

WHEREAS, under the second paragraph of that section, for each fiscal year of the Office, the members of the orders are required to pay a contribution determined by the Government;

WHEREAS, under the third paragraph of that section, each fiscal year, the surplus of the Office for the preceding fiscal year is to be added to, or its deficit for the preceding fiscal year is to be deducted from, the expenditures determined by the Office in its budget estimates for the following fiscal year. The resulting amount is then divided by the number of members in all the orders on 31 March of the calendar year in progress. The quotient is the amount of the annual contribution of each member;

WHEREAS, under the first paragraph of section 196.8 of the Code, amended by section 148 of chapter 11 of the Statutes of 2008, every person or group and every department or other government body is to pay the charge determined by regulation of the Government after consultation with the Office and the Inter-professional Council in respect of any request they submit to the Office or of any act that must be performed by the Office in the exercise of its functions;

WHEREAS, under the second paragraph of that section, the charges collected during a fiscal year are taken into account in establishing the contribution computed under section 196.2 of the Code;

WHEREAS, under subparagraph 4 of the first paragraph of section 19.1 of the Code, amended by section 4 of chapter 11 of the Statutes of 2008, the Minister submitted the amount of the contribution of each member of an order to be fixed for the 2009-2010 fiscal year to the Québec Interprofessional Council for advice;

WHEREAS it is expedient to fix the amount of the contribution payable by each member of an order;

IT IS ORDERED, therefore, on the recommendation of the Minister of Justice:

THAT \$26.70 be fixed as the amount of the contribution of each member of a professional order for the 2009-2010 fiscal year of the Office des professions du Québec.

GÉRARD BIBEAU,
Clerk of the Conseil exécutif

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Gouvernement du Québec

O.C. 103-2009, 11 February 2009

An Act respecting health services and social services
(R.S.Q., c. S-4.2)

**Minister of Health and Social Services
— Information that institutions must provide**

Regulation respecting the information that institutions must provide to the Minister of Health and Social Services

WHEREAS, under paragraph 26 of section 505 of the Act respecting health services and social services (R.S.Q., c. S-4.2), the Government may, by regulation, prescribe the personal and non-personal information that an institution must provide to the Minister concerning the needs for and utilization of services;

WHEREAS, under section 433 of the Act, the Minister may, in performing his duties under section 431, require an institution to furnish to him, at the time and in the form he determines, the information, whether personal or not, prescribed by regulation under paragraph 26 of section 505 concerning needs for and utilization of services;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation respecting the information that institutions must provide to the Minister of Health and Social Services was published in Part 2 of the *Gazette officielle du Québec* of 1 October 2008 with a notice that it could be submitted to the Government to be made on the expiry of 45 days following that publication;

WHEREAS it is expedient to make the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister of Health and Social Services:

THAT the Regulation respecting the information that institutions must provide to the Minister of Health and Social Services, attached to this Order in Council, be made.

GÉRARD BIBEAU,
Clerk of the Conseil exécutif

Regulation respecting the information that institutions must provide to the Minister of Health and Social Services

An Act respecting health services and social services (R.S.Q., c. S-4.2, s. 505, par. 26)

1. In this Regulation,

(1) “individual user” means any person who benefits from interventions on an individual basis;

(2) “group user” means a group of persons in a similar situation that benefits from interventions of a preventive, therapeutic, educational, supportive or other nature during a specific period of time;

(3) “community user” means a population group covered by a project or sharing common objectives and that benefits from community interventions.

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.

3. A public institution or a private institution under agreement operating a residential and long-term care centre must provide the Minister with the information in Schedule II in respect of a user enrolled or admitted to receive the services offered in such a centre, unless the user occupies a bed classified as a mental health bed according to the institution’s permit.

4. An institution operating an emergency department must provide the Minister with the information in Schedule III in respect of a user enrolled to receive emergency services, unless the user visits the emergency department for a diagnostic test or to receive outpatient services.

5. An institution operating a hospital centre must provide the Minister with the information in Schedule IV in respect of a user admitted to receive general or specialized care, including psychiatric care, according to the class of the hospital centre operated by the institution, and in respect of a user enrolled for day surgery provided for in the financial management manual published by the Minister under section 477 of the Act respecting health services and social services (R.S.Q., c. S-4.2).

6. An institution referred to in sections 2 to 5 must also provide the Minister with the following information:

(1) concerning the identity of an individual user:

(a) name;

(b) health insurance number;

(c) sex;

(d) date of birth;

(e) residence postal code;

(2) the file number of any type of user; and

(3) the date on which each particular is first provided and the date on which it is updated.

In the case of a user admitted to the facility of an institution referred to in section 3 or enrolled for the services of that institution, the postal code required under subparagraph *e* of subparagraph 1 of the first paragraph is the code of the place where the user is residing or staying when a care and service program begins.

7. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

SCHEDULE I

1. An institution referred to in section 2 of the Regulation must provide the following information in respect of any type of user of the services of a local community service centre:

(1) concerning each request for services:

(a) sequential number;

(b) date of receipt;

(c) origin;

(d) object;

(e) the centre or sub-centre of activities concerned;

(f) the decision rendered after examination of the request and the date of the decision;

(2) indication of the type of user;

(3) concerning each sporadic intervention or activity:

(a) sequential number;

(b) the centre or sub-centre of activities concerned;

- (c) date;
- (d) type;
- (e) the reasons therefor;
- (f) any act performed by the provider;
- (g) follow-up;
- (h) the master program to which it is related;
- (i) mode;
- (j) the place of the intervention or activity;
- (k) in the case of an intervention, the duration;
- (l) the language used during the intervention or activity;
- (m) the provider's class of employment and link with the institution;
- (n) the number of providers participating in the intervention or activity;
- (o) if the intervention or activity is performed in a school environment, the education level;
- (p) if the intervention or activity is intended for a group user, the number of participants.

2. In addition to the information required under section 1, an institution referred to in section 2 of the Regulation must provide the following information:

- (1) concerning an individual user:
 - (a) the reason for which the user's health insurance number cannot be provided, where applicable;
 - (b) the date from which the user has been waiting for lodging, where applicable;
 - (c) the code of the municipality where the user's residence is located;
- (2) concerning the specific services rendered to an individual user in perinatal care:
 - (a) the sequential number of the service;
 - (b) the service for which the user is enrolled;
 - (c) the dates on which enrolment for the service begins and ends;

- (d) the reason for interrupting enrolment for the service;

- (e) the gestational age at the time of enrolment, where applicable;

- (f) the immediate social environment of the user;

- (g) the financial situation of the user at the time of enrolment, whether below or above the low income after-tax cut-off defined by Statistics Canada;

- (h) the level of schooling of the user at the time of enrolment;

- (i) whether the user is a Native;

- (j) whether the user is an immigrant who has lived in Canada for 5 years or less;

- (k) the prenatal or postnatal gravida, para and aborta, according to the time of enrolment;

- (l) the date of delivery;

- (m) the duration of the pregnancy at the time of delivery;

- (n) the number of live births and stillbirths at the time of delivery;

- (o) the infant's weight in grams at birth;

- (p) the method of feeding of the infant at various stages of the infant's development;

- (3) concerning the immunization services rendered to an individual user:

- (a) the sequential number of the vaccination;

- (b) the date of administration of the vaccine;

- (c) the type of vaccine organism;

- (d) in the case of the influenza vaccine, the reason for vaccination;

- (e) the number of the immunizing agent;

- (4) the category and target population of the group user;

- (5) the category, target population and main activities of the community user.

3. Every transmission of the information required under sections 1 and 2 must be accompanied by the following:

- (1) the code of the health region from which the information originates;
- (2) the permit number of the institution providing the information;
- (3) the date of transmission;
- (4) the number assigned to the transmission;
- (5) the dates on which the period concerned begins and ends.

SCHEDULE II

1. Where a care and service program is implemented for a user, an institution referred to in section 3 of the Regulation must provide the following information:

- (1) concerning the user:
 - (a) civil status;
 - (b) ethnic or cultural group;
 - (c) language of communication used in daily activities;
 - (d) religion;
 - (e) the method of management of the user's property;
 - (f) the date and place of death, where applicable;
- (2) concerning the services rendered to a user who benefits from a care and service program:
 - (a) the date on which the program is determined;
 - (b) the date on which the program begins for the user following registration of the user's presence;
 - (c) the program applied to the user;
 - (d) the master program to which the user's program is linked;
 - (e) if the user is registered for the "day centre" or "day hospital" programs:
 - i. the days of the week and, for each day, the time of day during which interventions are planned as part of the program;

- ii. the method of transportation used each day by the user to benefit from the program, whether or not the transportation is provided by the institution;

- (f) the type of resource providing the program;

- (g) if the program is interrupted:

- i. the date of and reason for the interruption;

- ii. if the interruption lasts more than one day, the date on which the user resumes the program;

- (h) the date on which the program is terminated and the reason for termination;

- (3) concerning the departure point and destination of a user who benefits from a care and service program:

- (a) the place and code of the municipality where the user is residing or staying at the beginning and end of the program;

- (b) the postal code of the place where the user is residing or staying at the end of the program;

- (c) any other program in which the user participated before the beginning of the program;

- (d) the person or organization that made the application leading to the determination of the program;

- (e) the program and the person or organization to which the user is referred at the end of the program;

- (4) concerning each diagnosis made in respect of a user during the period of participation in a care and service program:

- (a) the date of any assessment;

- (b) the diagnosis according to the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, expanded by the Canadian Institute for Health Information (ICD-10-CA);

- (c) the type of diagnosis;

- (d) the date of the diagnosis;

- (5) concerning any prescribed medication administered to a user in an institution referred to in section 3 of the Regulation during the period of participation in a care and service program:

(a) the date on which the medication is first administered;

(b) the identification number of the prescribed medication identified in the list of medications-institutions, except for medications collectively prescribed;

(c) the date on which the medication ends;

(6) concerning any accident or incident suffered by a user during the period of participation in a care and service program:

(a) the date, place and time of the accident or incident that caused the trauma or adverse effect suffered by the user;

(b) the cause of the accident or incident and a description thereof;

(c) the circumstances preceding the accident or incident and a description of the facts:

i. the type of situation preceding the accident or incident;

ii. the mental state of the user before the accident or incident;

iii. the mobility of the user before the accident or incident;

iv. the level of supervision needed by the user before the accident or incident;

v. the factors which might have contributed to the accident or incident;

vi. the physical environment before the accident or incident which might have had an influence on its occurrence;

vii. the configuration of the bed at the time of the accident or incident;

(d) the repercussions of the event on the user which make it possible to determine whether it is an accident or incident;

(e) the opinion of the provider on a possible claim by the user following the accident or incident;

(7) concerning any control measure applied to a user:

(a) the type of control measure applied;

(b) the date on which the control measure begins;

(c) the reason for the control measure;

(d) the category of professional who decided to use the control measure;

(e) the total number of hours per day during which the user is subject to the control measure;

(f) the date on which the control measure ends;

(8) concerning any transmission of information to the Minister:

(a) the code of the transmitting facility;

(b) the permit number of the institution providing services to the user;

(c) the number of the facility on the permit of the institution providing services to the user;

(d) the date of transmission;

(e) the number assigned to the transmission;

(f) the dates on which the period concerned begins and ends.

SCHEDULE III

1. An institution referred to in section 4 of the Regulation must provide the following information:

(1) concerning the user:

(a) the code of the municipality where the user's residence is located;

(b) the reason why the user's health insurance number cannot be provided, if applicable;

(c) the date, hour, minute and second of the user's death, if applicable;

(d) whether a coroner intervened following the user's death;

(e) whether an autopsy was requested following the user's death;

(2) concerning any period of care to the user at the emergency department:

(a) the number identifying the period;

(b) the date, hour, minute and second of the beginning of the period;

(c) how the user arrived at the emergency department;

(d) the user's age at the time of the period;

(e) the major category of the diagnosis;

(f) the reason for the user's visit to the emergency department;

(g) the diagnosis;

(h) whether there is a family physician and a referring physician;

(i) the number of the form to declare transportation by ambulance, if applicable;

(j) the date, hour, minute and second of the end of the first triage;

(k) the priority code assigned at the first triage;

(l) the user's autonomy after the first triage;

(m) the date, hour, minute and second of the first taking in charge, if applicable;

(n) the date, hour, minute and second of the first application for admission, cancelled or not, if applicable;

(o) the clinical service of the last application for admission, cancelled or not, if applicable;

(p) the date, hour, minute and second when the user left the emergency department;

(q) the user's destination when leaving the emergency department;

(r) the reason for the user's transfer to another facility, if applicable, and, if the user is transferred because of an unavailable service, the priority assigned to the user's transfer;

(s) if the user comes from another facility, the number of that facility on the institution's permit;

(t) if the user is transferred to another facility, the number of the receiving facility on the institution's permit;

(3) concerning any consultation by the user during a period of care at the emergency department:

(a) the date, hour, minute and second when the consultation is prescribed;

(b) the date, hour, minute and second of the consultation;

(c) the medical specialty concerned;

(d) the state of realization of the consultation;

(e) the number of the consultation;

(4) concerning the occupation of a stretcher by the user during the period of care:

(a) the date, hour, minute and second of the beginning of the first period of occupation;

(b) the date, hour, minute and second of the end of the last period of occupation;

(c) the category of the first period of occupation;

(5) concerning any transmission of information to the Minister:

(a) the number of the data extraction;

(b) the date, hour, minute and second of the data extraction;

(c) the number on the institution's permit of the facility to which the emergency department is linked.

SCHEDULE IV

1. An institution referred to in section 5 of the Regulation must provide the following information:

(1) concerning the user:

(a) whether the user is a newborn;

(b) the code of the municipality where the user's residence is located;

(c) the place of birth;

(d) the code corresponding to the user's occupation;

(e) the user's civil status;

(f) if the user died, the immediate cause of death according to ICD-10-CA, the type of death and whether there was an autopsy or an investigation by a coroner;

(2) concerning the accident that led to the user's hospitalization, if applicable:

(a) the date of the accident;

(b) the code corresponding to the external cause of the accident according to ICD-10-CA;

(c) the code corresponding to the place of the accident according to ICD-10-CA;

(3) concerning the origin, admission and destination of the user:

(a) the code of the facility of origin;

(b) the type of origin;

(c) the date and time of admission;

(d) the type of admission;

(e) the diagnosis at admission according to ICD-10-CA;

(f) the type of care provided;

(g) if the user is transferred directly from the emergency department of the institution to a short-term care unit or day surgery in the same institution, the date of registration for the emergency department;

(h) the person responsible for paying the hospital stay;

(i) the date and time of leaving the facility where the care was provided;

(j) the number of days of temporary leave;

(k) the number of hospitalization days;

(l) the code of the facility that is the destination;

(m) the type of destination;

(4) the diagnosis according to ICD-10-CA;

(5) concerning any stay of the user in a service where care was provided, and any diagnosis made there:

(a) the code of the service;

(b) the type of stay;

(c) the residency status and specialty of the attending physician;

(d) the diagnosis of the affection justifying the user to stay in the service according to ICD-10-CA and the characteristic of the diagnosis;

(e) the duration of the stay in the service;

(6) concerning any affection other than those referred to in paragraph 2 or 5 diagnosed or treated during the user's hospitalization:

(a) the main diagnosis according to ICD-10-CA;

(b) the service in which the affection was diagnosed or treated and the characteristic of the diagnosis;

(7) concerning any medical consultation by the user during hospitalization:

(a) the service from which the request for consultation originates;

(b) the field of the consultation;

(c) the specialty of the medical consultant;

(8) the total number of consultations by the user;

(9) concerning any intervention on the user during hospitalization:

(a) the service for which the user is enrolled;

(b) the date and place of the intervention;

(c) the intervention code according to the Canadian Classification of Health Interventions (CCI);

(d) the status attribute of the intervention according to the CCI;

(e) the location attribute of the intervention according to the CCI;

(f) the extent attribute of the intervention according to the CCI;

(g) the number of times an intervention was performed;

(h) the residency status and specialty of the physician who performed an intervention or administered an anesthesia;

(i) the anaesthesia technique used;

(10) concerning any stay of the user in an intensive care unit:

- (a) the code of the intensive care unit;
- (b) the duration of the stay;

(11) concerning a user who received services following a birth or stillbirth:

(a) the number of stillbirths following the pregnancy concerned, if applicable;

(b) the number of stillbirths that led to an autopsy following the pregnancy concerned, if applicable;

(c) the weight in grams of a product of conception of more than 100 grams in the case of a live birth or of more than 500 grams in the case of a stillbirth;

(d) the duration of the pregnancy;

(12) concerning any transmission of information to the Minister:

(a) the financial period concerned;

(b) the type of transaction;

(c) the date of transmission;

(d) the admission number;

(e) the number of the facility on the institution's permit where care was provided.

An institution referred to in section 5 of the Regulation must also provide the information in subparagraph *c* of subparagraph 11 of the first paragraph for any user born in a facility of the institution or who was admitted there within 28 days of birth.

The institution must also provide the information in subparagraph *d* of subparagraph 11 of the first paragraph for any user born in a facility of the institution, including the number of the mother's medical record.

2. In addition to the information required under section 1, an institution referred to in section 5 of the Regulation that makes a tumour diagnosis must provide the following information:

(1) concerning the user: the name of the mother at birth and the name of the father;

(2) concerning any diagnosed tumour of the user: its topography according to ICD-10-CA, its morphology according to the International Classification of Diseases: oncology, 1st Edition (ICD-O-3) and how the tumour was diagnosed.

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Gouvernement du Québec

O.C. 104-2009, 11 February 2009

An Act respecting health services and social services (R.S.Q., c. S-4.2)

Cost of work for public institutions and private institutions under agreement to be authorized by agencies — Amendment

Regulation to amend the Regulation respecting the cost of work for public institutions and private institutions under agreement to be authorized by agencies

WHEREAS, under paragraph 3 of section 505 of the Act respecting health services and social services (R.S.Q., c. S-4.2), the Government may, by regulation, determine the applicable amounts for the purposes of the authorization required from the agency for the work mentioned in paragraph 3 of section 263 of the Act;

WHEREAS the Regulation respecting the cost of work for public institutions and private institutions under agreement to be authorized by agencies specifies, in section 1, the amount below which the agency must previously authorize the institutions' capital projects;

WHEREAS it is advisable to amend the amount;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Regulation to amend the Regulation respecting the cost of work for public institutions and private institutions under agreement to be authorized by agencies was published in Part 2 of the *Gazette officielle du Québec* of 22 October 2008 with a notice that it could be made by the Government on the expiry of 45 days following that publication;

WHEREAS it is expedient to make the Regulation without amendment;

IT IS ORDERED, therefore, on the recommendation of the Minister of Health and Social Services: