

transform

Moving forward, together.

CONTENTS

Letter of transmittal 1

1.0 Our organization 2

 Message from the Board Chair 4

 Message from the CEO 6

 Who we are 8

 Our strategic priorities..... 9

2.0 Our governance 10

 Our organizational structure..... 12

 Our Board of Directors 13

 Board of Directors profiles 14

 Our leadership team 20

3.0 Our work..... 22

 2017-2018 highlights 23

 What we do..... 24

 Emergency Department Waits
 and Patient Flow Initiative..... 26

 Appropriateness of Care 28

 Patient- and Family-Centred Care..... 30

 Health System Measurement and Reporting 32

 Provincial Integrated Learning System 34

 Research Partnerships 36

 Communications..... 38

 Corporate Services 40

4.0 Financials..... 42

5.0 Contact Us..... 56

6.0 Appendix 58

Letter of transmittal

The Honourable Jim Reiter
Minister of Health
Room 204, Legislative Building
2405 Legislative Drive
Regina, Saskatchewan
S4S 0B3

Dear Minister Reiter:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2017-2018 fiscal year and is submitted in accordance with the requirements of *The Health Quality Council Act and The Executive Government and Administration Act*.



Dr. Susan Shaw
Board Chair
Health Quality Council

1.0 Our organization

Message from the Board Chair 4

Message from the CEO 6

Who we are 8

Our strategic priorities 9



Message from the Board Chair



“The work we’ve done, and the work we’ll continue to do, embodies our commitment to supporting the system to achieve its full potential as a high-performing health care system. Together, will we reach our destination.”

I was initially surprised when I read the recommendation by the Advisory Panel on Health System Structure that Saskatchewan move from 12 health regions to a single provincial health authority. Upon reflection though, I quickly realized we have been collectively readying ourselves for this change for at least the past 15 years. While the new Saskatchewan Health Authority officially launched December 4th, 2017 the transition didn’t happen in one day. Rather, we have – for many years now – been learning how to work differently. It is truly a privilege to be Chair of the agency that has played an integral role in supporting the system along the way. Just how did HQC do this? In a number of ways, actually...

When HQC brought its health system partners together in 2008, for the Quality as a Business Strategy initiative, the seed was planted for “thinking and acting as one system.” Later, as a system, we committed to using common approaches and tools for continuously improving health care quality in this province. These methods are embedded in the learning programs developed and hosted by HQC.

The **Emergency Department Waits and Patient Flow Initiative**, which HQC co-leads with the Ministry of Health, has given rise to what is now a health system priority: the provincial **Connected Care Strategy**. Connected Care holds such great potential for reducing our historic reliance

on acute care by meeting people’s care needs closer to home in the community.

Also, our adoption – as a system – of open visiting hours in all health care facilities, highlights the advances we’re making to deliver care in ways that are more patient- and family-centred. HQC’s leadership on the **Patient- and Family-Centred Care Guiding Coalition** was a major impetus for this change. Now, patients can have their loved ones by their side for longer periods of time during what is arguably the most crucial times of their lives, receiving the love and support they need while in hospital.

Physician leadership is a critical ingredient in health system improvement. We need doctors acting as champions and catalysts for change. In 2017, the first class of physicians graduated from the new **Clinical Quality Improvement Program (CQIP)** with the skills and experience to lead improvement in our provincial system. Not only are these graduates practising quality improvement (and have caught the “QI bug” so to speak), but they have become quality improvement stewards within their respective areas of the system.

Our launch this year of **Choosing Wisely Saskatchewan** will serve as the foundation for improved dialogue between Saskatchewan physicians and patients about appropriate use of tests, procedures, and medications.

Inappropriate or unnecessary tests can cause harm and increase wait times in the system. We can do better. As more physicians adopt Choosing Wisely recommendations, patients too will become more informed and empowered to ask questions and make decisions about the potential risks and benefits of different treatments, procedures, and medications.

Fall 2017 saw Saskatchewan health system leaders challenged to “get comfortable with being uncomfortable.” This message, from innovation and change guru Paul Plsek, was the right message at the right time for our system. Change can be uncomfortable. Change brings with it the unknown, which can be scary. But it doesn’t have to be. Change can be an inspiring journey, serving as the impetus to make care better and safer for the people we serve.

Early in the new year, we welcomed three new members to our HQC Board of Directors: Carrie Bourassa, Doug Moen, and Serese Selanders. I know we will benefit from the fresh insights and unique experiences they bring to the HQC Board table. Their willingness to serve signals their strong commitment to help accelerate improvement in Saskatchewan’s health care system.

I want to take this opportunity to again thank Dr. Dennis Kendel, Eber Hampton, and Charlyn Black, whose

terms on the HQC Board ended in 2017, and Dr. Werner Oberholzer, who stepped down in late 2017.

We are grateful to Dennis, Eber, and Charlyn, who are all founding members of the HQC Board, and for the contributions of Werner. The years of dedication, wisdom, and guidance they contributed have shaped the work of our organization and the ways in which we are helping make health care better and safer for patients.

Over the last 15 years, HQC has worked alongside its health care partners, helping set the foundation for each subsequent step forward as a system. The work we’ve done, and the work we’ll continue to do, embodies our commitment to supporting the system to achieve its full potential as a high-performing health care system. Together, will we reach our destination.



Dr. Susan Shaw
Chair, HQC Board of Directors

Message from the CEO



"I am encouraged by the evidence I see of that value being embraced and applied in innovative ways by leaders and a diverse array of skilled service providers in our health care system."

At the outset I want to thank Gary Teare for his dedicated service as the CEO of HQC. It is appropriate that we reflect on some of the work the HQC did under his leadership.

Over this past year our focus has been on helping Saskatchewan's health system become a more people-centred, learning health system. This happens at many levels within the system, through our work with leaders and administrators, clinicians and other care providers, patients and family, and researchers. We have grown their capabilities and connections, sparked new ideas and spread the good ones, and helped to establish tools and other supports needed by the people in Saskatchewan's health system to accelerate improvement of care.

Our **Clinical Quality Improvement Program** is equipping physicians and other clinicians with knowledge and skills to improve their practice, and that of their teams, in a variety of care areas, including pathology, obstetrics, and family practice. The first cohort of 14 physicians successfully completed the program this year and another 20 physicians and two pharmacists began their training.

Through the period of transition from 12 health regions to a single provincial health authority, HQC continued to champion the role of patient and family advisors in the various ways they have contributed

to our health system's improvement. We continued to support the **Patient- and Family-Centred Care Guiding Coalition**, ensuring its members stayed connected, informed, and involved in changes to our health system over the last year. We also continued to support efforts to make it easier for patients and families to be involved in improving health care.

HQC helped leaders prepare for the transition to a single provincial health authority. We invited Paul Plsek – an internationally respected improvement thought leader – to provide insights and tools to inform the design of structures and processes that address the complexity of a provincial health system. We also led work with partners from across the health system to create a framework and an initial set of measures that the health system can use in coming years to measure outcomes and track improvements.

To help those who are involved in leading or supporting improvement projects in the health system, we provided a number of workshops and training opportunities – online and in person – to improve the rigour and skill of measurement, to understand and learn from variation in the system. Our free monthly webinar, **QI Power Hour**, also provided regular opportunities for people to learn more about specific improvement-related topics or be inspired by improvement happening

in other industries or in health care systems elsewhere in the world.

As important as it is to learn from the wisdom and experience of others, it is equally vital that a learning health system build capability and infrastructure locally to support innovation, reflective learning, and knowledge generation. HQC continued to invest in developing partnerships and infrastructure for research and evaluation within the Saskatchewan health system. We worked with our partners, including patient and family advisors, academics/researchers, and clinicians, to build and use databases to better understand and learn from the challenges of providing better care for people with mental health and addictions problems, chronic diseases, cancer, and those patients with complex combinations of needs.

An especially important partnership is the Saskatchewan Centre for Patient-Oriented Research (SCPOR), which involves organizations from the health system, post-secondary education, and government. We're pleased to co-lead this work with the College of Medicine. The research we're engaging in together is helping us begin to answer questions that matter to patients, families, and communities, and holds considerable potential to improve quality of health care in Saskatchewan.

I commenced service as HQC's interim CEO on May 17, 2018. I am excited and energized by this opportunity to lead a very talented staff team in continuing the pursuit of optimally safe, high-quality care for all of the people of Saskatchewan. Through facilitated consultation between the HQC Board and its senior leadership team on June 5, 2018 we have developed a roadmap for our work over the next five years. This roadmap will guide how we will work with patients, families, citizens, and communities to ensure that health services are optimally integrated and tailored to meet the needs of all of our citizens.

Over a career in Saskatchewan's health care system that has spanned 46 years, I have never been more optimistic and excited about the future. The opportunity for the HQC to work collaboratively with the new Saskatchewan Health Authority offers unprecedented potential to assure more integrated care. We are making daily progress toward that goal through the **Connected Care Strategy**. We are also now closer than we have ever been to defining and rolling out a strategy for team-based, inter-disciplinary primary care services province wide.

I grew up in a rural community in which there was a deeply rooted commitment to working together for the good of all in the community. That is a value that I continue to embrace and apply in this leadership

role with the HQC. I am encouraged by the evidence I see of that value being embraced and applied in innovative ways by leaders and a diverse array of skilled service providers in our health care system. And I am confident that, by working together, with courage, we can and will succeed in achieving better health, better care, better value, and better teams.



Dr. Dennis Kendel
Interim Chief Executive Officer

Who we are

WHO WE ARE

HQC is an independent provincial organization focused on accelerating improvement in the quality of health care in Saskatchewan. Established by government legislation in 2002, we work with patients and families, clinicians, administrators, researchers, and quality improvement specialists to make health care better and safer for everyone in Saskatchewan.

WHAT WE DO

HQC supports Saskatchewan's health care system by working to

- reduce emergency department waits and improve patient flow;
- ensure patients receive appropriate care;
- engage patients and families as partners in their care;
- build improvement capability at all levels in the system;
- assess health system performance;
- measure the patient experience; and,
- partner on research that generates evidence for decision making.

HOW WE ADD VALUE TO THE HEALTH SYSTEM

HQC accelerates improvement of health and health care across Saskatchewan. We do this by building improvement capability and spreading innovation throughout the province, through education, improvement initiatives, and research.

OUR MISSION

Our mission is to accelerate improvement in the quality of health care throughout Saskatchewan.

OUR VISION

Our vision is the highest quality of health care for everyone, every time.

OUR VALUES

Create meaningful connections



Spread passion for learning



Work to make a difference



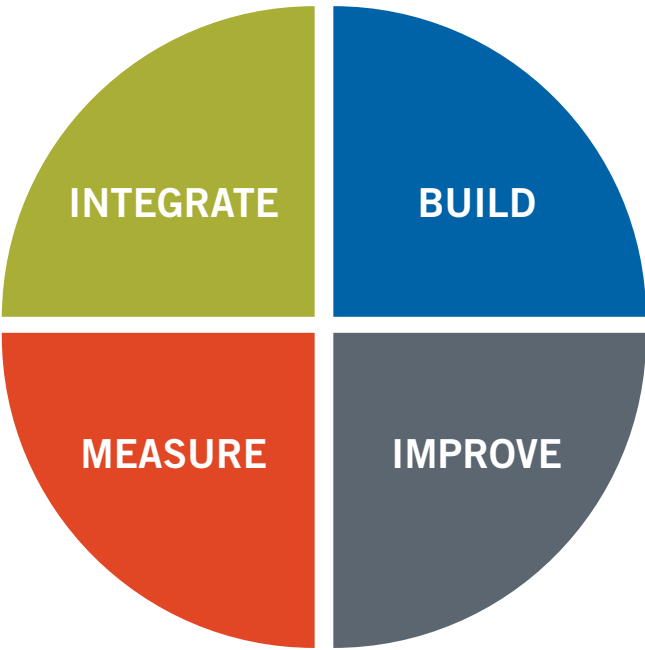
We demonstrate these values through the following principles

- Put the patient first
- Respect every individual
- Know and do what is right
- Think scientifically
- Be optimistic
- Add value every day
- Be accountable

Our strategic priorities

At HQC, we are guided by a strategy for working with organizations and patients in Saskatchewan to accelerate improvements in health care quality and safety. Our three-year strategic plan, released in October 2016, includes four priorities for making health care better and safer:

- **Integrate** patients and families as partners in all aspects of health care
- **Build** learning systems to spread knowledge on improving health care quality and safety
- **Measure** health care outcomes and processes to generate evidence for decision making
- Drive **improvements** in health care quality and safety by spreading best practices, ideas, and innovations



HOW ARE WE MEETING OUR STRATEGIC PRIORITIES?

Each of our program areas addresses one or more strategic priority. Look for this legend at the bottom of program pages in *Section 3.0 Our work* (pages 22-41) to see how that work aligns with our strategy.

Integrate ✓	Build ✓	Measure ✓	Improve ✓
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2.0 Our governance

Our organizational structure **12**

Our Board of Directors **13**

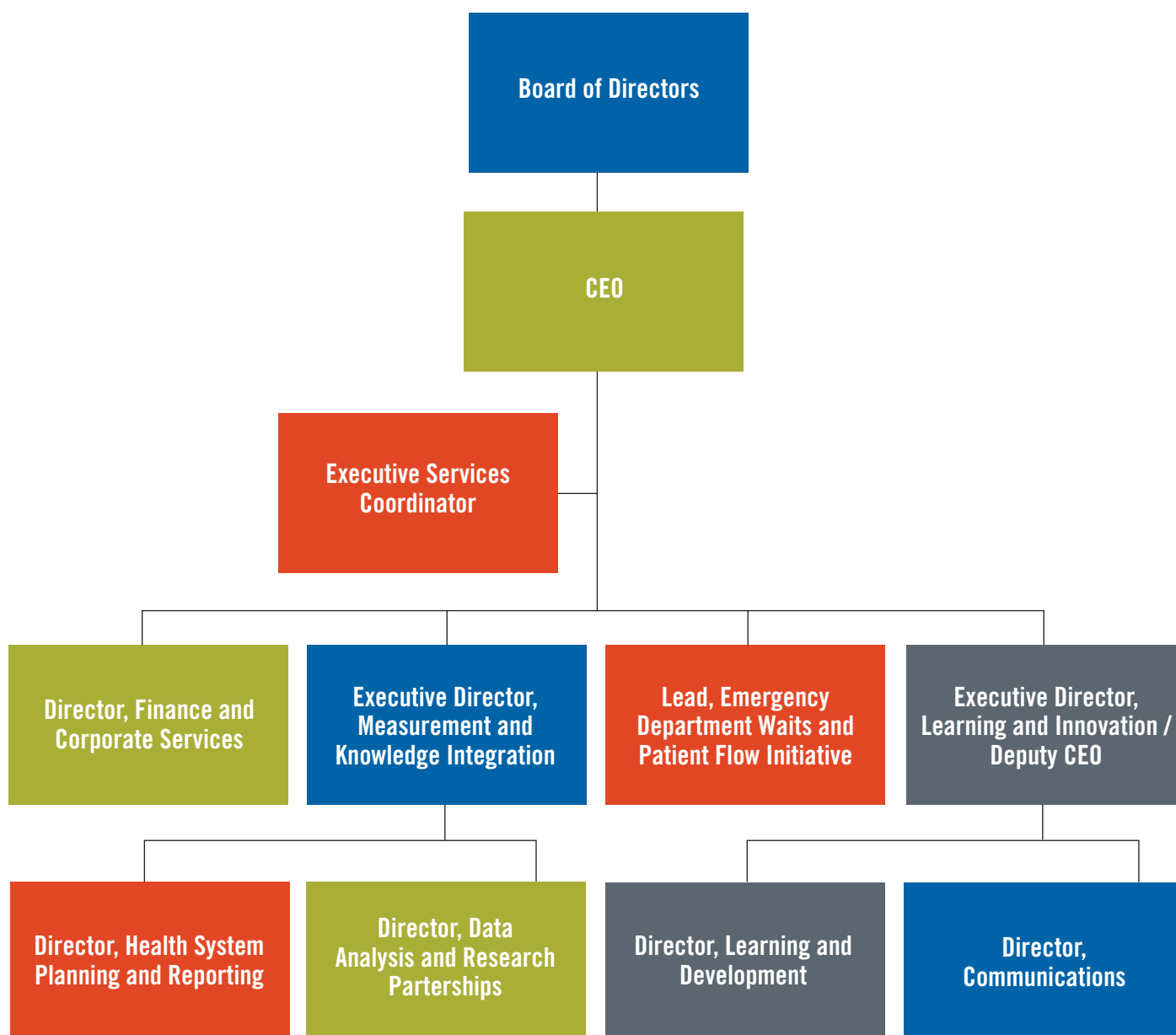
Board of Directors profiles **14**

Our leadership team **20**



Our organizational structure

The following diagram depicts HQC's high-level organizational structure (as of March 31, 2018). All other HQC employees report to the Director of one of the organization's program areas.



Our Board of Directors



HQC is led by a Board of Directors appointed by the Lieutenant Governor in Council. Our Board comprises a diverse group of Saskatchewan, Canadian, and international leaders from health care and other fields who are experts in clinical care, system administration/management, health system research, health policy, and quality improvement. They meet four times a year.

The HQC Board is called upon to lead, steer, monitor, support, nurture, and be accountable for the organization to meet its mandate, mission, and strategic goals. It exercises a number of functions as part of its governance role, including

- understanding and functioning with a system view and not as a representative of a segment of the community;
- participating in formulating and adopting HQC's vision, mission, and principles;

- establishing HQC's strategic plan in collaboration with the CEO and staff;
- evaluating HQC's performance and the Board's performance;
- appointing and evaluating the CEO;
- exercising fiduciary stewardship;
- building and maintaining thriving relationships with health care system stakeholders; and,
- developing and fostering healthy Board relations.

The Board Chair, appointed by the province's Lieutenant Governor in Council, ensures the integrity of the Board's processes and represents the Board to outside parties. The Chair is the only Board member authorized to speak for the Board.

Board of Directors profiles



Dr. Susan Shaw, Chair

Susan is Chief Medical Officer with the Saskatchewan Health Authority's Quality, Safety, and Strategy and Chief Medical Office. Prior to that she was Director of Physician Advocacy and Leadership at the Saskatchewan Medical Association. She is an assistant professor with the College of Medicine's Department of Anesthesiology, Perioperative Medicine and Pain Management at the University of Saskatchewan. Since returning home to Saskatoon after completing fellowship training at Stanford University Medical Center in California, she has served in several leadership roles in Saskatchewan, including as head of the former Saskatoon Health Region's Department of Adult Critical Care and as a physician co-lead for the Saskatchewan Surgical Initiative.



Cheryl Craig, Vice-Chair

Cheryl began her 43-year career in health care as a registered nurse. She went on to serve in several leadership positions in community nursing, acute care, and long-term care, and as a senior leader at the district and then regional level. Her final official role was as Chief Executive Officer of the former Five Hills Health Region from 2009 to November 2017. Cheryl was a member of the provincial committee that provided input on Saskatchewan's critical incident legislation, and her focus and passion for patient, family, and staff safety remains strong. Cheryl is committed to improving the health experience for patients, families, and all who serve in the health care field.

**Ross Baker**

Ross is a professor in the Institute of Health Policy, Management and Evaluation at the University of Toronto and Program Lead in Quality Improvement and Patient Safety. He is co-lead for IDEAS (Improving and Driving Excellence Across Sectors), a large quality improvement-training program in Ontario. Ross's recent research projects include an edited book of case studies on patient engagement strategies, a demonstration project that assesses innovative approaches to monitoring and measuring patient safety, and an analysis of interprofessional team dynamics in quality improvement.

**Carrie Bourassa**

Carrie is a Chair in Indigenous and Northern Health and Senior Scientist at Health Sciences North Research Institute in Sudbury, Ontario and the Scientific Director of the Institute of Aboriginal Peoples' Health at the Canadian Institutes of Health Research. Prior to taking on these roles, she served her communities as a Professor of Indigenous Health Studies at First Nations University of Canada (Regina) for 15 years. Carrie's research interests include the impacts of colonization on the health of Indigenous people, creating culturally safe care in health service delivery, dementia among Indigenous people, and Indigenous women's health. Carrie is Métis, belonging to the Regina Riel Métis Council #34.

Board of Directors profiles



Elizabeth Crocker

Liz is one of the founding owners of Wozzles, the oldest children's bookstore in Canada. Liz established the Child Life Program at the IWK Children's Hospital and was the first chair of the IWK Children's Miracle Network Telethon. A life-long advocate for children and youth, Liz has worked as a teacher and has also served as chair of the Canadian Institute of Child Health and president of the Association for the Care of Children's Health. Liz is currently vice-chair and board member of the Institute for Patient- and Family-Centered Care (IPFCC), board member of the Chester Playhouse, and an honorary trustee of the IWK Hospital Foundation. In 2006, she co-authored *Privileged Presence*, a collection of stories about experiences in health care with a focus on communication, collaboration, and compassion. A second edition was published in 2014.



Daniel M. Fox

Daniel, president emeritus of the Milbank Memorial Fund, is an author of books and articles on health policy and politics and an adviser to public officials, leaders of provider systems in health and long-term care, research organizations, publishers, and foundations. His most recent book is *The Convergence of Science and Governance* (2010). Before serving as president of the Fund (1989-2007), he worked in federal and state government in the United States and as a faculty member and administrator of several universities. He is a member of the National Academy of Medicine, the Council on Foreign Relations, and the National Academy of Social Insurance, and holds faculty appointments at Columbia University and the University of Sydney (Australia). He is a policy fellow of the Johnson Shoyama Graduate School of Public Policy at the University of Saskatchewan and the University of Regina. In 2012, he received a Distinguished Service Award from the Government of Saskatchewan.



Tom Kishchuk

Tom was appointed Vice-President Operational Support for Federated Co-operatives Limited (FCL) in August 2015. Prior to joining FCL, Tom was the President and Chief Executive Officer of Mitsubishi Hitachi Power Systems Canada, Ltd., where he also served as the General Manager of Operations, After Sales Service Division Manager, and Quality Assurance Manager. He is a member of the Board of Directors of the Sylvia Fedoruk Canadian Centre for Nuclear Innovation and a member of the Board of Directors of Safe Saskatchewan. Tom earned his Bachelor of Science, Mechanical Engineering, and his Master of Science, Mechanical Engineering, at the University of Saskatchewan and is a registered professional engineer.



Doug Moen

Doug joined the Johnson Shoyama Graduate School of Public Policy in November 2016 as an Executive in Residence and in July 2017 became the School's Director of Executive Education. He served as Deputy Minister to the Premier of Saskatchewan from June 2009 to July 2016, and Deputy Minister of Justice and Deputy Attorney General of Saskatchewan from 2002 to 2009. Before that, Doug was Executive Director of the Public Law Division and the Executive Director of the Community Justice Division in the Ministry of Justice. He has held roles of increasing responsibility and accountability in the legislative services, public law, and policy areas with Justice since 1983.

Board of Directors profiles



Serese Selanders

Due to challenges with her aging parents, Serese recognized that there was an opportunity to leverage technology to vastly improve the lives of older adults and better bridge the gap with their loved ones. As a result, she created ORA, an innovative personal safety alert device. Currently the founder and CEO of Kasiel Solutions Inc., Serese has more than 20 years of business experience in the financial services and technology industries. In addition, she is an active volunteer with a number of community organizations. Serese served as a family advisor and Chair for Client- and Family-Centred-Care initiatives – locally, provincially, and nationally. She has been formally recognized for being an exemplary leader and innovator.



Yvonne M. Shevchuk

Yvonne is a professor and associate dean academic in the College of Pharmacy and Nutrition at the University of Saskatchewan. Her areas of focus include infectious disease, therapeutics, appropriate drug use, and drug information/critical literature appraisal. She is the Director of medSask and is a member of the Drug Advisory Committee of Saskatchewan and the Canadian Drug Expert Committee of the Canadian Agency for Drugs and Technology in Health. She is a member of both the advisory board of RxFiles and the Pharmacy Coalition on Primary Care.

**Beth Vachon**

Beth is Vice President of Quality, Safety and Strategy with the Saskatchewan Health Authority. She was the CEO of the former Cypress Health Region from 2010 to 2018. Prior to that, she served in a variety of leadership positions within the former Cypress Health Region and the Swift Current Health District, including as a member of the senior leadership team and as the executive director of Community Health Services. She has been employed in health care for more than 30 years as a registered psychiatric nurse and manager. She is an advocate for building effective community partnerships and engaging health providers in the provision of a patient-first health environment.

Our leadership team

The Board delegates the operational functions of HQC to the leadership team. The team's chief responsibilities are

- managing the performance of the organization in relation to its mission, mandate, and strategic priorities;
- providing strategic leadership and direction for the delivery of HQC's products and services;
- overseeing a staff of 40 employees, with expertise in research, quality improvement, administration, communications, finance, IT, and clinical care;
- ensuring effective, efficient use of financial and human resources in the delivery of HQC's products and services;
- developing work plans, staffing strategies, and budgets; and,
- facilitating effective communication between the Board and the organization.



**Dr. Dennis Kendel – Interim CEO
(May 17, 2018 to present)**

Dr. Dennis Kendel was appointed Interim Chief Executive Officer in May 2018. He is leading the organization until a permanent CEO is recruited by HQC's Board of Directors.



**Debra-Jane Wright – Executive Director,
Learning and Innovation / Deputy CEO**

Debra-Jane has been with HQC since July 2006. Her portfolio includes oversight of learning and capability building programming, engaging patients and families as partners, and supporting spread of improvement through networks and other system initiatives and events.



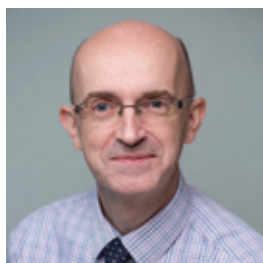
**Gary Teare – CEO
(until May 17, 2018)**

Gary joined HQC in January 2005 and became CEO in April 2015. Gary was responsible for executing HQC's strategic plan, strengthening stakeholder and external relations, and building and sustaining a healthy, productive organization.



**Tanya Verrall – Executive Director,
Measurement and Knowledge
Integration**

Tanya started with HQC in May 2005. Tanya oversees measurement and analysis activity at HQC, as well as the development of networks and other supportive tools to accelerate shared learning and the spread of improvement across our health system.



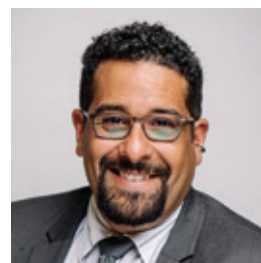
**Peter Deegan – Director,
Finance and Corporate Services**

Peter started with HQC in May 2016. As the Director of Corporate Services, Peter ensures HQC's different program areas have the human, technical, and informational resources required to carry out their work most effectively.



**Shari Furniss – Director,
Learning and Development**

Shari originally joined HQC in 2004. She works with health system partners to create innovative and effective learning programs. In addition to designing curriculum, she also develops resource materials and online modules.



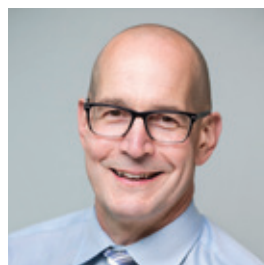
**Patrick Falastein – Director, Health
System Planning and Reporting**

Patrick joined HQC in May 2016. He supports the design and development of performance/quality information that connects daily management at the point-of-care to strategic management at a system level.



**Graham Fast – Lead, Emergency
Department Waits and Patient Flow
Initiative (until June 8, 2018)**

Graham was seconded to HQC in April 2013 from the former Saskatoon Health Region. Graham liaises with project stakeholders – including the Ministry of Health, Saskatchewan Health Authority, e-Health Saskatchewan, and Saskatchewan Medical Association.



**Greg Basky – Director,
Communications**

Greg has been with HQC since its launch in January 2003. In his role, Greg works to strategically increase awareness and understanding of HQC's role in Saskatchewan's health care system while supporting the communications goals of HQC's programs and initiatives.



**Tracey Sherin – Director,
Data Analysis and Research
Partnerships**

Tracey joined HQC in 2005. She leads a team of researchers and research analysts generating new knowledge through research conducted with academic and health system partners.

3.0 Our work

2017-2018 highlights **23**

What we do **24**

Emergency Department Waits and Patient Flow Initiative **26**

Appropriateness of Care **28**

Patient- and Family-Centred Care **30**

Health System Measurement and Reporting **32**

Provincial Integrated Learning System **34**

Research Partnerships **36**

Communications **38**

Corporate Services **40**

2017-2018 HIGHLIGHTS



TRAINED FIRST WAVE OF CQIP PARTICIPANTS

14 physicians from across Saskatchewan graduated from the Clinical Quality Improvement Program. 22 clinicians began training for Cohort 2. Page 35



PAVED WAY FOR RESEARCH ON MENTAL HEALTH, ADDICTIONS

Created comprehensive dataset to support research, measurement, and reporting on mental health and addictions in Saskatchewan. Page 37



HELPED OTHERS ENGAGE PATIENT ADVISORS

Provided coaching and assisted partner organizations with PFA recruitment for over 25 events. Page 31



LED PATIENT EXPERIENCE SURVEYS

Led the development of three patient experience surveys: a primary health care survey, an outpatient mental health and addictions survey; and, a revised acute care survey. Page 33



LAUNCHED CONNECTED CARE STRATEGY

More than 150 health system leaders, providers, and patient advisors gathered to launch the new provincial Connected Care Strategy. Page 27



SPONSORED 5 LOCAL AGENCIES/EVENTS

Supported a variety of health care events, including the Gathering for Miyo Mahcihowin hosted by the University of Saskatchewan's health science colleges and schools. Page 39



LAUNCHED CHOOSING WISELY SASKATCHEWAN

Saskatchewan is now a part of a global movement which spans 20 countries across five continents. Page 29



ENGAGED PATIENT AND FAMILY ADVISORS

In 2017-2018, 71 patient and family advisors (PFAs) collaborated on improvement programs housed at HQC. Page 31



HOSTED PAUL PLESK WORKSHOP

Hosted a one-day learning event that attracted 350 health system stakeholders from across the province. Page 35

What we do

Emergency Department Waits and Patient Flow Initiative	Appropriateness of Care	Patient- and Family-Centred Care	Health System Measurement and Reporting
Alternate Level of Care	Choosing Wisely Saskatchewan	PFA Network	Acute Care Unit-Level Survey
Connected Care	Provincial Projects	PFCC Guiding Coalition	Long-Term Care Survey
Health System Modelling		Provincial PFA Orientation	Measurement Cascade
Interdisciplinary Bedside Rounding		Quarterly PFCC Newsletter	Mental Health and Addictions Outpatient Services Survey
		SPOR Orientation Modules	Patient Experience Surveying
			Physician Practice Reports
			Primary Health Care Survey

Provincial Integrated Learning System	Research Partnerships	Communications	Corporate Services
CQIP	DSEN-CNODES	Annual Report	Facilities Management
LILT	Research Collaborations	Communications Support	Financial Processing and Accounting
QI Power Hour	SCPOR	Health Clips	Human Resources
RQIP	SDUORT	Social Media Communications	Information and Communications Technology
Simulation Workshops		Website	Risk Management
Training and Certification Newsletter			

Emergency Department Waits and Patient Flow Initiative

REDUCING WAITS IN EMERGENCY AND IMPROVING PATIENT FLOW

The Emergency Department Waits and Patient Flow Initiative supports the provincial goal of achieving a 60 percent reduction in emergency department wait times by March 31, 2019. In 2017-2018, the Initiative team, in collaboration with health system partners, continued its work to improve how patients move through the health system. The new provincial Connected Care Strategy has emerged from the work of the Initiative, which is co-led by HQC and the Ministry of Health.

ALTERNATE LEVEL OF CARE

Alternate Level of Care (ALC) refers to patients who have completed the acute (i.e., hospital) phase of their treatment, but are still in hospital waiting on other, less intensive forms of care. The Initiative team is assessing the extent of this problem in Saskatchewan and developing solutions.

CONNECTED CARE

Saskatchewan's Connected Care Strategy is about improving team-based care in hospital and community settings as well as the way we communicate when patients move between these settings.

HEALTH SYSTEM MODELLING

Modelling is a tool for comparing different interventions without actually having to implement them. It shows how changes in one care area will affect patients elsewhere in the health system.

INTERDISCIPLINARY BEDSIDE ROUNDING

This form of rounding involves short daily meetings at the hospital bedside, where patients, family, and all members of the care team review and make decisions about a patient's care. The Initiative team is coordinating provincial adoption of this best practice.

Integrate ✓

Measure ✓

Improve ✓

**EMERGENCY DEPARTMENT WAITS AND PATIENT FLOW INITIATIVE:
2017-2018 HIGHLIGHTS**

**Launched Connected Care Strategy
(Connected Care Strategy)**

In October more than 150 health system leaders, providers, and patient advisors gathered in Saskatoon to officially launch the new provincial Connected Care Strategy, a made-in-Saskatchewan approach to improving patient flow through better teamwork in hospital and the community, and better transitions between these care settings.

! The Connected Care approach is a major health system initiative aimed at reducing our historic reliance on acute hospital care, by meeting patients' needs closer to home, in the community.

Led development of strategy for collecting, using alternate level of care data (Alternate Level of Care)

An integral part of improving patient flow is understanding why patients who no longer require acute care services continue to spend unnecessary days in the hospital (also called Alternate Level of Care, or ALC, days). In September 2017, the Initiative team brought together stakeholders from across the province to design a strategy for collecting and using data to understand this issue. This work is critical in assessing the impact of new processes for transitioning patients from hospital to the community.

! There are too many people in hospital who could be receiving their care in the community. Understanding these patients' needs will inform what kinds of services and providers are required outside hospitals.

Used modelling to identify high-impact strategies for improving patient flow (Health System Modelling)

Computer simulation modelling is a valuable tool for understanding opportunities to improve patient flow in Saskatchewan's health care system. This year modelling helped inform new policies aimed at addressing hospital overcapacity, a major driver of long waits in Emergency. These include capturing data on patients in hospital who no longer require hospital-type care, and enhancing team-based care in the acute setting through the adoption and spread of Accountable Care Units (ACU). Modelling also highlighted the importance of increasing capacity in the community, to prevent admissions to hospital and to support the safe transition of people out of hospital after their care needs have lessened.

! Modelling helps identify those strategies and interventions likely to yield the greatest improvements when implemented in our health system.

Appropriateness of Care

ENSURING PATIENTS GET APPROPRIATE CARE

The provincial Appropriateness of Care Program is focused on improving quality of care by reducing overuse, underuse, and misuse of health services. The program is led by two physicians and a Ministry of Health representative, with support from HQC.

CHOOSING WISELY SASKATCHEWAN

Choosing Wisely Canada helps clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care. Starting in May 2017, we began coordinating Choosing Wisely Saskatchewan efforts in collaboration with provincial organizations including the Saskatchewan Medical Association.

PROVINCIAL PROJECTS

For each project, a group of clinicians with special expertise in the topic area identifies reasons for variation or inappropriate care, and develops strategies for improvement. As part of this work, teams engage with patients to incorporate their input and perspectives.

Build ✓

Measure ✓

Improve ✓

APPROPRIATENESS OF CARE: 2017-2018 HIGHLIGHTS

Created decision supports to inform physicians' use of CT and MRI for lower back pain, and preoperative testing before elective surgery (Provincial Projects)

Separate teams involving specialists, family doctors, and patients created a combined MRI/CT checklist, and guidelines on preoperative testing of patients undergoing elective procedures. Testing of the former is currently underway, with province-wide rollout planned for fall 2018. The preop guidelines will be tested in two locations in spring/summer 2018, after which the Appropriateness of Care Program team will work with the Saskatchewan Health Authority to develop a plan for implementing the guidelines elsewhere in the province.

! Inappropriate testing can increase wait times for those patients who require these tests, put patients at risk for radiation exposure (CT scan), and lead to further unnecessary testing and invasive procedures.

Developed and piloted acute stroke care screening tool (Provincial Projects)

HQC provides measurement and analysis support to implementation of the Acute Stroke Pathway, which is led by the Ministry of Health. In January 2018, the pathway team launched a trial of the EMS FASTVAN, a screening tool to help emergency medical providers quickly identify those stroke patients with large vessel occlusion. The tool is aimed at ensuring speedy transport to a designated stroke centre for this more severe type of stroke. Analysis conducted by HQC found that the tool correctly identified 90% of patients with large vessel occlusion.

! Patients experiencing this type of stroke have better health outcomes if they are quickly identified and transported for specialized treatment.

Launched Choosing Wisely Saskatchewan (Choosing Wisely Saskatchewan)

We took on provincial coordination of the Choosing Wisely campaign to build awareness and understanding about unnecessary tests, treatments, and procedures among Saskatchewan physicians, patients, and the public. Last year, we shared information with physicians through presentations and promotional displays at major conferences – including the Saskatchewan Medical Association's Representative Assembly, the Saskatchewan College of Family Physicians' Scientific Assembly, and I-PASS, a one-day symposium for health sciences students.

! Saskatchewan is now part of a global Choosing Wisely movement that began in 2012. We are working alongside nine Canadian provinces and territories to reduce unnecessary medical tests and treatments locally.

Conducted Saskatchewan-wide public survey (Choosing Wisely Saskatchewan)

We conducted a public survey to assess awareness of the Choosing Wisely campaign across the province. Just over half of the 360 respondents reported they had not heard of, seen, or read about Choosing Wisely. In response, we shared information and resources (such as the "4 Question to Ask Your Doctor" card) with key groups of patient and family advisors.

! The survey results highlight the importance of raising awareness among patients that more is not always better when it comes to health care.

Patient- and Family-Centred Care

ENGAGING PATIENTS AND FAMILIES AS PARTNERS

This area of our work supports patient- and family-centred care (PFCC) and the development of opportunities for patients and families to collaborate in the health system and in patient-oriented research. To advance PFCC in this province, we work with a variety of partners, including the Saskatchewan Health Authority, 3sHealth, eHealth Saskatchewan, the Ministry of Health, the Saskatchewan Cancer Agency, Saskatchewan Health Research Foundation, and the Universities of Saskatchewan and Regina.

ORIENTATION MODULES: STRATEGY FOR PATIENT-ORIENTED RESEARCH (SPOR):

Standard curriculum that HQC contributes to through a national collaboration.

PATIENT AND FAMILY ADVISOR (PFA) NETWORK

A group hosted on Facebook for members to share opportunities for engagement and key learnings.

PATIENT- AND FAMILY-CENTRED CARE GUIDING COALITION

A group co-led by HQC and the Saskatchewan Health Authority, comprising patients, families, and health system leaders from across Saskatchewan. It is responsible for supporting the continuous advancement of patient-and family-centred care in this province.

PROVINCIAL PATIENT AND FAMILY ADVISOR ORIENTATION

Orientation training for patient and family advisors, created in collaboration with system partners.

QUARTERLY PFCC NEWSLETTER

A quarterly newsletter to update patient and family advisors about the contributions being made by advisors across this province's health system.

Integrate ✓

PATIENT AND FAMILY CENTERED CARE (PFCC): 2017-2018 HIGHLIGHTS

Organized opportunities for patients and families to collaborate on improvement programs housed at HQC (PFCC)

In 2017-2018, a total of 71 patient and family advisors (PFAs) were active partners in the Clinical Quality Improvement Program, Choosing Wisely Saskatchewan, the provincial Connected Care Strategy, the Patient- and Family-Centred Care Guiding Coalition, and the Saskatchewan Centre for Patient-Oriented Research (SCPOR).

! Saskatchewan patients and families are helping set direction and design the programs and resources housed at HQC.

Supported working groups to develop two care experience surveys (PFCC Guiding Coalition)

The PFCC Guiding Coalition, with support from HQC, developed two new surveys designed to capture feedback directly from patients about their care experiences – one for use in acute care settings and the other for mental health and addictions services.

! Hearing from patients and families about the care they receive is critical in a patient-first health system. It enables us to address the issues that matter most to them.

Provided coaching and assisted partner organizations with PFA recruitment for more than 25 events (PFCC)

HQC provided coaching and helped facilitate the recruitment of patient advisors to participate in quality improvement and research teams and events for organizations such as the Saskatchewan Medical Association, Saskatchewan Registered Nurses' Association, and the Canadian Patient Safety Institute.

! Many organizations want to engage patients and families in their work. We are helping them do so more effectively by leveraging our connections with patient and family advisors and system stakeholders.

Built capacity and collaborations supporting PFAs to partner in health research (SPOR)

HQC hosts the Patient Engagement Platform of the Saskatchewan Centre for Patient-Oriented Research (SCPOR). Platform staff work to build capacity and collaborations that support patients and families to be active partners in health research.

! By aligning processes for the health system and academia to engage patients, we're making it easier for patients and families to be advisors to both health system improvement and health research.

Health System Measurement and Reporting

MEASURING HOW OUR HEALTH CARE SYSTEM IS DOING

HQC helps the Ministry of Health and Saskatchewan Health Authority develop measures for assessing health system performance, evaluate the impact of strategic initiatives, and provide data for improvement. Because we are removed from the day-to-day operation and governance of health care, we are well positioned to ensure that data is being collected and analyzed consistently across the system.

ACUTE CARE UNIT-LEVEL SURVEY

A standardized survey that captures the patient's experience of care. HQC collaborated with provincial health organizations in the development and pilot testing of this survey.

LONG-TERM CARE SURVEY

Input is being gathered from long-term care residents and their families using a standardized provincial survey, to guide improvement efforts in this care setting.

MEASUREMENT CASCADE

We are assisting development of a framework that will improve our understanding of the factors that contribute to, or detract from, delivering high-quality care in Saskatchewan.

MENTAL HEALTH AND ADDICTIONS OUTPATIENT SERVICES SURVEY

A survey designed for use on units that offer these services on an outpatient basis, to support improvements in mental health and addictions care.

PATIENT EXPERIENCE SURVEYING

HQC leads the provincial working group that develops patient surveying tools and resources used across the health system.

PHYSICIAN PRACTICE REPORTS

A report that will be made available to family physicians, upon request, with information about their prescribing and test use, and about the patient population they serve.

PRIMARY HEALTH CARE SURVEY

A survey for patients in primary care practices, primary health care sites, public health sites, or chronic disease management programs, to support quality improvement in these care settings.

Integrate ✓

Build ✓

Measure ✓

HEALTH SYSTEM MEASUREMENT AND REPORTING: 2017-2018 HIGHLIGHTS

Helped standardize data collection for provincial Connected Care Strategy (Health System Measurement and Reporting)

We worked with leaders in the Saskatchewan Health Authority and Ministry of Health to standardize what information will be collected and reported on with regards to the new provincial Connected Care Strategy. The monthly reports generated by HQC contain statistical process control charts, which make it easier to see the impact of changes in how care is being delivered in hospital and the community.

! Having a common approach to data collection and reporting will ensure health system leaders and providers have a clear picture of what's working with Connected Care and what can be improved.

Led development of patient experience surveys (Patient Experience Surveying)

We lead the provincial patient experience measurement working group, whose membership includes patient and family advisors (PFAs). In 2017, the group released

- an updated primary health care survey that aligns its measures with those for the provincial Connected Care Strategy and high-quality care transitions;
- an outpatient mental health and addictions survey; and,
- a revised acute care survey that focuses on the key elements of team-based care.

! Measuring patients' experiences in all care settings is critical for determining whether the system is meeting their needs as individuals and that care is being delivered in an appropriate, respectful manner.

Led provincial working group that developed a health system performance measurement framework (Health System Measurement and Reporting)

At the request of the Ministry of Health, we led a provincial working group that developed a framework to understand how Saskatchewan's health system is performing. The group identified traits common to high-performing health systems around the world, and some of the health system behaviours contributing to those traits. The resulting framework was well received by the group overseeing transition to a single health authority and the Ministry of Health. We have been asked to work with the Saskatchewan Health Authority to implement it.

! With the move from 12 health regions to a single provincial health authority, it is important that people working at different levels in the health system have the information they need to make decisions.

Helped develop a new approach to health system planning (Health System Measurement and Reporting)

For many years, the timing of our health system's planning and budgeting cycles has been out of sync. In 2017-18 we worked with the Ministry of Health to develop a new approach that should enable health system leaders to make long-term plans, while at the same time crafting detailed, short-term plans that can be considered in the annual budgeting process.

! By aligning these processes, the province's annual health system plan will be completed in time to inform the annual budgeting cycle.

Provincial Integrated Learning System

BUILDING QI CAPABILITY IN HEALTH CARE

HQC works with system partners to offer a variety of learning programs and resources aimed at building the capability of leaders, managers, and providers to apply continuous improvement tools and methodologies in Saskatchewan's health care system.

CLINICAL QUALITY IMPROVEMENT PROGRAM (CQIP)

An applied learning program that equips physicians and other clinicians to lead quality improvement in health care.

LEAN IMPROVEMENT LEADERS TRAINING (LILT)

An applied learning program for point-of-care managers who want to coach their teams to apply quality improvement methods in their work.

QI POWER HOUR

A monthly one-hour webinar on quality improvement that attracts a diverse audience of learners from Saskatchewan and abroad.

RESIDENT QUALITY IMPROVEMENT PROGRAM (RQIP)

An applied learning program that introduces resident physicians to the principles of quality improvement, offered in partnership with the University of Saskatchewan's PGME (Post-Graduate Medical Education) department.

SIMULATION WORKSHOPS

A series of interactive learning sessions designed to build participants' skills around improving flow, the improvement process, and the people side of change.

TRAINING AND CERTIFICATION NEWSLETTER

A monthly update on training and development activity underway in the health care system.

Build ✓

Improve ✓

PROVINCIAL INTEGRATED LEARNING SYSTEM (PILS): 2017-2018 HIGHLIGHTS

First class of Saskatchewan physicians graduated from Clinical Quality Improvement Program (CQIP)

Fourteen physicians from across Saskatchewan (including specialists and family physicians) from the first Clinical Quality Improvement Program (CQIP) cohort successfully completed their training in September 2017. In January 2018, another 22 clinicians – including two pharmacists – began their training as part of the second CQIP cohort. Coaches for the second session included graduates from Wave 1.

! Physicians are important role models and catalysts for change. If they're equipped to lead improvement efforts, change is more likely to stick.

CQIP program received favorable review by external evaluator (CQIP)

An external evaluation completed in March 2018 found CQIP to be a highly valued, well-organized program that engaged Saskatchewan physicians in leading quality improvement projects in their own clinical settings. The participants surveyed all said they would recommend CQIP to others and had in fact already done so.

! Independent evaluation ensures the health system is getting a good return on its investment in clinician development and highlights opportunities to make a strong learning program even better.

Numerous improvements made to Lean Improvement Leaders Training program (LILT)

By March 31, 2018, close to 600 front-line leaders had successfully completed Lean Improvement Leaders Training (LILT) with another 1,200 currently enrolled. The past year saw a number of improvements to the program, including additional content on health equity and cultural safety; a network for LILT facilitators, coaches, and trainers to connect and share resources; and a leadership module as part of the orientation.

! Making regular improvements to the LILT program ensures content is up to date and that it engages many different types of learners.

QI Power Hour webinars increased reach and audience (QI Power Hour)

Over the past year, we hosted 11 QI Power Hour webinars, on topics ranging from technical how-to to profiles of innovative programs and practices from abroad, and stories about homegrown improvement initiatives in Saskatchewan. Participants rated the value of the learning sessions at 8.3 out of 10. Our QI Power Hour mailing list grew 5% each month, with subscribers representing health organizations from across the country and beyond.

! People working in health care appreciate ready access to informal, bite-sized QI learning opportunities as part of their professional development.

Hosted workshop for health system stakeholders on leading complex system change (PILS)

In September, we hosted a one-day learning event that attracted 350 health system leaders, providers, and patient and family advisors from around the province. The workshop, entitled Getting Comfortable with Being Uncomfortable, was led by Paul Plsek and looked at how to lead change in a complex system. Plsek is highly regarded for his work with health systems and serves as Chair of Innovation at Virginia Mason Medical Center in Seattle.

! It's important that leaders, providers, and patients in this province hear from thought leaders from away, to challenge our perspectives, and inspire us to make care better and safer in Saskatchewan.

Research Partnerships

COLLABORATING WITH OUR RESEARCH PARTNERS

HQC conducts research to generate evidence for improvement and decision making in Saskatchewan's health care system. We work in partnership with health system leaders, staff, clinicians, data analysts, and epidemiologists, as well as academics and graduate students from Saskatchewan and across Canada.

DSEN-CNODS (DRUG SAFETY AND EFFECTIVENESS NETWORK/CANADIAN NETWORK FOR OBSERVATIONAL DRUG EFFECT STUDIES)

A national network of provincial/regional centres providing rapid evidence-based responses to questions about the safety and effectiveness of medications prescribed in Canada. HQC is the Saskatchewan site of CNODES.

RESEARCH COLLABORATIONS

HQC collaborates with researchers in Saskatchewan and beyond to conduct and promote research that directly impacts the quality of health care delivered to Saskatchewan residents.

SCPOR (SASKATCHEWAN CENTRE FOR PATIENT-ORIENTED RESEARCH)

SCPOR brings together organizations to build provincial and national capacity for research that focuses on patient perspectives to inform policy decisions. HQC leads the Patient Engagement and Empowerment Platform and co-leads the Data Services Platform with eHealth Saskatchewan.

SDUORT (SASKATCHEWAN DRUG UTILIZATION AND OUTCOMES RESEARCH TEAM)

A collaboration between HQC and the College of Pharmacy and Nutrition at the University of Saskatchewan set up to evaluate and monitor prescription drug policy and drug-prescribing practices in Saskatchewan.

Measure ✓

RESEARCH PARTNERSHIPS: 2017-2018 HIGHLIGHTS

Helped make it easier to measure and report on health status (SCPOR)

By applying the Population Grouper tool (from the Canadian Institute of Health Information) to data on all Saskatchewan residents with health coverage, it is now easier to measure and report on population health status and predict future health service use. The tool assigns individuals to health status groups based on their health service usage.



Knowing the health needs of our population is essential for determining the kinds of services and providers that are required to best meet those needs.

Created a dataset to support research, measurement, and reporting on mental health and addictions in Saskatchewan (SCPOR)

A dataset that pulls together information on patients' prescription medication use, hospitalizations, emergency department visits, long-term care and home care use, and comorbidities supports research, measurement, and reporting on mental health and addictions in Saskatchewan.



This dataset provides a more complete picture of mental health and addiction problems across the province, and paves the way for research that could improve care and outcomes for this population.

Assisted the Saskatchewan Acute Stroke Pathway team (SCPOR)

By helping the Saskatchewan Acute Stroke Pathway team embed data collection, analysis, and reporting into clinicians' workflow, we contributed to some amazing improvements, including

- door to needle* times of 60 minutes or less in stroke centres across the province (*time from arrival at emergency department to time tPA (clot-busting drug) is administered)
- health system savings of \$7 million through shorter hospital lengths of stay.



Building measurement know-how within the stroke pathway team equipped them to learn from the data they collected and to continue measuring on their own to ensure improvements in care are sustained.

Built and implemented a Common Data Model (CNODES)

We built and implemented a common data model to quickly study the use and safety of medications across Canada. Because the model contains identical, regularly refreshed datasets that are the same for all CNODES sites, we were able to quickly measure the "real world" use of medications since they were introduced. The model is based on the US Food and Drug Administration's Sentinel Network.



When concerns are raised about a drug's safety or effectiveness, the ability to compare across provinces enables CNODES to respond rapidly to Health Canada and the Canadian Agency for Drugs and Technologies in Health.

Collaborated with partners to publish eight research papers (Research Collaborations)

We published eight research papers through our collaborations with researchers within Saskatchewan and across Canada. See *Section 6.0 Appendix* on page 56 for a list of papers published in 2017-2018.



This type of research advances our understanding about specific health conditions, which can lead to improvements in the quality of care patients receive and allocation of health system resources.

Communications

SPREADING THE WORD ABOUT OUR WORK

Our Communications team works to increase awareness and understanding of HQC's role in the Saskatchewan health care system while supporting the communications goals of HQC's programs and initiatives.

ANNUAL REPORT

Our legislation requires us to table an annual report that summarizes our key work and contributions to the province's health care system.

COMMUNICATIONS SUPPORT

Provide communications strategy and support for internal program areas as well as external-facing corporate communications.

HEALTH CLIPS

A daily email digest of the latest news stories, blog posts, and research about quality improvement in health care. Health Clips is also a channel for us to share news about HQC.

SOCIAL MEDIA COMMUNICATIONS

Communicate with and engage stakeholders around our latest news and content, via our social media channels.

WEBSITE

Maintain and make revisions to the public-facing website to educate and engage stakeholders online through news, resources, webinars, and more.

Improve ✓

COMMUNICATIONS: 2017-2018 HIGHLIGHTS

Launched new HQC website (Website)

In September 2017, we launched a redesigned, mobile-responsive website. Enhancements include an improved QI Power Hour page, an Events section, downloadable tools and resources, and a news feed highlighting the latest stories from our different areas of work.

! An updated, easy-to-use website attracts users and keeps them on our site to learn more about what we do and to interact with us.

Increased Health Clips subscriber engagement (Health Clips)

Five days a week, we share our Health Clips newsletter with 800+ subscribers. A reader survey conducted in October 2017 found 96.3% of respondents regularly read this quality improvement digest. Our email newsletter surpasses industry averages for open and click-through rates.

! By sharing this information with the health system, we're keeping subscribers motivated and well-versed on all things QI.

Enhanced our social media presence (Social Media Communications)

We have increased the frequency of our posts on social channels to communicate program updates, as well as news about our Board and staff. Our number of social media followers (per capita) is on par with sister organizations in other provinces.

! Nurturing engagement on social media helps increase traffic on our website, builds awareness of our role in the system, and creates advocates for our work.

Conducted an in-depth digital landscape audit (Website)

In January 2018, we assessed our digital marketing presence, benchmarking our performance against other quality improvement agencies in Canada and abroad. We have begun implementing recommendations for the website, social media, online listings, and more.

! Optimizing our digital presence helps HQC reach the right people, with the right information, at the right time. This also increases awareness of the work we do.

Sponsored 5 health care agencies/events in Saskatchewan (Communications Support)

In the 2017-2018 fiscal year, HQC assisted system partners by sponsoring the 2017 I-PASS (Health Sciences Students' Association of Saskatchewan), 2017 Saskatoon Med.Hack(+) Hackathon, 2017 Santé Awards Evening (Saskatchewan Health Research Foundation), 2018 SRNA Education Day and Annual Meeting, and the Gathering for Miyo Mahcihowin (University of Saskatchewan Department of Health Sciences).

! Through sponsorships, we are helping our partners host events that contribute to learning and innovation and connect people in Saskatchewan's health care system.

Corporate Services

PROVIDING SUPPORT AND INFRASTRUCTURE

Corporate Services provides infrastructure and support for HQC initiatives, so our teams can focus on delivering programs and services. The department provides support in the areas of finance, administration, information technology, human resources, facilities, and risk management.

FACILITIES MANAGEMENT

Manage the leased premises, assign office space, have Innovation Place conduct repairs as required. Issue access cards and parking passes, oversee fire drills.

FINANCIAL PROCESSING AND ACCOUNTING

Create purchase orders, receive goods, pay vendors and contractors. Produce financial reporting for stakeholders and funders.

HUMAN RESOURCES

Recruit, develop, and retain staff. Create and implement HR policies to ensure fairness in the organization.

INFORMATION AND COMMUNICATIONS TECHNOLOGY

Provide an IT network for electronic files, email communication, and data analysis. Also, support the sharing of information via an intranet and website.

RISK MANAGEMENT

Identify risks and work with leadership to ensure mitigation strategies are in place to address those that pose the greatest threat to the organization.

Improve ✓

CORPORATE SERVICES: 2017-2018 HIGHLIGHTS

Practised internal quality improvement (Corporate Services)

Internal QI efforts included an annual staff survey by McLean and Company, along with the identification of further opportunities for staff engagement, the introduction of long-service awards, an external assessment to identify software improvements, and an external assessment of our network to ensure optimal data security.

Invested in staff through training opportunities (Human Resources)

We provided staff with training opportunities in a variety of areas, including change management, evaluating community impact, and facilitation. We also developed our leadership team through a training program to improve team cohesiveness and functioning.

Prepared financial statements (Financial Processing and Accounting)

Our finance team prepared our annual financial statements, which were audited by the provincial auditor's office. We also completed a wide array of interim and final financial statements for our non-government funders, who provide the financial resources for many of our research projects.

! In order to keep staff engaged and productive, it's important to understand their needs. We also want to make sure we are using our IT resources optimally, so that data is secure.

! Our employees are our most valuable asset. By investing in their development, we are ensuring that we have the skills and knowledge required to do our work in support of the health system.

! As a provincially funded organization, accurate financial reporting shows our funder and stakeholders that we are using our resources as efficiently as possible with maximum returns on their investment.

4.0 Financials

Report of Management

Management is responsible for the integrity of the financial information reported by the Health Quality Council (HQC). Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with Canadian generally accepted accounting principles that are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by HQC includes an appropriate system of internal controls to provide reasonable assurance that:

- Transactions are authorized;
- The assets of the HQC are protected from loss and unauthorized use; and
- The accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, Board members of the HQC discuss audit and financial reporting matters with representatives of management at regular meetings. HQC Board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the HQC's statement of financial position, statement of operations, statement of changes in net financial assets, and statement of cash flows.

Her responsibility is to express an opinion on the fairness of management's financial statements.

The Auditor's report outlines the scope of her audit and her opinion.



Dr. Susan Shaw
Board Chair
Saskatoon, Saskatchewan
July 10, 2018



Dr. Dennis Kendel
Interim Chief Executive Officer

Independent Auditor's Report



To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Health Quality Council, which comprise the statement of financial position as at March 31, 2018, and the statement of operations, statement of change in net financial assets, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2018, and the results of operations, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

A handwritten signature in black ink that reads 'Judy Ferguson'.

Regina, Saskatchewan
July 11, 2018

Judy Ferguson, FCPA, FCA
Provincial Auditor

1500 Chateau Tower - 1920 Broad Street Regina, Saskatchewan S4P 3V2
t 306.787.6398 f 306.787.6383 e info@auditor.sk.ca
www.auditor.sk.ca

HEALTH QUALITY COUNCIL
STATEMENT OF FINANCIAL POSITION
(thousands of dollars)

As at March 31	<u>2018</u>	<u>2017</u>
Financial assets		
Cash	\$ 418	\$ 160
Accounts receivable	622	1,679
Accrued interest receivable	29	22
Short-term investments (Note 3)	3,408	1,571
	<u>4,477</u>	<u>3,432</u>
Liabilities		
Accounts payable	359	270
Payroll liabilities	144	135
Deferred Revenues (Note 5)	329	482
	<u>832</u>	<u>887</u>
Net financial assets	<u>3,645</u>	<u>2,545</u>
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	54	54
Prepaid expenses	66	84
	<u>120</u>	<u>138</u>
Accumulated surplus	<u>\$ 3,765</u>	<u>\$ 2,683</u>
Contractual Commitments (Note 10)		
Contractual Rights (Note 11)		

(See accompanying notes to the financial statements)

**HEALTH QUALITY COUNCIL
STATEMENT OF OPERATIONS
(thousands of dollars)**

For the year ended March 31

	2018		2017
	Budget (Note 8)	Actual	Actual
Revenue			
Ministry of Health			
- Operating Grant	\$ 4,698	\$ 4,698	\$ -
- Provincial Emergency Department Waits and Patient Flow Initiative	823	789	892
- Improving Appropriateness for MRI of the Lumbar Spine	-	-	100
- Saskatchewan Centre for Patient Orientated Research	-	375	-
- Safety Alert System - Provincial Kaizen Operations Team	-	-	277
University of Saskatchewan			
- Canadian Institutes of Health Research	-	-	7
- Cost of Pain in Long Term Care	-	32	-
- Drug Safety & Effectiveness Network	221	209	228
- Frailty and Medication Use	-	42	-
- Lung Cancer Screening	-	31	47
- Quality of Care Gaps for Rheumatic Disease	-	2	15
- Saskatchewan Centre for Patient Oriented Research (Note 11a)	723	1,082	1,538
- Saskatchewan Drug Utilization & Outcome Research Team	134	95	106
- Vitamin D in Long Term Care	-	3	4
- Other	115	33	34
Choosing Wisely Canada	95	95	25
Chronic Diseases Epidemiology	-	-	6
Pediatric Asthma	-	18	12
Saskatchewan Medical Association	1,419	597	80
Other	-	14	37
Interest	10	62	57
	<u>8,238</u>	<u>8,177</u>	<u>3,465</u>
Expenses			
Project funding	2,499	1,519	1,088
Grants	235	172	332
Wages and benefits	5,065	4,783	4,684
Travel	194	118	141
Administrative and operating expenses	89	72	111
Honoraria and expenses of the board	80	61	62
Amortization expense	55	48	51
Rent	350	322	322
	<u>8,567</u>	<u>7,095</u>	<u>6,791</u>
Annual Surplus / (Deficit)	<u>\$ (329)</u>	<u>1,082</u>	<u>(3,326)</u>
Accumulated surplus, beginning of year		<u>2,683</u>	<u>6,009</u>
Accumulated surplus, end of year		<u>\$ 3,765</u>	<u>\$ 2,683</u>

(See accompanying notes to the financial statements)

Statement 3

**HEALTH QUALITY COUNCIL
STATEMENT OF CHANGE IN NET FINANCIAL ASSETS
(thousands of dollars)**

For the year ended March 31	2018	2017
Annual Surplus/(Deficit)	\$ 1,082	\$ (3,326)
Acquisition of tangible capital assets	(48)	(21)
Amortization of tangible capital assets	48	51
	<u>-</u>	<u>30</u>
Acquisition of prepaid expense	(66)	(84)
Use of prepaid expense	84	64
	<u>18</u>	<u>(20)</u>
Increase/(Decrease) in net financial assets	1,100	(3,316)
Net financial assets, beginning of year	<u>2,545</u>	<u>5,861</u>
Net financial assets, end of year	<u>\$ 3,645</u>	<u>\$ 2,545</u>

(See accompanying notes to the financial statements)

Statement 4

**HEALTH QUALITY COUNCIL
STATEMENT OF CASH FLOWS
(thousands of dollars)**

For the year ended March 31	<u>2018</u>	<u>2017</u>
Operating transactions		
Annual Surplus/(Deficit)	\$ 1,082	\$ (3,326)
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	48	51
Net change in non-cash working capital items:		
Deferred revenues	(153)	482
Accrued interest receivable	(7)	19
Accounts receivable	1,057	(1,481)
Prepaid expenses	18	(20)
Accounts payable	89	15
Payroll liabilities	9	(6)
Cash provided by/(Used in) operating transactions	<u>2,143</u>	<u>(4,266)</u>
Capital transactions		
Cash used to acquire tangible capital assets	(48)	(21)
Proceeds from disposal of capital assets	<u>-</u>	<u>1</u>
Cash applied to capital transactions	<u>(48)</u>	<u>(20)</u>
Investing Transactions		
Purchases of investments	(5,617)	(3,377)
Proceeds from disposal/redemption of investments	<u>3,780</u>	<u>6,808</u>
Cash provided by/(Used in) investing transactions	<u>(1,837)</u>	<u>3,431</u>
Increase/(Decrease) in cash	258	(855)
Cash, beginning of year	<u>160</u>	<u>1,015</u>
Cash, end of year	<u><u>\$ 418</u></u>	<u><u>\$ 160</u></u>

(See accompanying notes to the financial statements)

1. Establishment of the Council

The *Health Quality Council Act* was given royal assent on July 10, 2002 and proclaimed on November 22, 2002. The Health Quality Council (HQC) measures and reports on quality of care in Saskatchewan, promotes continuous quality improvement, and engages its partners in building a better health system. HQC commenced operations on January 1, 2003.

2. Accounting Policies

Pursuant to standards established by the Public Sector Accountants Standards Board (PSAB) and published by Chartered Professional Accountants (CPA) Canada, HQC is classified as an 'other government organization.' Accordingly, HQC uses Canadian generally accepted accounting principles applicable to public sector. A Statement of Remeasurement Gains and Losses has not been prepared as HQC does not have any remeasurement gains or losses. The following accounting policies are considered significant.

a) Operating Revenues and Expenses

For the operations of HQC, the primary revenue is contributions from the Saskatchewan Ministry of Health (Ministry of Health). Other sources of revenue include conference registrations, interest and miscellaneous revenue.

Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year when related expenses are incurred. Interest earned on restricted contributions accrues to the benefit of the restricted program.

Government transfers/grants are recognized in the period the transfer is authorized and any eligibility criteria is met.

b) Measurement Uncertainty

The preparation of financial statements in accordance with PSAB accounting standards requires HQC's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of commitments at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Accounting Policies (cont'd)

c) Tangible Capital Assets

Tangible capital assets are reported at cost less accumulated amortization. Purchases valued at \$1,000 or greater are recorded as a capital asset. Leasehold improvements are amortized over the length of the original lease. Amortization is recorded on a straight-line basis at rates based on estimated useful lives of the tangible capital assets as follows:

Office Furniture	10 years
Office Equipment	5 years
Computer Hardware	3 years
Computer Software	3 years
Leasehold Improvements	life of lease

Normal maintenance and repairs are expensed as incurred.

d) Investments

Investments are valued at amortized cost.

e) New accounting standards came in to effect as follows:

- I. PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance for related party transactions.
- II. PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.
- III. PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.
- IV. PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.
- V. PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting transactions between organizations in the government reporting entity.

HQC has adopted these new and amended standards on the effective date. The adoption of these standards resulted in additional disclosure for contractual rights in Note 11.

3. Short-Term Investments

HQC held investments in the amount of \$3,408,000 as described below at March 31, 2018. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2017 in the amount of \$1,571,000.

	2018	
	Carrying Value (000's)	Interest Rate
Term Deposits		
Raymond James	\$ 420	1.65%
Raymond James	\$ 500	1.45%
Raymond James	\$ 500	1.45%
Raymond James	\$ 772	1.65%
Raymond James	\$ 805	1.65%
Raymond James	\$ 411	1.60%
Total Investment	\$ <u>3,408</u>	

4. Tangible Capital Assets

The recognition and measurement of tangible capital assets is based on their service potential.

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2018 Totals	2017 Totals
	(thousands of dollars)				
Opening cost	\$ 212	\$ 682	\$ 70	\$ 964	\$ 944
Additions	8	31	9	48	21
Disposals	-	-	-	-	(1)
Closing cost	<u>220</u>	<u>713</u>	<u>79</u>	<u>1012</u>	<u>964</u>
Opening accumulated amortization	190	653	67	910	860
Annual amortization	7	35	6	48	51
Disposals	-	-	-	-	-
Closing accumulated amortization	<u>197</u>	<u>688</u>	<u>73</u>	<u>958</u>	<u>910</u>
Net book value of tangible capital assets	\$ <u>23</u>	\$ <u>25</u>	\$ <u>6</u>	\$ <u>54</u>	\$ <u>54</u>

5. Deferred Revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatchewan Medical Association	482	-	153	329
Totals	\$ 482	\$ -	\$ 153	\$ 329

(a) Saskatchewan Medical Association

The Saskatchewan Medical Association provided funding to HQC to develop a Clinical Quality Improvement Program for clinicians working in the province.

6. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown corporations, ministries, agencies, boards, and commissions related to HQC by virtue of common control by the Government of Saskatchewan, as well as its key management personnel and their close family members. Additionally, HQC is related to organizations where they have key management personnel and/or their close family members in common. Transactions with these related parties are in the normal course of operations and are settled on normal trade terms.

Below are the revenue and expenses from related parties for the year, followed by the account balances at the end of the year.

	2018	2017
	(thousands of dollars)	
Revenue		
Ministry of Health - Other	\$ 1,164	\$ 1,297
Ministry of Health – Grant Funding	4,698	-
Saskatchewan Workers' Compensation	-	8
University of Saskatchewan	1,529	1,986

Expenses

3sHealth	\$ 8	\$ 8
Public Employees Pension Plan	253	247
Saskatchewan Health Authority	213	446
Saskatchewan Health Research Foundation	3	63
Saskatchewan Opportunities Corporation (operating as Innovation Place)	400	371
Saskatchewan Polytechnic	-	16
Saskatchewan Workers' Compensation	8	5
SaskTel	6	7
University of Saskatchewan	214	286
Western Development Museum	-	5
Other	3	-

Accounts Payable

Public Employees Pension Plan	\$ 44	\$ 43
Saskatchewan Health Authority	17	31
Saskatchewan Polytechnic	-	16
Saskatchewan Workers' Compensation	2	2
University of Saskatchewan	60	-
Other	10	1

Accounts Receivable

University of Saskatchewan	\$ 148	\$1,646
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Also, HQC pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

7. Financial Instruments

HQC has the following financial instruments: short-term investments, accounts receivable, accrued interest receivable, accounts payable, and payroll liabilities. The following paragraphs disclose the significant aspects of these financial instruments. HQC has policies and procedures in place to mitigate the associated risk.

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

Financial Instruments (cont'd)

b) Interest rate risk

HQC is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. HQC does not have any long-term investments that may be affected by market pressures. HQC's receivables and payables are non-interest bearing.

c) Credit risk

HQC is exposed to credit risk from potential non-payment of accounts receivable. Most of HQC's receivables are from provincial agencies and the federal government; therefore, the credit risk is minimal.

d) Fair value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Short-term Investments
Accounts receivable
Accounts payable
Payroll liabilities

8. Budget

These amounts represent the operating budget that was approved by the Board of Directors – June 6, 2017.

9. Pension Plan

HQC is a participating employer in the Public Employees Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary, which are matched by HQC. HQC's obligation to the plan is limited to matching the employee's contribution. HQC's contributions for this fiscal year were \$253,022 (2017 - \$247,129).

10. Contractual Commitments

As of March 31, 2018, HQC had the following commitments:

a) Office Rent

HQC holds a lease for office space with Saskatchewan Opportunities Corporation (operating as Innovation Place). The lease has been extended to December 31, 2018. The monthly cost is \$15,086 for the period of February 15, 2016 to December 31, 2018.

Contractual Commitments (cont'd)

b) Office Copier - Ricoh

HQC holds a lease for a Ricoh copier with Success Office Systems. The monthly cost is \$145.74 per month for the period of July 1, 2017 to June 30, 2020.

11. Contractual Rights

a) Saskatchewan Centre for Patient-Oriented Research (SCPOR)

HQC's partnership in the SCPOR initiative will result in the following economic resources being transferred to HQC from the University of Saskatchewan.

Fiscal Year	Funding
2018/2019	\$1,128,950
2019/2020	\$1,157,400
2020/2021	\$ 986,723
Total	\$3,273,073

HQC entered into a contract with the University of Saskatchewan for Saskatchewan Centre for Patient-Oriented Research. The contract requires HQC to contribute a combination of cash \$750,000 (\$150,000 per year) and other resources of \$3,357,000 for a total commitment of \$4,107,000 over the term of the agreement. The agreement runs from September 1, 2015 to March 31, 2021. The agreement allows HQC to recover a total of \$3,273,073 over the period from April 1, 2018 to March 31, 2021. To date, HQC received \$2,244,000 in revenue from the University of Saskatchewan.

b) Research Revenue

HQC has contractual rights for research revenue from various parties for the next four years as outlined in the table below:

Fiscal Year	Funding
2018/2019	\$ 1,081,368
2019/2020	\$ 918,190
2020/2021	\$ 890,000
2021/2022	\$ 111,250
Total	\$ 3,000,808

5.0 Contact us

At HQC, we value connecting and collaborating. We strive to work efficiently and seamlessly with our many stakeholders. We know that the more we work together, the more we can achieve. From patient and family advisors, to research partners and collaborating organizations, we would love to explore opportunities to work with you to advance health care in our province. Whether you want to learn more about what we do, or to potentially work with us, here's how you can contact us.

GENERAL

General contact information:

Phone: 306-668-8810
Fax: 306-668-8820
Email: info@hqc.sk.ca
Website: hqc.sk.ca

Social media:

Facebook: @healthqualitycouncil
Twitter: @hqcsask | @CQIP_SK | @ChoosingWiselySK
LinkedIn: /saskatchewan-health-quality-council
YouTube: SaskHQC

SYSTEM PARTNERS

Program-specific inquiries:

If you would like to speak to someone about one of our program areas, please visit our website (www.hqc.sk.ca) for the most up-to-date contact information.

Training opportunity inquiries:

Shari Furniss
306-668-8810 (ext 133)
sfurniss@hqc.sk.ca

Research partnership inquiries:

Tracey Sherin
306-668-8810 (ext 167)
tsherin@hqc.sk.ca

General inquiries:

See above for general contact information.

PATIENTS AND PUBLIC

Become a Patient and Family Advisor:

Malori Keller
306-668-8810 (ext 156)
Email: mkeller@hqc.sk.ca

Patients or clients:

If you have questions or concerns about the care you or a loved one received, visit the Saskatchewan Health Authority website (www.saskhealthauthority.ca/Pages/Contacts-Quality-of-Care-Coordination.aspx).

MEDIA

Media inquiries:

Greg Basky
Director of Communications
Phone: 306-668-8814
Email: gbasky@hqc.sk.ca

6.0 Appendix

RESEARCH PAPERS PUBLISHED IN 2017-2018

In 2017-2018, we published the following research papers as a result of our collaborations with researchers within Saskatchewan and across Canada. Names of HQC staff and board members are in bold.

- Al-Sakran LH, Marrie RA, Blackburn DF, Knox KB, Evans CD. Establishing the incidence and prevalence of multiple sclerosis in Saskatchewan. *Can J Neurol Sci* 2018; 00: 1-9.
- Kosar L, Alsabbagh W, **Lu X**, Lix LM, **Shevchuk Y**, **Teare GF**, Champagne A, Blackburn DE. Trends in blood glucose test strip utilization: a population-wide analysis in Saskatchewan, Canada. *Canadian Journal of Diabetes* 2018; 42: 5-10.
- Kosar L, **Hu N**, Lix LM, **Shevchuk Y**, **Teare GF**, Champagne A, Blackburn DE. Uptake of the Medication Assessment Program in Saskatchewan: tracking claims during the first year. *Canadian Pharmacists Journal* 2018; 1: 24-28.
- Thorpe LU, Whiting SJ, **Li W**, Dust W, Hadjistavropoulos T, **Teare G**. The incidence of hip fractures in long-term care homes in Saskatchewan from 2008-2012: an analysis of provincial administrative databases. *Canadian Geriatrics Journal* 2017; 20(3): 97-104.
- Orisatoki R, **Quail J**, **Osman M**, **Teare G**, Schwandt M, Neudorf C. Concurrent mental health and substance use disorders among frequent emergency department users in Saskatchewan, Canada. *Canadian Journal of Addiction* 2017; 8(1): 11-17.
- Wijnands JMA, Kingwell E, Zhu F, Zhao Y, Hogg T, Stadnyk K, Ekuma O, **Lu X**, Evans C, Fisk JD, Marrie RA, Tremlett H. Health-care use before a first demyelinating event suggestive of a multiple sclerosis prodrome: a matched cohort study. *The Lancet Neurology* 2017; 16(6): 445-451.
- Evans C, Marrie RA, Zhu F, Leung S, **Lu X**, Kingwell E, Zhao Y, and Tremlett H. (2017) Adherence to disease-modifying therapies for multiple sclerosis and subsequent hospitalizations. *Pharmacoepidemiol Drug Saf* 2017, doi: 10.1002/pds.4207.





Atrium Building, Innovation Place
241-111 Research Drive
Saskatoon, SK S4N 3R2 Canada
P. 306.668.8810
F. 306.668.8820
E. info@hqc.ca