



PRINCE EDWARD ISLAND  
ÎLE-DU-PRINCE-ÉDOUARD

# HEALTH SERVICES ACT

## PLEASE NOTE

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## HEALTH SERVICES ACT

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## HEALTH SERVICES ACT

### CHAPTER H-1.6

### INTERPRETATION

#### 1. Definitions

In this Act

- (a) “**Board**” means the Board of Directors of Health PEI;
- (b) “**Department**” means the Department of Health and Wellness;
- (c) “**health facility**” means any building or premises in or from which the Minister or Health PEI provides health services, and includes a prescribed building or premises;
- (d) “**Health PEI**” means the Crown corporation established under subsection 6(1);
- (e) “**health services**” means services related to the prevention of illness or injury, the promotion or maintenance of health, or the care and treatment of sick, infirm or injured persons and includes
  - (i) hospital services,
  - (ii) community health services,
  - (iii) public health services,
  - (iv) mental health services,
  - (v) addictions services,
  - (vi) long-term care services,
  - (vii) home care services,
  - (viii) ambulance services,
  - (ix) medical services,
  - (x) diagnostic services,
  - (xi) primary care services,
  - (xii) pharmacy services,
  - (xiii) dental services, and
  - (xiv) such other services as are prescribed;
- (f) “**Minister**” means the Minister of Health and Wellness;
- (g) “**provincial health plan**” means the provincial health plan established under subsection 3(1). *2009, c.7, s.1; 2010, c.31, s.3.*

## PART I — MINISTER

### 2. Role of Minister

- (1) The Minister is responsible for the administration of this Act.

#### Duty

- (2) The Minister shall ensure the provision of health services in the province in accordance with the provincial health plan.

#### Responsibility for strategic direction

- (3) The Minister is responsible for the strategic direction of the health care system in the province and, for the purpose of ensuring that the strategic direction is implemented, may do any thing that the Minister considers advisable.

#### Specific powers

- (4) Without limiting the generality of subsection (3), the Minister may
- (a) establish goals and objectives for the provision of health services in the province;
  - (b) establish performance measures and targets to promote the effective and efficient utilization of health services;
  - (c) develop, implement and evaluate provincial health care policies;
  - (d) conduct financial, human resources and information technology planning for the health care system;
  - (e) develop methodologies for effective and efficient allocation of resources; and
  - (f) administer the allocation of available resources for the provision of health services.  
*2009,c.7,s.2; 2018,c.28,s.1.*

### 3. Provincial health plan

- (1) The Minister shall establish, and may amend, a provincial health plan, which shall include
- (a) the principles upon which the provision of health services in the province are to be based;
  - (b) the goals, objectives and priorities for the provision of health services in the province;
  - (c) the health services to be provided or made available in the province and the health facilities to be operated by Health PEI;
  - (d) the health services to be provided or made available in the province and the health facilities to be operated by the Minister;
  - (e) 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 in clause (b); and
  - (f) any other matter prescribed by the regulations.

#### Powers

- (2) The Minister may
- (a) establish standards for the provision of health services in the province;
  - (b) transfer to Health PEI, in accordance with the provincial health plan, such assets and liabilities, as the Minister considers appropriate;



- (c) assign to Health PEI, in accordance with the provincial health plan, such contracts entered into by the Minister, as the Minister considers appropriate;
  - (d) establish, in writing, performance targets for Health PEI respecting its operations, financial management or the provision of health services;
  - (e) establish policies or guidelines, respecting the management of its operations and the provision of health services by Health PEI;
  - (e.1) determine the organization and internal management of Health PEI, including:
    - (i) its organizational structures and management responsibilities,
    - (ii) the appropriate level of its administrative services, and
    - (iii) the percentage of the total budget administered by it that may be spent on administrative expenses;
  - (e.2) require Health PEI to prepare and implement any health services plans and any other plans that the Minister considers appropriate, including performance plans, information management and technology plans and human resource plans;
  - (e.3) determine the health services to be provided by Health PEI;
  - (f) provide Health PEI with consultative support services;
  - (g) make capital expenditures for the construction or renovation of a health facility or the supply of equipment for a health facility;
  - (h) operate information systems relating to health services;
  - (i) monitor patterns and results in the health system to evaluate the effectiveness of Health PEI in respect of its responsibilities; or
  - (j) take such other actions as are prescribed in the regulations.
- (3) The Minister may, in consultation with Health PEI, establish an accountability framework that describes the roles and responsibilities of the Minister and Health PEI in relation to each other within the provincial health system. *2009, c.7, s.3; 2018, c.28, s.2.*

### **3.1 Minister's directive**

- (1) The Minister may, from time to time, give a written directive to Health PEI requiring it to take any action that the Minister considers necessary in relation to the operations of, or the health services provided by, Health PEI.

#### **Scope of directive**

- (2) Without limiting the generality of subsection (1), a written directive of the Minister under subsection (1) may require Health PEI
- (a) to carry out its operations and provide its health services in accordance with the strategic direction, plans, priorities or guidelines for the health care system as set by the Minister;
  - (b) to carry out its responsibilities as set out in this Act and to exercise its powers in accordance with this Act;
  - (c) to coordinate the activities that it undertakes and the health services that it provides with any other person or organization engaged in the provision of health services or other services that, in the Minister's opinion, may affect the provision of health services; or
  - (d) make, amend or revoke a bylaw or policy in accordance with any directions provided by the Minister.

**Requirement to comply**

- (3) Health PEI shall comply with a written directive of the Minister within the period of time and in the manner specified by the Minister in the directive. *2018,c.28,s.3*

**4. Agreements**

- (1) The Minister may provide health services directly or may enter into an agreement with any agency or person for the joint provision of health services or for the provision of health services by that agency or person.

**Compliance with provincial standards**

- (2) An agency or a person who delivers health services under an agreement with the Minister pursuant to subsection (1), shall ensure that the health services are delivered in accordance with any standards established by the Minister under clause 3(2)(a). *2009,c.7,s.4.*

**5. Delegation by Minister under certain Acts**

- (1) The Minister may delegate to any person any of the functions of the Minister under any of the following Acts:
- (a) repealed by *2013,c.1,s.24(2)*;
  - (b) *Community Care Facilities and Nursing Homes Act* R.S.P.E.I. 1988, Cap. C-13;
  - (c) repealed by *2013,c.18,s.7*;
  - (d) repealed by *2013,c.20,s.13(2)*;
  - (e) *Long-Term Care Subsidization Act* R.S.P.E.I. 1988, Cap. L-16.1;
  - (f) *Tobacco Sales and Access Act* R.S.P.E.I. 1988, Cap. T-3.1.

**Advisory committees, etc.**

- (2) The Minister may appoint such advisory groups or committees as the Minister considers appropriate. *2009,c.7,s.5; 2013,c.18,s.7; 2013,c.20,s.13(2); 2013,c.1,s.24(2).*

## PART II — HEALTH PEI

### Establishment of Health PEI

**6. Establishment of Health PEI**

- (1) There is hereby established a Crown corporation to be known as Health PEI.

**Corporate Powers**

- (2) Health PEI has the same general powers as conferred on a company incorporated under the *Companies Act* R.S.P.E.I. 1988, Cap. C-14, except where such powers are inconsistent with this Act. *2009,c.7,s.6.*

### Board of Directors

**7. Board of Directors**

- (1) The affairs of Health PEI shall be controlled and managed by a Board of Directors consisting the following seven members appointed by the Minister:





- (a) the chair of the Community Health Engagement Committee (Western Region);
- (b) the chair of the Community Health Engagement Committee (Eastern Region);
- (c) five members who shall
  - (i) possess the skills, knowledge, experience and competencies determined by the Minister as necessary to ensure the effective governance of Health PEI, and
  - (ii) be representative of various community perspectives.

**Term of office**

- (2) The term of office of a director shall not exceed three years.

**Reappointment**

- (3) A director may be reappointed at the end of the director's term, but shall not serve more than two consecutive terms.

**Cessation of membership**

- (4) A director ceases to be a member of the Board
  - (a) if the director has resigned from the Board by notice in writing delivered to the Board, on the later of
    - (i) the day the notice is delivered, and
    - (ii) the day the resignation is to take effect, as specified in the notice;
  - (b) on the director's ceasing to reside in the province;
  - (c) on the death of the director; and
  - (d) on the revocation of the director's appointment, as specified in the revocation.

**Revocation by Minister**

- (5) The Minister may revoke the appointment of a director who
  - (a) fails to attend three consecutive meetings of the Board without, in the opinion of the Minister, a reasonable excuse;
  - (b) is convicted of an offence that, in the opinion of the Minister, renders the director unsuitable to continue to hold office as a director;
  - (c) commits an act, other than an offence referred to in clause (b), that in the opinion of the Minister undermines the ability of the director to act credibly as a director; or
  - (d) is, in the opinion of the Minister, unable to fulfil the director's duties on the Board due to physical or mental incapacity.

**Notice to director**

- (6) The Minister shall give a director notice in writing of the revocation of the director's appointment, and the revocation shall take effect on the service of the notice on the director or on a later date specified in the notice.

**Replacement of director**

- (7) Where a director ceases to hold office before his or her term expires, the Minister may appoint a new director in accordance with subsection (1) to hold office for the unexpired portion of the term.

**Continuation after expiry**

- (8) A director continues to hold office after the expiry of the director's term until

- (a) the director ceases to be a member of the Board in accordance with clauses (4)(a) to (c);
- (b) the director is reappointed; or
- (c) a successor is appointed.

**Remuneration**

- (9) The directors shall be paid the remuneration and be reimbursed for their expenses by Health PEI as the Lieutenant Governor in Council considers appropriate.

**Quorum**

- (10) A majority of the appointed directors constitutes a quorum of the Board. *2009,c.7,s.7; 2015,c.6,s.1; 2017,c.7,s.1; 2018,c.28,s.4.*

**7.1 Public access to meetings**

- (1) Subject to subsection (3), meetings of the Board shall be open to the public and members of the public are entitled to attend.

**Schedule to be published**

- (2) The Board shall make publicly available the schedule of its regular meetings, including the date, time and location of each meeting.

**Closed meetings, conditions**

- (3) The Board may hold a meeting or part of a meeting in private if, in the opinion of the Board, holding the meeting or part of the meeting in public would
  - (a) reveal information relating to
    - (i) proposals for contracts or negotiations or decisions with respect to contracts, or
    - (ii) plans or proposals of the Board, as the case may be, involving future budgetary decisions;
  - (b) reveal information relating to risk management issues or patient care issues;
  - (c) reveal information relating to collective bargaining or human resource management issues;
  - (d) prejudice any security measures undertaken by the Board; or
  - (e) fall within the scope of any other prescribed circumstances.

**Resolution may not be passed**

- (4) If, pursuant to subsection (3), a meeting or part of a meeting is held in private, no resolution related to the subject matter that was discussed in private shall be passed unless the meeting reverts to a public meeting.

**Exclusion from minutes**

- (5) The Board may exclude from minutes made available pursuant to section 7.2 any matter that relates to a meeting or part of a meeting that was held in private, other than a resolution passed with respect to the matter. *2018,c.28,s.5.*



**7.2 Public access to minutes**

Subject to subsection 7.1(5), all minutes of the meetings of the Board that have been adopted by the Board at a subsequent meeting shall be made publicly available by the Board. *2018, c.28, s.5.*

**Bylaws****8. Bylaws and policies**

- (1) The Board may make bylaws and policies, not inconsistent with this Act or the regulations, regarding its internal organization and proceedings and the management of its operations.

**Medical staff bylaws**

- (2) The Board shall make bylaws governing the medical staff of Health PEI, including bylaws
- (a) respecting the appointment, reappointment, suspension and termination of the appointment of persons to the medical staff;
  - (b) respecting the disciplining of members of the medical staff;
  - (c) respecting the granting of privileges to members of the medical staff, including the amending, suspending and revoking of privileges granted;
  - (d) governing the classification and organization of the medical staff;
  - (e) establishing a provincial medical advisory committee and such other committees as the Board considers appropriate;
  - (f) governing the appointment of members of committees and officers of the medical staff and prescribing their duties;
  - (g) respecting the quality of health services provided by the medical staff; and
  - (h) providing for transitional matters relating to the implementation of these bylaws.

**Submission for approval**

- (3) A bylaw made by the Board, and the amendment or revocation of a bylaw, shall be submitted to the Minister for approval, in accordance with the procedures established by the Minister.

**Approval of Minister**

- (4) A bylaw made by the Board has no force and effect until it is approved by the Minister.

**Inspection**

- (5) The Board shall ensure that its bylaws are available for inspection by the public during normal office hours. *2009, c.7, s.8.*

**9. Conflict of Interest**

- (1) A director of the Board shall not vote on or speak to a matter before the Board if
- (a) the director has an interest in the matter, distinct from an interest arising from his or her functions as a director;
  - (b) the director has a direct or indirect pecuniary interest in the matter;
  - (c) a parent, spouse, brother, sister or child of the director has an interest in the matter; or
  - (d) the director is an officer, employee or agent of a corporation or an unincorporated association, or other association of persons that has an interest in the matter.

**Disclosure**

- (2) Where a director is in a conflict of interest, the director shall disclose to the Board the nature and extent of the conflict of interest either in writing or by requesting to have it entered in the minutes of the meeting of the Board.

**Idem**

- (3) A director shall disclose a conflict of interest
- (a) at the meeting where the matter giving rise to the conflict of interest is considered; or
  - (b) if the director is not in a conflict of interest at the time described in clause (a), at the first meeting that is held after the conflict of interest arises. *2009,c.7,s.9.*

**Chair of the Board**

**10. Chair**

- (1) The Minister shall, after consultation with the Board, appoint from among the directors of the Board, the Chair of the Board.

**First Chair**

- (2) Notwithstanding subsection (1), the Minister may appoint the first Chair of the Board, without prior consultation with the Board.

**Term of office**

- (3) The Chair shall be appointed for a three-year term and, subject to subsection 7(4), may be reappointed for one additional term. *2009,c.7,s.10.*

**Chief Executive Officer**

**11. Chief Executive Officer**

- (1) The Lieutenant Governor in Council shall appoint a Chief Executive Officer who, under the direction of the Minister, shall
- (a) be responsible for the general management and conduct of the affairs of Health PEI; and
  - (b) perform other duties assigned by the Board or the Minister.

**Remuneration**

- (2) The Chief Executive Officer shall be paid out of the funds of Health PEI the remuneration determined by the Lieutenant Governor in Council. *2009,c.7,s.11; 2018,c.28,s.6.*

**Functions**

**12. Responsibility for health services**

- (1) Health PEI shall plan, organize and deliver health services and shall evaluate the health services that it provides and its delivery of those services.

**Duties and responsibilities**

- (2) In carrying out its responsibilities pursuant to subsection (1), Health PEI shall



- (a) assess the health needs of the residents of the province;
- (b) in accordance with section 15.1, prepare and regularly update an operational plan for the provision of health services;
- (c) provide the health services that the Minister, pursuant to subclause 3(2)(e.3), has determined that it is to provide;
- (d) coordinate the health services it provides with those provided by other providers of health services;
- (e) evaluate the health services that it provides and its delivery of those services;
- (f) promote and encourage health and wellness;
- (g) assist the Minister in the development of and implementation of health policies and standards, health information systems, human resource plans for the health care system and other provincial health system initiatives;
- (h) meet any standards established by the Minister respecting the quality of health services that it is to provide;
- (i) comply with any directions, policies or guidelines issued or established by the Minister with respect to the health services it is to provide and the administration of those health services;
- (j) implement any health services plans and any other plans required by the Minister;
- (k) provide any reports that the Minister may require;
- (l) operate in accordance with any accountability framework established by the Minister;
- (m) operate within its approved budget; and
- (n) undertake any other activities that the Minister may direct. *2009,c.7,s.12; 2017,c.28,s.7.*

### 13. Staff

- (1) Subject to clause 3(2)(e.1), Health PEI may employ or otherwise engage such staff or other persons as the Board considers necessary to carry out the responsibilities of Health PEI.

#### ***Civil Service Act application***

- (2) The *Civil Service Act* R.S.P.E.I. 1988, Cap. C-8 does not apply to the officers or employees of Health PEI, except those who are deemed not to be employees under subsection 7(2) of the *Labour Act* R.S.P.E.I. 1988, Cap. L-1.

#### **Staffing services**

- (3) Health PEI may contract with the Prince Edward Island Public Service Commission for the provision of appropriate staffing and classification services. *2009,c.7,s.13; 2010,c.16,s.1; 2018,c.28,s.8.*

### 14. Agreements

- (1) For the purpose of performing its functions, Health PEI may provide health services directly or may enter into agreements with any agency or person for the joint provision of such health services or for the provision of such health services by that agency or person.

#### **Compliance with provincial standards**

- (2) An agency or a person who delivers health services through an agreement with Health PEI pursuant to subsection (1), shall ensure that the services are delivered in accordance with any standards established by the Minister under clause 3(2)(a). *2009,c.7,s.14.*

## Plans, Budgets and Annual Meeting

### 15. Business plan and budget

- (1) Each fiscal year, 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) an annual business plan for the following fiscal year; and
  - (b) an annual budget for the following fiscal year.

#### Strategic plan

- (2) 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.

#### Approval of the Minister

- (3) After reviewing a plan or budget submitted to the Minister under subsection (1) or (2), the Minister may approve the plan or budget, as the case may be, or refer the plan or budget back to Health PEI for amendment, with any direction that the Minister considers appropriate.

#### Resubmission

- (4) Where a plan or budget is referred back to Health PEI for amendment under subsection (3), Health PEI shall resubmit the plan or budget to the Minister as directed by the Minister, and subsection (3) applies in respect of any plan or budget that is resubmitted to the Minister under this subsection.

#### Revisions or amendments

- (5) Health PEI may submit to the Minister, for the approval of the Minister, any revisions or amendments to an approved strategic plan or an approved business plan, and subsections (3) and (4) apply in respect of any revisions or amendments that are submitted to the Minister under this subsection.

#### Information on request

- (6) Notwithstanding subsection (1) or (2), Health PEI shall provide such financial, program or management information to the Minister, within the time and in such a manner specified by the Minister, as requested by the Minister. *2009, c.7, s.15.*

### 15.1 Operational plan

- (1) Health PEI shall
  - (a) with respect to the period specified by the Minister, prepare an operational plan for the provision of the health services for which it is responsible; and
  - (b) submit the operational plan to the Minister in the form, and within the time limit, specified by the Minister.

#### Consistency with guidelines, etc.

- (2) Health PEI shall ensure that the operational plan submitted by it under subsection (1) is consistent with any guidelines or directions provided by the Minister.



**Amendments to plan**

- (3) Health PEI
- (a) may, from time to time, amend its operational plan on its own initiative;
  - (b) shall submit any amendments made by it pursuant to clause (a) to the Minister; and
  - (c) shall amend its operational plan in accordance with a direction from the Minister at any time. *2018,c.28,s.9*

**Financial Matters****16. Funding**

- (1) The Minister may provide funding to Health PEI for the purposes of this Act out of money appropriated by the Legislature for those purposes.

**Funding withheld**

- (2) Where the Minister is satisfied that Health PEI has failed to comply with this Act or the regulations, the Minister may withhold from Health PEI any funding payment, or any part of any funding payment, that the Minister may provide to Health PEI under subsection (1). *2009,c.7,s.16.*

**17. Fiscal year**

The fiscal year of Health PEI begins on the first day of April in one year and ends on the thirty-first day of March in the next year. *2009,c.7,s.17.*

**18. Borrowing and Deficit**

Except as may be authorized by the Lieutenant Governor in Council, Health PEI shall not

- (a) borrow money for any purpose; or
- (b) accumulate a deficit. *2009,c.7,s.18.*

**19. Capital assets and equipment**

- (1) Health PEI shall not, during a fiscal year, acquire or dispose of capital assets or equipment, except in accordance with its approved business plan for that fiscal year.

**Proceeds of sale**

- (2) Where, during a fiscal year, Health PEI sells any of its assets, Health PEI shall use the proceeds of the sale in accordance with its approved business plan for that fiscal year. *2009,c.7,s.19.*

**20. Auditor**

Health PEI shall appoint an external auditor who shall audit the records, accounts and financial transactions of Health PEI on an annual basis. *2009,c.7,s.20.*

## Trustee

### 21. Appointment of a trustee

- (1) The Lieutenant Governor in Council may, at any time, by order, appoint a person as a trustee to act in place of the members of the Board if, in the opinion of the Lieutenant Governor in Council,
- (a) the Board is not properly carrying out its responsibilities, duties or powers under this Act or the regulations;
  - (b) the Board fails to comply with or ensure that Health PEI complies with any provision of this Act or the regulations; or
  - (c) it is in the public interest.

#### Directors cease to hold office

- (2) On the appointment of a trustee under subsection (1), the members of the Board cease to hold office and shall not perform any duties or exercise any powers assigned to them under this Act or the regulations.

#### Powers and remuneration of trustee

- (3) A trustee appointed under this section
- (a) has all the responsibilities, duties and powers of the Board; and
  - (b) shall be paid, out of the funds of Health PEI, such remuneration and expenses as the Lieutenant Governor in Council considers appropriate.

#### Delivery of funds and records

- (4) Where a trustee is appointed under this section, the former directors of the Board shall immediately deliver to the trustee all funds and all books, records and documents respecting the management and activities of Health PEI.

#### Termination of trustee appointment

- (5) If, in the opinion of the Lieutenant Governor in Council, a trustee is no longer required, the Lieutenant Governor in Council may terminate the appointment of the trustee on such terms and conditions as the Lieutenant Governor in Council considers appropriate. *2009,c.7,s.21.*

## PART III — NEGOTIATION COMMITTEE

### 22. Definitions

For the purposes of this Part,

- (a) “**collective agreement**” means any collective agreement containing terms and conditions of employment, including
  - (i) any collective agreement negotiated for employees under the *Labour Act* R.S.P.E.I. 1988, Cap. L-1, and
  - (ii) any collective agreement negotiated with the Medical Society of Prince Edward Island;
- (b) “**collective bargaining**” means the negotiation, administration and enforcement of a collective agreement. *2009,c.7,s.22.*





**23. Negotiation committee**

- (1) The Minister shall, as necessary, establish one or more negotiation committees.

***Idem***

- (2) A negotiation committee is the agency for conducting bargaining and entering into collective agreements to govern employment by Health PEI of all employees belonging to a unit of employees authorized to engage in collective bargaining.

**Direct negotiation precluded**

- (3) Health PEI shall not bargain, except through a negotiation committee, with an employee belonging to a unit of employees authorized to engage in collective bargaining. *2009,c.7,s.23.*

**24. Approval required**

- (1) No offer having financial implications shall be made by a negotiation committee without the prior approval of the Treasury Board.

***Idem***

- (2) A negotiation committee shall not enter into a collective agreement unless the proposed terms of the collective agreement are approved by the Minister, Health PEI and the Treasury Board. *2009,c.7,s.24.*

**25. Effect of agreement**

- (1) A collective agreement entered into by a negotiation committee is binding on Health PEI, the Minister and the Treasury Board, as if each were privy to the agreement.

***Idem***

- (2) A collective agreement entered into by a negotiation committee and representatives authorized to engage in collective bargaining on behalf of employees is enforceable by Health PEI, the negotiation committee and the representatives of the employees. *2009,c.7,s.25.*

**PART IV — QUALITY IMPROVEMENT AND APOLOGIES**

***Interpretation***

**26. Definitions**

For the purposes of this Part,

- (a) “**apology**” means an expression of sympathy or regret, a statement that one is sorry or any other words or actions indicating contrition or commiseration, whether or not the words or actions admit or imply an admission of fault in connection with the matter to which the words or actions relate;
- (b) “**incident**” means any event, accident or unusual situation which is not consistent with the routine operation of a health facility or provision of a health service or the routine care of patients, residents or clients within the health system;
- (c) “**legal proceeding**” means an inquiry, arbitration, inquest, hearing or civil proceeding in which evidence is or may be given before a court, tribunal, commission, board, committee, coroner or arbitrator, and includes an action or proceeding for the imposition of punishment by fine, penalty or imprisonment for the violation of a

- provincial enactment, but does not include any activities carried on by a quality improvement committee or a proceeding regarding an offence under subsection 31(1);
- (c.1) “**personal health information**” means personal health information as defined in the *Health Information Act* R.S.P.E.I. 1988, Cap. H-1.41;
  - (d) “**personal information**” means personal information as defined in the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01;
  - (e) “**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;
  - (f) “**quality improvement committee**” means a committee established or designated under subsection 27(1);
  - (g) “**quality improvement information**” means information in any form that is communicated for the purpose of, or created in the course of, carrying out a quality improvement activity, but does not include
    - (i) information contained in a record, such as a hospital chart or a medical record, that is maintained for the purpose of providing health services to an individual,
    - (ii) facts contained in a record of an incident involving the provision of health services to an individual,
    - (iii) the fact that a quality improvement committee met or conducted a quality improvement activity,
    - (iv) the terms of reference of a quality improvement committee, or
    - (v) an accreditation report issued by Accreditation Canada. 2009,c.7,s.26; 2014,c.31,s.82(2).

## Quality Improvement

### 27. Quality improvement committee

- (1) 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.

#### Composition of committee

- (2) A quality improvement committee may be comprised of one or more individuals.

#### Delegation by Minister

- (3) The Minister may delegate, to any person, the Minister’s authority under subsection (1).

#### Delegation by Board

- (4) The Board may delegate, to any officer, employee or member of the medical staff of Health PEI, the Board’s authority under subsection (1). 2009,c.7,s.27.

### 28. Disclosure of any information

- (1) Notwithstanding any other Act or its regulations, including the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act*, a person may disclose any



information, including personal information or personal health information, to a quality improvement committee for the purpose of a quality improvement activity.

**Prohibition**

- (2) No person shall dismiss, suspend, demote, discipline, harass or otherwise disadvantage another person for disclosing information under subsection (1). *2009,c.7,s.28; 2014,c.31,s.82(3).*

**29. Not compellable in legal proceeding**

- (1) No person shall be compellable to produce or disclose quality improvement information in any legal proceeding.

**Not admissible**

- (2) Quality improvement information is not admissible in evidence in a legal proceeding. *2009,c.7,s.29.*

**30. No right of access**

Notwithstanding the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act*, no person has a right of access to quality improvement information, regardless of whether it includes personal information or personal health information about the person. *2009,c.7,s.30; 2014,c.31,s.82(4).*

**31. Offence**

- (1) Every person who contravenes or violates subsection 28(2) is guilty of an offence.

**Penalty**

- (2) Any natural person who is guilty of an offence under subsection (1) is liable, on summary conviction, to a fine of not less than \$200 and not more than \$1,000.

**Idem**

- (3) Any corporation that is guilty of an offence under subsection (1) is liable, on summary conviction, to a fine of not less than \$500 and not more than \$5,000.

**Personal liability of corporate officers**

- (4) Any officer, director or agent of a corporation who directs, authorizes, assents to, acquiesces in, or participates in, the commission of an offence by that corporation under subsection (1) is guilty of an offence and is liable, in respect of the commission of an offence by the corporation under subsection (1), to any penalty set out in subsection (2). *2009,c.7,s.31.*

## Apology

**32. Apology not admission of fault or liability**

- (1) An apology made by or on behalf of a person in connection with the provision of a health service to any other person
- (a) does not constitute an express or implied admission of fault or liability by the person in connection with that matter;
  - (b) does not, despite any wording to the contrary in any contract of insurance, and despite any other enactment or law, void, impair or otherwise affect any insurance

- coverage that is available, or that would, but for the apology, be available, to the person in connection with that matter; and
- (c) may not be taken into account in any determination of fault or liability in connection with that matter.

**Apology not admissible**

- (2) Notwithstanding any other enactment or law, evidence of an apology made by or on behalf of a person in connection with the provision of a health service to any other person is not admissible in a legal proceeding as evidence of the fault or liability of the person in connection with that matter. *2009,c.7,s.32.*

## PART V — GENERAL

### 33. Liability

The Minister, the directors and chief executive officer of the Board, a trustee appointed under subsection 21(1), and any person acting on their instructions or acting under this Act, the regulations or Health PEI's bylaws and policies, are not personally liable for any loss or damage suffered by any person by reason of any act done or not done by any of them in good faith in the exercise or purported exercise of their functions. *2009,c.7,s.33.*

### 34. Limitation of actions

Any action against the Minister or Health PEI or an agent or employee of the Department or Health PEI for damages for injury caused by negligence in the admission, care, treatment or discharge of any patient in a health facility shall be brought not later than one year after the date the patient is discharged or ceases to receive treatment at the health facility. *2009,c.7,s.34.*

### 35. Regulations

The Lieutenant Governor in Council may make regulations

- (a) prescribing buildings or premises that are health facilities;
- (b) prescribing health services for the purposes of the definition of "health services";
- (c) prescribing the powers of the Minister under this Act or the regulations;
- (d) respecting the content of the provincial health plan;
- (e) prescribing persons or classes of persons who are not eligible for appointment to the Board;
- (f) respecting meetings of the Board;
- (g) respecting conflicts of interest for directors, officers and employees of Health PEI;
- (h) respecting the Chair of the Board or the chief executive officer of Health PEI, including his or her functions, appointment, and remuneration;
- (i) respecting the submission, form and content of Health PEI's strategic plan, business plan, and annual budget;
- (j) respecting agreements entered into by the Minister or Health PEI with an agency or a person regarding the provision of health services;
- (k) respecting the funding of Health PEI;
- (l) respecting the appointment, powers and duties of a trustee appointed under subsection 21(1);



- (m) respecting negotiation committees, quality improvement committees or advisory groups or committees appointed by the Minister under subsection 5(2), including providing for
  - (i) their constitution and composition,
  - (ii) the appointment and terms of office of their members, and
  - (iii) their operating procedures;
- (n) respecting matters to be included in bylaws governing the medical staff of Health PEI;
- (o) respecting the collection, use and disclosure of personal information relating to health services provided under this Act;
- (p) respecting the quality improvement of health services, including quality improvement activities and the use and disclosure of quality improvement information;
- (q) defining, for the purposes of this Act or the regulations, any word or expression used in this Act or the regulations that has not already been expressly defined in this Act;
- (r) respecting such other matters as the Lieutenant Governor in Council considers necessary to give effect to the purposes of this Act. *2009,c.7,s.35.*

## CONSEQUENTIAL AMENDMENTS

### 36. Consequential Amendments

Sections 36 to 40 make consequential amendments to other Acts. The amendments have been incorporated into those Acts. *2009,c.7,s.40.*

## REPEAL AND COMMENCEMENT

### 41. Repeal

The *Health Services Act* R.S.P.E.I. 1988, Cap. H-1.5 is repealed. *2009,c.7,s.41.*