (a) first, we conducted an online key word search of all Yukon Consolidated Acts for “health” and “hospital”, (b) we then eliminated all non-health related statutes (i.e. passing references to “health” or “hospital” in non-health related legislation); (c) we then further narrowed the list based on the defined scope of the research. In particular, the scope of this summary does not include legislation governing regulated health professionals or (generally) legislation governing the provincial health insurance plan. Our scope of review did not include non-health related social service legislation, though we recognize that health and social services are often closely linked from a policy and delivery perspective. This summary was forwarded to a representative at the Ministry of Health and Social Services for review and comment; no comments had been returned at the time this summary was finalized.

ⁱⁱ **Section 7:** requires that the chair of municipal boards of health submit to the council annual reports on public health services and conditions in the municipality.

ⁱⁱⁱ **Section 28:** provides that the Mental Health Review Board is to be composed of two physicians, two members of the Law Society and four others, at least one of whom shall be aboriginal. **Sections 41 and 43:** provides for patient rights to be informed and to examine and copy the clinical record.

^{iv} **Section 6:** the Minister is required to submit to the Legislature at least once every three years a comprehensive report on the health status of Yukon residents, as well as annual updates. **Section 33:** provides that any person authorized by the Minister can enter and inspect facilities authorized by a health and social services board; can examine, copy and take extracts from any records or accounts; and can require a board or representative of the board to provide information for the Minister concerning the business of the board. **Section 41:** requires that the Health and Social Services Council provide an annual report to the Minister summarizing its activities, deliberations, and recommendations during the preceding year.

^v **Section 12:** requires that the Minister consult the public, including the council of each municipality or hamlet in the proposed district and the governing body of any First Nation in the proposed district, before submitting a proposal to establish health and social services districts and boards to the Commissioner in Executive Council. **Section 36:** among the functions of the Health and Social Services Council is the consultation of individuals, groups and the public about health, social and justice issues and report to the Commissioner in Executive Council. **Section 43:** provides for client rights, including the right to access of the records of treatment or service.

^{vi} **Section 30:** provides that the accounts and financial transactions of the health and social services boards shall be audited at least annually.

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- vii **Section 4:** provides among the Minister's functions is to promote relevant partnerships with governmental and non-governmental agencies for the development and implementation of health and social programs and services, and, in collaboration with representatives of the providers and of consumers of health and social services, to study and make recommendations to the government about the health and social needs of the Yukon people. **Section 36:** among the functions of the Health and Social Services Council is the provision of recommendations to the Commissioner in Executive Council of ways of encouraging and creating effective partnerships of individuals, groups, communities and governments and the integration of health programs and services with social programs and services.
- viii **Section 5:** requires that at least three of the members of the Yukon Hospital Corporation's board of trustees be from the public at large. **Section 14:** requires that the board of trustees hold at least one of their meetings in public each year so as to allow the public to obtain information and make recommendations about the programs and services offered by the Corporation.
- ix **Section 12:** provides that the Yukon Hospital Corporation's accounts and financial transactions are to be audited at least annually. **Section 13:** requires that the Corporation also provide an annual report to the Minister for the financial year.