

# 2020-21 ANNUAL REPORT

## HEALTH QUALITY COUNCIL



## CONTENTS

Letter of transmittal .....	3
1.0 Our organization .....	4
Message from the Board Chair .....	6
Message from the CEO .....	8
Who we are .....	10
What we do .....	11
Our work areas and partners .....	12
Our strategic priorities .....	13
2.0 Our governance .....	14
Our organizational structure .....	16
Our Board of Directors .....	17
Board of Directors profiles .....	18
Our leadership team .....	24
3.0 Our work .....	26
HQC's alignment to system priorities .....	21
Supporting the SHA in the fight against COVID-19 .....	29
Skill-building .....	30
Collaborations .....	33
Measurement and Analytics .....	36
4.0 Financials .....	40
5.0 Contact Us .....	56
6.0 Appendix .....	58

HQC acknowledges that we are located on Treaty 6 territory, and the traditional lands of the Dakota, Nakota, Lakota, and the homeland of the Métis. As a provincial agency, we are dedicated to supporting Reconciliation and to honouring and respecting all people under all treaties in Saskatchewan.

# Letter of transmittal

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

Dear Minister Merriman:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2020-21 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 6

Message from the CEO 8

Who we are 10

What we do 11

Our work areas and partners 12

Our strategic priorities 13



# Message from the Board Chair



Grateful. This word has been on my mind more over the last 12 months than it has in years past, even despite the pandemic.

The 2020-21 year has been a trying one for everyone, especially for those working on the front lines of the health care system. I am filled with a sense of gratitude and pride when I see the work my colleagues have done in an effort to keep the people of Saskatchewan safe and well. That same feeling is present when I see how the people of Saskatchewan have stepped up and maintained physical distancing, practiced handwashing, and followed public health measures and guidelines to stop the spread of COVID-19. Together, our efforts have made a difference.

In March of 2020, the Health Quality Council (HQC) shifted its gears to support our colleagues in the Saskatchewan Health Authority as they responded to the pandemic. Accumulating to approximately 3,000 hours of support, staff offered their skills to the SHA in the areas of quality improvement (QI), project management, research, communications, administration, facilitation, and training. HQC's assistance provided teams with the much-needed support to respond as swiftly as possible to COVID-19.

Our HQC team also continued its important work in supporting health and health care in Saskatchewan and its strategic work focusing on First Nations and Métis health and wellness and child and youth mental health and addictions. The COVID-19 pandemic has made it even more prevalent the degree of risk the most vulnerable face daily, let alone when a crisis strikes. The HQC team continues to forge a strong path in building relationships and partnerships to find ways to improve quality in the health system in Saskatchewan, addressing the alarming trends related to mental health and substance use disorders and the significant health disparities between Indigenous Peoples and the non-Indigenous population.

We also continued our work to advance continuous improvement efforts across the health system with the Clinical Quality Improvement Program (CQIP), the Quality Improvement Learning Collaborative in Prince Albert, and the Community QI Collective. The organization also continued to support the advancement of health system priorities to improve team-based care in the community through the BestPractice Primary Care Panel Reports and patient-

oriented research efforts, through our participation in the Saskatchewan Centre for Patient Oriented Research, and by supporting the Patient Reported Experience Measurement / Patient Reported Outcome Measurement team (PREMs and PROMs) and the Provincial Stroke Strategy team. HQC continued its role in evaluating and monitoring prescription drug usage, safety and effectiveness through the continued efforts of the Canadian Network for Observational Drug Effect Studies (CNODES). This team focused on the safety and effectiveness of drugs and medications for regulating blood glucose, blood pressure, hypertension, and antibiotics.

I would also like to share my gratitude for my fellow board members, who have been instrumental in helping guide HQC on its journey over the past several years with sound strategic advice, thoughtful insights, and grounded foresight. This last year marked terms ending for Ross Baker, Daniel M. Fox, and Yvonne M. Shevchuk. It has been a pleasure serving with you on the board and I am grateful for the contributions you have brought during your tenure. Thank you for all you have done to help HQC accelerate improvement in health and health care throughout Saskatchewan.

As we look ahead into whatever the “new normal” will become, I am not only confident in HQC, but in our health system partners and the people of Saskatchewan. I know and have seen what we can achieve when we do it together. We have shown – and will continue to show – that whatever the future holds, we can face it together.



**Dr. Susan Shaw**  
Chair, HQC Board of Directors

# Message from the CEO



The past year saw our health system rise to the challenge of responding to the COVID-19 pandemic, with plans and priorities shifting to meet the needs of the pandemic response. Being nimble and agile to meet the changing needs and priorities was a theme of our work this year.

We answered the call to support our colleagues in the Saskatchewan Health Authority as they responded to the pandemic. We provided support in care pathway design, administrative support for contact tracing and influenza immunization clinics, communications and social media, immunization clinic design and implementation, public experience surveying, and up to date research evidence to support decision making. We were ready to contribute our core skills of analytics, collaboration, and skill-building to support Saskatchewan's pandemic response.

This year, we continued to make progress on our strategy to enhance First Nations and Métis health and to address the social determinants of health through a focus on mental health and wellness for children, youth, and their families. George Gordon First Nation invited us to assist them in developing and implementing a health and wellness survey of their members, data that will help them to better plan for and meet the needs of their community. We also supported the Federation of Sovereign Indigenous Nations to examine suicide rates in First Nations and non-First Nations populations in Saskatchewan, using publicly available coroner's data. We also built on our commitment to cultural responsiveness by participating in cultural humility and OCAP® training and celebrating the culture and traditions of our staff. In March 2021, we launched the Community Quality Improvement Collective to build capability for quality improvement in human services organizations. Teams from six organizations are learning how to improve the services they provide in the Collective.

We remained nimble throughout the year to adapt to the changing needs of our partners and program participants. In August, we hosted a panel discussion, "Quality Improvement in Health Care Panel: Patient and Provider Experiences with Virtual Care in Saskatchewan During the COVID-19 Pandemic and Beyond" that offered the opportunity for us to learn from the experiences of patients and care providers who experienced virtual care during COVID-19.

We successfully transitioned programs such as the Clinical Quality Improvement Program and the Quality Improvement Learning Collaborative to online formats, with curriculum modifications to reflect the challenges and changing learning needs participants, all of whom are practicing clinicians, were facing. Early in the year, as many within the health sector were transitioning to remote work, some for the first time, we offered the Working Remotely Learning Series through our free webinar series QI Power Hour to provide them with tips and tools to remain effective working remotely.

Maintaining this level of agility during a time of uncertainty demonstrates resilience and a commitment to continuous improvement. I want to express my appreciation to our staff for continuing to come together each day to make health and health care better and safer for the people of Saskatchewan. I am proud of you as individuals for your resilience, your hard work, and your continued service to this organization and to this province.

We are also so very grateful to our health system colleagues for their tireless efforts to keep us all safe throughout these challenging times. Thank you.

A handwritten signature in black ink, appearing to read 'Tracey Sherin', followed by a long horizontal line.

**Tracey Sherin**  
Chief Executive Officer

# Who we are

## WHO WE ARE

The Health Quality Council (HQC) is an independent organization that accelerates improvement in the quality of health and health care in Saskatchewan. Since 2002, we have worked with patients and families, clinicians, administrators, researchers, students, and quality improvement specialists to help make change happen faster for better health and health care.

### OUR MISSION

Accelerate improvement in the quality of health and health care throughout Saskatchewan.

### OUR VISION

Optimal health and health care for everyone.

### OUR VALUES

- Create meaningful connections
- Spread passion for learning
- Work to make a difference

We demonstrate our 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 MANDATE

HQC's work acts in accordance with the objects of the council as per Saskatchewan's [Health Quality Council Act](#) (Chapter H-0.04, Section 5 of the Statutes of Saskatchewan, 2002). Based on these objects, we aim to:

- Monitor and assess the quality of health and health care.
- Help partners build their capacity for quality improvement.
- Promote research and education leading to improvement in health and health care.

# What we do

## WHAT WE DO

We help make change happen faster for better health and health care. By using our skills in quality improvement, measurement and analytics, collaboration, and skill-building, we partner with and support health organizations, government, and community organizations across the province to drive progress toward better health and better care for all.

We place our energy where we believe we can use our skills to make the most impact. Our work is informed by citizens, communities, and shared system priorities impacting health.

We focus our work in three key service areas:



# Our work areas and partners

The Saskatchewan Health Quality Council works in a close, collaborative nature with several organizations in the areas of health and health care. Our partners are more specifically defined as those organizations in which we have a more formal working relationship. These organizations include:

## OUR PARTNERS

HQC works alongside our health system partner organizations (the Saskatchewan Health Authority, the Ministry of Health, eHealth Saskatchewan, 3sHealth, Saskatchewan Association of Health Organizations, and Athabasca Health Authority); the Saskatchewan Medical Association (SMA); and is a part of the Saskatchewan Center for Patient Oriented Research (SCPOR). We work with our partners on projects related to research, measurement and analysis, reporting, data governance, quality improvement training and development opportunities, and more.

## NATIONAL PARTNERS AND COLLABORATIONS

HQC also partners and collaborates with organizations on a national level such as the Canadian Network for Observational Drug Effectiveness Studies (CNODES) and the Pan Canadian Network of Quality Councils.

## SASKATCHEWAN CENTER FOR PATIENT ORIENTED RESEARCH

SCPOR is a collaboration of eight Saskatchewan organizations that have committed resources to building provincial and national capacity for patient-oriented research that brings together Patient Partners, families, clinicians, researchers and policymakers on research teams to work together and identify research topics, complete the research and then use the results of that research to improve patient care and the health system. The organizations include the University of Saskatchewan, University of Regina, Saskatchewan Polytechnic, HQC, eHealth Saskatchewan, Saskatchewan Health Research Foundation, Government of Saskatchewan (Ministry of Health, Ministry of Advanced Education), and Saskatchewan Health Authority. The Canadian Institutes for Health Research (CIHR) provides 1:1 funding to match resources committed by the participating Saskatchewan organizations.

In 2020-21, HQC led the Patient Engagement and Empowerment Platform and co-led the Data Services Platform with eHealth Saskatchewan. HQC also co-chaired the SCPOR Oversight Committee, which is composed of members from each of the provincial organization partners and is responsible for strategic oversight of the operations of SCPOR.

# Our strategic priorities

While there have been many efforts to improve quality in the health system in Saskatchewan, we are still seeing alarming trends related to mental health and substance use disorders and the significant health disparities between Indigenous Peoples and the non-Indigenous population. These trends point to the need to work and partner in new ways on social and economic factors that impact health. Broadening our focus and contributing our skills to address the factors that play a significant role in determining health will help us realize our vision of optimal health and care for everyone.

To accelerate change in these areas, the Health Quality Council embarked on a new five-year Strategic Plan in 2019 to focus on supporting First Nations and Métis health and wellness and child and youth mental health and wellness. Achieving our goals in these areas marks a journey that will continue beyond 2024, as we continue to improve the quality of life for all Saskatchewan residents.

## ENHANCING FIRST NATIONS AND MÉTIS HEALTH AND WELLNESS

**Goal:** Support First Nations and Métis communities to make sustainable improvements to enhance their health and wellness.

Through this strategic focus area, we will:

- Support First Nations and Métis communities in accessing and understanding their health data so they can make decisions to better meet their needs.
- Engage with communities to learn how the health system can better meet the needs of community members and how we can work together to address issues these communities are facing.
- Use our skills and expertise to contribute to the Truth and Reconciliation Commission Calls to Action.

## SOCIAL DETERMINANTS OF HEALTH – CHILD AND YOUTH MENTAL HEALTH AND WELLNESS

**Goal:** Improve services and collaboration in communities to address the social determinants of health to enable children, youth, and their families to lead healthy lives.

Through this strategic focus area, we will:

- Work with partners in both the community and government to accelerate ideas, build change, and inform decision makers.
- Use our skills in quality improvement to partner with human services and community-based organizations to optimize support for children, youth, and their families.
- Seek out innovations and best practices and bring these learnings back locally. We will look at how we can impact the circumstances that lead to a lower quality of life and prevention strategies.

# 2.0 Our governance

Our organizational structure 16

Our Board of Directors 17

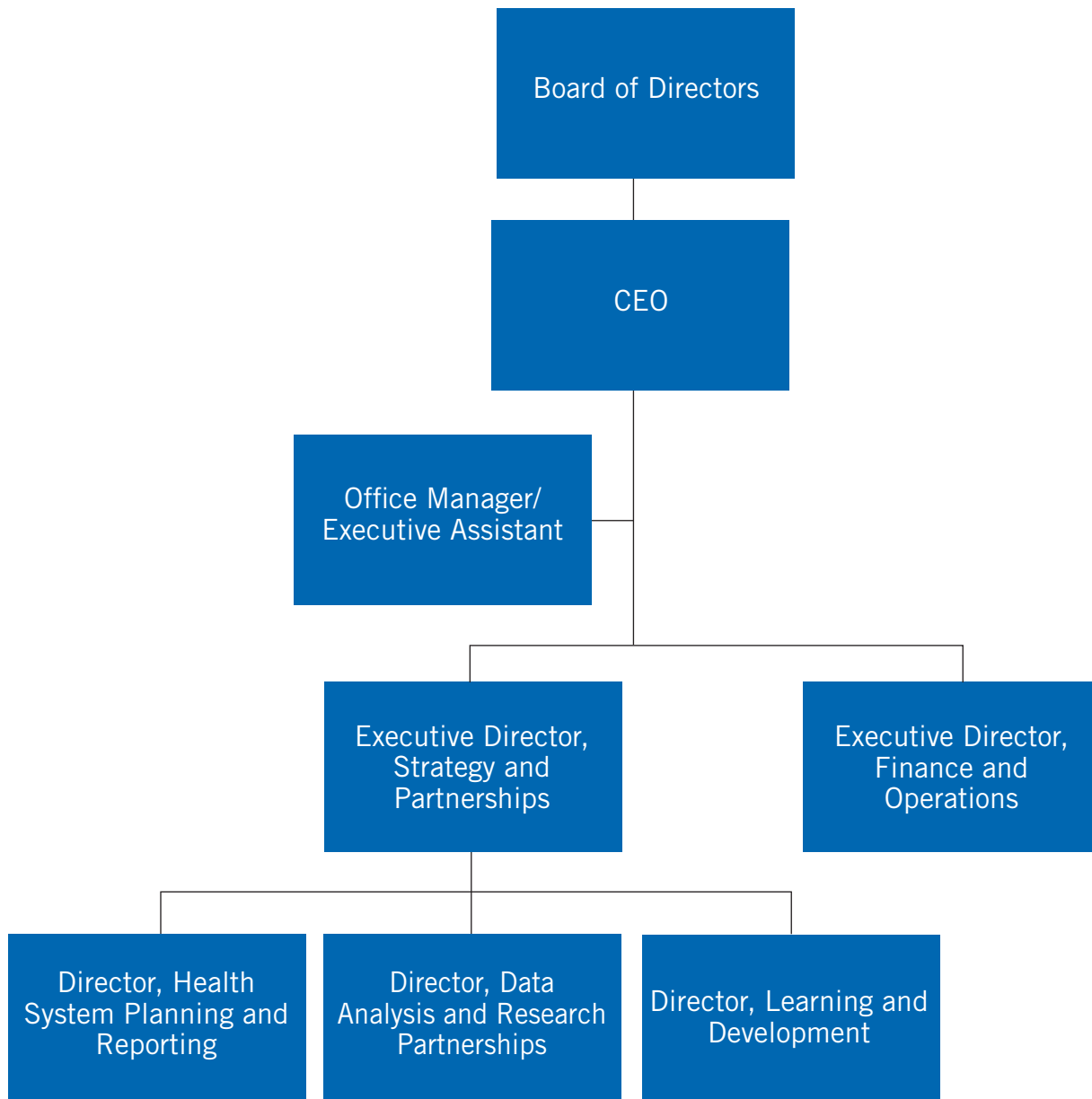
Board of Directors profiles 18

Our leadership team 24



# Our organizational structure

The following diagram depicts HQC's high-level organizational structure for the 2020-21 fiscal year. HQC employed 41 full time equivalents (FTEs) in 2020-21.



# Our Board of Directors



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

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 several 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.
- 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 SHA's Quality, Safety, and Strategy and Chief Medical Office. Prior to that, she was Director of Physician Advocacy and Leadership at the SMA. 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, Susan 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 CEO of the former Five Hills Health Region from 2009 to 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 (until June 24, 2020)**

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 the Scientific Director of the Canadian Institute of Health Research's (CIHR) Institute of Indigenous Peoples' Health (IIPH) at the University of Saskatchewan in Saskatoon and a tenured Professor in the University's Department of Community Health and Epidemiology, College of Medicine. Through IIPH, she leads the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit, and Métis Peoples in Canada. Prior to taking on these roles, she served her communities as a Professor of Indigenous Health Studies at the First Nations University of Canada (Regina) for 15 years. She is a member of the College of New Scholars, Artists and Scientists of the Royal Society of Canada and a public member of the Royal College Council of the Royal College of Physicians and Surgeons of Canada. Carrie is Métis, belonging to the Regina Riel Métis Council #34.



### **Elizabeth Crocker**

Liz is one of the founding owners of Woozles, the oldest children's bookstore in Canada. Liz established the Child Life Program at the IWK Children's Hospital in Halifax, Nova Scotia 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), co-chair 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 (until June 24, 2020)**

Dan, 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.



### **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 the Ministry of Justice since 1983.



### **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 Saskatchewan-based 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.

# Board of Directors profiles



## **Yvonne M. Shevchuk (until June 24, 2020)**

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 SHA. 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 over 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.
- Facilitating effective communication between the Board and the organization.



**Tracey Sherin – CEO**

Before stepping in as CEO, Tracey led a team of researchers and research analysts generating new knowledge through research conducted with partners.



**Erin Brady – Executive Director, Finance and Operations**

Erin joined HQC in March 2019. As the Executive Director of Finance and Operations, Erin provides leadership in the areas of Finance, Human Resources, Information Technology, and Communications.



**Debra-Jane Wright – Executive Director, Strategy and Partnerships (until August 21, 2020)**

Debra-Jane worked with HQC since July 2006. Her portfolio included providing oversight for ensuring organizational research, evaluation, measurement, and quality improvement capability-building initiatives were successfully delivered on behalf of HQC.



**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.



**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.



**Tanya Verrall – Director, Data Analysis and Research Partnerships**

Tanya originally 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

2020-21 highlights 27

HQC's alignment to system priorities 28

Supporting the SHA in the fight against COVID-19 29

Skill-building 30

Collaborations 33

Measurement and Analytics 36

# 2020-2021 Highlights

- ✓ **SUPPORTED THE SHA IN COVID RESPONSE INITIATIVES**  
Contributed approximately 3,000 hours of resourcing to support functions such as administration, project management, communications, research, evidence, facilitation, QI, training, and information delivery.
- ✓ **PARTICIPATED IN RESEARCH WITH ACADEMIC AND CLINICIAN RESEARCHERS**  
Produced evidence to support improvement in health care through 13 published research papers across a variety of topics. As of March 31, 2021, there were over 40 research collaboration projects in process with academic and clinician-researchers, including work done as part of the SCPOR partnership.
- ✓ **HOSTED A VIRTUAL PANEL ON VIRTUAL CARE**  
On August 6, 2020, HQC brought together a panel of patients, providers, and health system leaders to explore the impact of virtual care in Saskatchewan from a quality improvement perspective.
- ✓ **LAUNCHED THE COMMUNITY QI COLLECTIVE**  
Developed and launched the Community QI Collective with participants from community-based organizations (CBOs), governmental organizations, and ministerial organizations.
- ✓ **TRAINED FOURTH COHORT OF CQIP PARTICIPANTS**  
Eighteen Saskatchewan improvement leaders graduated from the fourth cohort of the Clinical Quality Improvement Program (CQIP).
- ✓ **PROVIDED MEASUREMENT AND EVALUATION SUPPORT TO THE FEDERATION OF SOVEREIGN INDIGENOUS NATIONS (FSIN)**  
To help inform FSIN's Life Promotion Strategy, HQC helped FSIN understand and interpret coroner's data on suicides in Saskatchewan using publicly available data.
- ✓ **WORKED WITH GEORGE GORDON FIRST NATION ON A COMMUNITY SURVEY**  
Collaborated with George Gordon First Nation leadership and operations staff on the creation of a community health and wellness survey for community members.
- ✓ **PRESENTED 11 QI POWER HOUR SESSIONS**  
Produced and offered 11 webinars focused on topics related to COVID-19, quality improvement training, leadership skills, Indigenous storytelling, non-profit organizations that contribute to community health and wellness, and working remotely.

# HQC's alignment to provincial priorities

## HQC'S ALIGNMENT TO PROVINCIAL PRIORITIES IN 2020-2021

In 2020-21, HQC remained committed to supporting Saskatchewan's health care system in areas where we can add the most value, contributing through such things as:

- Supporting effective COVID-19 response (please see next section on page 29).
- Maintaining provincial improvement reporting mechanisms such as the maintenance of KaizenTracker, a web-based improvement reporting platform, until it was decommissioned in December 2020. HQC also worked with the Improvement Reporting Working Group to develop and implement an interim reporting process to use until a new reporting solution is implemented.
- Resourcing and advancing continuous improvement efforts across the health system, through the Clinical Quality Improvement Program (CQIP), the Quality Improvement Learning Collaborative, and QI Power Hour.
- Providing support for the ongoing development of the Advanced Quality Improvement Program through providing instructional design advice to the team developing the program.
- Continuing to support the advancement of operational and strategic priorities by all health system partners such as the:
  - BestPractice Primary Care Panel Reports and the Quality Improvement Learning Collaborative to support improved team-based care in the community.
  - SCPOR work focused on improving data access, data literacy, and skills to use administrative data which supports the maturity of data and analytics across the health sector.
  - Worked with the Federation of Sovereign Indigenous Nations to use coroner's data to understand suicide rates in First Nations people.
  - Virtual care panel event, which contributed to ensuring seamless patient care at all points in the health system.

# Supporting the SHA in the fight against COVID-19

When the global COVID-19 pandemic hit Saskatchewan in March of 2020, the Health Quality Council team stepped up to help the Saskatchewan Health Authority (SHA) by offering our skills and time as the health system planned for logistics of people, materials, safety operations, and more. We were humbled by the opportunity to help and would like to thank those working in the system for all that they did in 2020-21 and onwards to keep the residents of Saskatchewan as safe as possible during the global COVID-19 pandemic. In the 2020-21 fiscal year, HQC staff helped the SHA with the following COVID-19 response initiatives:

- **ADMINISTRATIVE SUPPORT**

HQC staff assisted with the flu clinic by booking appointments. Members of the HQC team also provided administrative support to the COVID-19 contact tracing team.

- **ASSISTED SELF-ISOLATION SITES (ASIS)**

HQC worked in conjunction with the Ministry of Health and SHA to support the development and implementation of the ASIS program.

- **COMMUNICATIONS SUPPORT**

HQC staff supported the Saskatchewan Health Authority's social media team by monitoring and fielding questions on their social media channels. Staff also assisted with the creation of internal communications materials related to COVID-19.

- **COVID EVIDENCE SUPPORT GROUP**

HQC researchers supported decision makers with real-time data and information about the pandemic and up-to-date evidence related to issues happening in Saskatchewan. The evidence support group continues to work closely with the emergency operations centre and integrated health incident command centres (IHICCs), providing rapid reviews on the most up to date and relevant evidence.

- **EMERGENCY OPERATIONS CENTRE (EOC) SUPPORT**

HQC staff provided early support for operational set-up of the SHA's Emergency Operations Centre (EOC), which coordinated and mobilized health resources in the province.

- **PROVINCIAL COVID AND PPE PATHWAYS FOR BOTH URBAN AND RURAL**

HQC staff supported the SHA in the creation of the COVID-19 and personal protective equipment (PPE) pathways for both urban and rural communities. This included process mapping a provincial process for patient flow in the event of large numbers of COVID-19 patients requiring admission as well as helping the SHA determine how much of each type of PPE was needed and where, and how to get that equipment where it needed to go.

- **SUPPORTING IMMUNIZATION CLINICS THROUGH THE PROVINCIAL READINESS GROUP**

HQC supported the SHA Immunization Team as they set up immunization clinics to ensure they were ready to receive patients and provided QI support to ensure clinics were able to deliver vaccines quickly and safely. HQC also provided feedback and support to measurement, connected both virtually and in-person to provide QI support and facilitate information flow, delivered training sessions, created training materials and developed orientation sessions to support access and quick onboarding to key clinic systems.

# Skill-building

We develop skills in our partners so they can confidently make change happen in their fields. We do this to foster and support the development of a culture and mindset of quality improvement in health and health care.

## CLINICAL QUALITY IMPROVEMENT PROGRAM (CQIP)

The Clinical Quality Improvement Program (CQIP) is a 10-month applied learning program that equips physicians and other clinicians to lead quality improvement in health and health care. In 2020-21:

- 18 clinicians graduated from the program's fourth cohort after presenting their clinical quality improvement projects at a virtual capstone event.
- At the close of March 2021, the program has trained more than 80 clinical quality improvement leaders in Saskatchewan since its launch in 2017.
- Twenty-one clinicians were accepted into the program's fifth cohort which was set to launch in the spring of 2021, but has been delayed due to COVID-19.
- A follow up evaluation survey of the program's third cohort was conducted and indicated that:
  - 90% have been involved in teaching quality improvement in some capacity since graduating the program.
  - 73% are incorporating patient and family-centred principles into improvement work.
  - 73% are using data to understand and analyze variation in health care.
  - 73% indicated they have led or consulted on other QI projects outside of their CQIP project, of which 71% were in lead or co-lead roles.
  - 73% are supporting a team towards identifying and achieving a quality improvement aim.

! CQIP is developing a community of QI leaders and coaches in the health system and graduates continue to contribute to system improvement by becoming CQIP coaches and faculty, as well as leading other QI projects in the system.

## QI POWER HOUR

QI Power Hour is a monthly quality improvement webinar that attracts learners from Saskatchewan and abroad. In 2020-21:

- The team produced and offered 11 webinars focused on topics related to COVID-19, quality improvement training, leadership skills, Indigenous storytelling, non-profit organizations that contribute to community health and wellness, and working remotely.
- Starting in early March of 2020 and continuing into the 2020-21 fiscal year, the team offered a series of six webinars entitled the "Working Remotely Series" to support health system partners transitioning to working from home.
- The QI Power Hour community of learners continues to grow both in health and health care with a spread throughout Saskatchewan and beyond. The community grew by 12%.

! Ready to access, informal, bite-sized QI learning opportunities helps spread to spread improvement culture, while advancing the skills of partners and other viewers in the areas of health and health care in Saskatchewan.

## COMMUNITY QI COLLECTIVE

The Community QI Collective is a program focused on building capacity for quality improvement that provides training, resources, coaching, and peer support to help organizations make improvements to create a better experience for their clients and staff to ultimately make health better in Saskatchewan. Participants in the program range from community-based organizations (CBOs) to governmental organizations. In 2020-21:

- HQC built and developed the curriculum and facilitation plans for the new Community QI Collective.
- The program officially launched with its first cohort in March 2021. The first cohort will continue training throughout the next fiscal year, wrapping up September 2021.
- The Collective's first cohort consists of six organizations, including Federation of Sovereign Indigenous Nations (FSIN), Family Service Saskatoon, Family Service Regina, SaskCulture, Interval House Saskatoon, and Northern Lights School Division.

! Participating organizations learn tools and approaches that can help them use resources more effectively and are building the capacity to reduce barriers to service and increase support so that Saskatchewan residents can more easily access the services they need.

## QI LEARNING COLLABORATIVE

The QI Learning Collaborative is a year-long Collaborative focused on improving access and flow with the physicians of the Unified Medical Group (UMG) in the Prince Albert-Shellbrook area. The initiative is a collaborative effort sponsored by the SMA in which HQC provides training and facilitation and the SHA provides in-kind support.

The QI Learning Collaborative is based on Institute for Healthcare Improvement's Breakthrough Series Collaborative methodology, which brings together teams from clinical practices over a short-term period to improve in a focused topic area.

In 2020-21, some of the work in the Collaborative was delayed due to the global COVID-19 pandemic. HQC's contributions to the initiative in the year include:

- Hosting bi-weekly webinars on clinical microsystems, measurement for improvement, problem solving, and leadership.
- Facilitating a Curriculum Working Group with physicians to tailor workshop content and delivery to the needs and interests of the group.
- Developing a practice profile assessment to support teams in assessing their clinic purpose and patient population.
- Supporting clinic teams with baseline data collection around access and clinic microsystems.

! The QI Learning Collaborative helps doctors learn about quality improvement and how to use QI tools to improve their office processes and improve access to appointments.

## HEALTH CLIPS

Health Clips is a daily email digest featuring the latest news, blog posts, and research about quality improvement and health care. In 2020-21, HQC continued to offer the service despite the pandemic and shifted to offer articles and resources related to COVID-19 including the latest research, hygiene and handwashing, and mental health support. In 2020-21, HQC published 245 editions of Health Clips with above-average click through rates.

! By sharing recent, relevant quality improvement related content in health and health care with the health system, we're keeping subscribers motivated and well-versed on all things QI.

## DETERMINING HEALTH NEWSLETTER

The Determining Health Newsletter is a monthly curated list of thought-provoking articles, case studies, research, and learning opportunities focusing on addressing the social determinants of health. In 2020-21, HQC continued to offer one newsletter each month to this network. Launched in 2019, the Determining Health Newsletter's readership grew by 43% in 2020-21. Please see Appendix F on page 65 to view past editions.

! Sharing our quality improvement expertise, thought leadership, and other content with stakeholders working in health and health care in Saskatchewan supports broader understanding of QI and awareness of our work.

## HQC BLOG

The HQC blog features resources from HQC and partners on various topics related to health and health care in quality improvement. In 2020-21, HQC published 12 blogs on topics related to health and health care, quality improvement, and leadership skills. The average time viewers spend on reading the blogs was more than double average industry read times. Please see Appendix B on page 61 to view the blogs published in the year.

! By sharing recent, relevant content related to the social determinants of health, we are keeping subscribers versed on issues and content related to the factors that contribute to health.

# Collaborations

We create or contribute to environments where stakeholders work together on shared outcomes. To do this, we offer our skills in quality improvement, research (measurement and analytics), and facilitation to help stakeholders make change happen faster in health and health care.

## **BESTPRACTICE PRIMARY CARE PANEL REPORTS**

The *BestPractice* Primary Care Panel Reports provide information to Saskatchewan family physicians about their patient population as well as tools to support family physicians in clinical quality improvement. The reports were made possible thanks to collaboration with the Saskatchewan Medical Association, University of Saskatchewan's College of Medicine and Department of Academic Family Medicine, the Ministry of Health, the Saskatchewan College of Family Physicians, and eHealth Saskatchewan.

With the panel reports project, the Health Quality Council is responsible for program management, indicator development, report design, education program development and delivery, and program evaluation.

In 2020-21, work with the reports was postponed due to the global COVID-19 pandemic. HQC's contributions to the initiative in the year include:

- Working with an expert panel to develop definitions, calculations, and technical details to update the reports with new indicators that were based on physician feedback.
  - The new version of the reports will be released in the 2021-22 fiscal year.
- Designing and developing a panel report education program to help Saskatchewan physicians learn how to read and interpret their reports, as well as dive deeper into their personal results to identify key learnings and opportunities for improvement.
  - Opportunities for physicians to engage with the education opportunities will be made available on the website and will launch in the 2021-22 fiscal year.
- As of March 31, 2021, approximately 208 family physicians currently practicing in the province have requested their report.

! The *BestPractice* Primary Care Panel Reports provide family physicians in Saskatchewan with regularly updated data to better understand their practice patterns and patient populations so they may better serve their patients.

## **DATA AND ANALYTICS OVERSIGHT GROUP (DAOG)**

HQC is a member of the Data and Analytics Oversight Group that was formed to foster a data-driven and analytics-supported culture in the Saskatchewan Health Sector. The DAOG recently underwent restructuring in 2020-21 and is now embarking on an Information Governance Capacity Assessment with the system partners, which will pave a path for improving the maturity of data and analytics in the province.

! As a provincial organization with a mandate to measure, analyze, and report on the quality of health and health care, HQC offers a unique perspective and capability to our system partners in improving health data and analytics for our system.

## PROVINCIAL STROKE STRATEGY

The Provincial Stroke Strategy project provides ongoing monitoring and evaluation of stroke pathways in Saskatchewan to improve stroke care at the hospital- and system-levels. Care pathways are a method for managing patient care based on clinical practice guidelines, with the main goals of improving quality of care, reducing variation in clinical practice, and efficient use of healthcare resources.

HQC works with leadership in the SHA's neurosciences department to implement the provincial stroke strategy, leading the data arm of the work. HQC also works with Saskatchewan stroke centres and project leads to help develop tools, as well as engage clinicians, patients, and caregivers to inform ongoing quality improvement initiatives to improve care.

In 2020-21, HQC's work with the Provincial Stroke Strategy was slowed due to the global COVID-19 pandemic. HQC's contributions to the initiative in the year include:

- Working closely with clinical leadership to identify and define best practice measures related to stroke care which included outcome measures and patient reported outcome measures.
- Developing a plan with SHA's Digital Health team to automate and embed stroke data collection into a digital patient record keeping system (Sunrise Clinical Manager).

! Improving processes means that stroke patients get faster care and improved outcomes.

## VIRTUAL CARE PANEL WEBINAR

On August 6, 2020, HQC brought together a panel of patients and providers to share their experiences and explore the impact of virtual care in Saskatchewan from a quality improvement perspective. The panel was moderated by Steven Lewis, Adjunct Professor of Health Policy at Simon Fraser University, and Clinical Professor in the Department of Community Health and Epidemiology at the University of Saskatchewan. Panelists included patient partners Heather Dyck and Gordon Mayer, and Saskatchewan physicians Dr. Paul Acheampong, Dr. Ivar Mendez, and Dr. Janet Tootosis.


- The event attracted 65 patients, providers, and Saskatchewan residents who attended the live discussion. The session was recorded and published digitally for on-demand uptake.

! As the pandemic hit, virtual care expanded rapidly in the province. Learning from the experiences of both patients and providers is key to improving care.

## GEORGE GORDON FIRST NATION SUPPORT

As a part of HQC's new strategic focus, HQC is offering in-kind data and quality improvement support to support First Nations and Métis communities in accessing and understanding their health data so they can make decisions to better meet their needs. George Gordon First Nation and HQC are working as partners in the development of a Community Health and Wellness Survey. This information will help inform future health and wellness service delivery in the community. In 2020-21, HQC:

- Worked with George Gordon First Nation's leadership to identify partnership opportunities and a develop a partnership agreement.
- Collaborated with George Gordon First Nation leadership and operations staff on the creation of a community health and wellness survey for community members.
  - This included a plan for survey administration and survey analysis.
  - Priorities were determined by the community, including what questions were to be asked and the method of survey delivery. The results of the survey are entirely community owned and OCAP® compliant.
  - Questions included what programs are offered and how the programs are delivered or alternatively delivered during the pandemic.
- Established a data baseline to which George Gordon First Nation can measure change over time.

 Understanding community perspectives by hearing the voices of community members is critical for improving health and wellness service delivery.

**The First Nations principles of OCAP® establish how First Nations' data and information will be collected, protected, used, or shared. Standing for ownership, control, access and possession, OCAP® is a tool to support strong information governance on the path to First Nations data sovereignty.**


Learn more at: <https://fnigc.ca/ocap-training/>

# Measurement and Analytics

We ask difficult questions, challenge the status quo, and find answers to the questions that matter. We do this so that we can put vital information into the hands of people who can make change happen through policies or through how health care is delivered.

## SASKATCHEWAN CENTRE FOR PATIENT-ORIENTED RESEARCH (SCPOR)

SCPOR is a collaboration of eight Saskatchewan organizations that have committed resources to building provincial and national capacity for patient-oriented research that brings together Patient Partners, families, clinicians, researchers and policy-makers on research teams to work together and identify research topics, complete the research and then use the results of that research to improve patient care and the health system. The Canadian Institutes for Health Research (CIHR) provides 1:1 funding to match resources committed by the participating Saskatchewan organizations.

 Patient-oriented research is done in partnership with patients, their families, and caregivers that answers research questions that matter to patients to improve patient care and the health system.

### SCPOR Data Services Platform

HQC co-led the Data Services Platform with eHealth Saskatchewan. The Data Services Platform supported patient-oriented research teams by facilitating access to administrative health databases, providing our research and analytical skills, and building skills and literacy in using health administrative data.

In 2020-21, HQC:

- Supported 14 patient-oriented research projects. Examples of projects include:
  - Secondary Suicide Prevention in Saskatchewan: Understanding Health Care Use Among Youth Discharged With Intentional Self-Harm Using Administrative Health Databases.
  - TRANS: Trans Research and Navigation Saskatchewan - Evaluating the Impact of Peer Navigators on the Health of People who are Trans and Gender Diverse.
  - Understanding and Advocating for Miyo-Mahcihowin (Good health and well-being) among Indigenous Peoples living with IBD.
  - Epidemiology of People with Amputation in Saskatchewan.
- Worked with SCPOR partners and researchers, patient partners, and communities involved in research activity to design a better process to understand and access health administrative data that is used to help answer patient-oriented research questions.
  - This work will continue into the 2021-22 fiscal year.

### SCPOR Patient Engagement Platform

Through the SCPOR Patient Engagement Platform, HQC supports patient-oriented research that builds capacity and capability among research teams. The SCPOR patient platform also works with patient partners to find opportunities to take part in patient-oriented research. In 2020-21, the SCPOR patient platform team engaged with 83 patient partners to bring a patient perspective to help answer research questions. As of March 31, 2021, the patient platform has transitioned over to the SHA as part of a broader, system-wide patient engagement strategy.

Learn more about SCPOR and more of the SCPOR team's accomplishments at <https://www.scpor.ca>

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

DSEN-CNODES is 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. In 2020-21 the CNODES team at HQC:

- Took part in over seven projects related to the following topic areas:
  - The safety of sodium glucose co-transporter 2 inhibitors (SGLT2), which are used to regulate blood glucose in diabetes.
  - Hydrochlorothiazide (a blood pressure drug) and its risk with skin cancer.
  - Prescribing patterns of ranitidine, a drug used to reduce stomach acidity.
  - The use and safety of ARBs (angiotensin 2 receptor blockers), a common hypertension drug. This is a global study comparing data from several countries to analyze post-market drug-related health outcomes using electronic administrative health data.
- Continued to refine the Common Data Model (CDM), a standard set of data to facilitate faster data queries, so that Saskatchewan's drug data can "talk" with other provinces and countries.
  - This includes projects such as the creation of a mother-child cohort which would expedite any standard data queries related to pregnancy.

! These studies enable CONDES to respond rapidly to questions raised by Health Canada, the Canadian Agency for Drugs and Technologies in Health, and provincial Ministries of Health when evaluating and monitoring prescription drug usage, safety and effectiveness.

Learn more about CNODES at <https://www.hqc.sk.ca/news-and-events/hqc-blog/what-is-cnodes-and-what-does-it-do>

## PATIENT REPORTED EXPERIENCE MEASUREMENT / PATIENT REPORTED OUTCOME MEASUREMENT (PREMS/PROMS)

HQC is collaborating with the SHA, University of Saskatchewan, Saskatchewan Centre for Patient-Oriented Research (SCPOR), and patient partners to collect data about patient reported experience of care and patient reported outcomes of care.

This work was paused in March 2020 due to the global COVID-19 pandemic. Work resumed on this strategy in mid-March 2021 and will continue into the 2021-22 fiscal year. In 2020-21, HQC:

- Supported the SHA on a public experience survey to inform the pandemic response. This survey was developed to help the health system understand the impact of COVID-19 on patient use of health care services, experiences of virtual care, visitor restrictions, communications strategies, and overall patient health.
- The survey ran from Sept. 16-30, 2020 and collected responses from 2,589 respondents.

## OTHER RESEARCH PARTNERSHIPS

HQC collaborates with health system leaders, staff, clinicians, data analysts, and epidemiologists, as well as academics and graduate students in Saskatchewan and beyond to conduct and promote research that directly impacts the quality of health care delivered to Saskatchewan residents. In 2020-21, HQC:

- Provided research analyst support to a research project led by Dr. Charity Evans regarding medication adherence for Multiple Sclerosis.
  - The study, “Medication adherence in multiple sclerosis as a potential model for other chronic diseases: a population-based cohort study” was completed and published in the BMJ Open Journal.
  - Citation: Evans C, Marrie RA, Yao S, et al. Medication adherence in multiple sclerosis as a potential model for other chronic diseases: a population-based cohort study. BMJ Open 2021;11:e043930. doi: 10.1136/bmjopen-2020-043930 <https://bmjopen.bmj.com/content/11/2/e043930.citation-tools>
- Provided co-investigator and research analyst support to a research project led by Dr. Francine Ducharme from the Centre Hospitalier Universitaire Sainte-Justine in Montreal, Québec about asthma control.
  - The study, “Long-term clinical and financial impact of asthma control during pregnancy and preschool years on disease evolution until adulthood” was completed and published in PubMed.
  - Citation: Longo C, Blais L, Brownell M, Quail JM, Sadatsafavi M, Forget A, Turcot MA, Nie Y, Li W, Tavakoli H, Tan Q, Fan Y, Platt RW, Ducharme FM. Association between asthma control trajectories in preschoolers and disease remission. Eur Respir J. 2021 May 13;57(5):2001897. doi: 10.1183/13993003.01897-2020. PMID: 33303530. <https://pubmed.ncbi.nlm.nih.gov/33303530/>
- Provided a co-investigator and research analyst support to a research project led by Dr. Nair and Dr. Taylor-Gjevre from the College of Medicine at the University of Saskatchewan about gaps in quality of care for rheumatoid arthritis patients.
  - The study, “Identification of Quality Care Gaps for SK Rheumatoid Arthritis Patients” was completed and published in Europe PMC.
  - Citation: Taylor-Gjevre RM, Nair BV, Jin S, Quail J. Higher mortality rates associated with rheumatoid arthritis in Saskatchewan, Canada, 2001-2019. Canadian Journal of Public Health = Revue Canadienne de Sante Publique. 2021 Feb. DOI: 10.17269/s41997-021-00476-w. <https://europepmc.org/article/med/33595819>

! This study shows that better adherence to medications and supports for patients can support better treatment and health outcomes for patients with chronic conditions.

! The results highlight that better asthma control increases likelihood of remission and better quality of life and outcomes for patients.

! This study improved understanding of what happens with patients in Saskatchewan with rheumatoid arthritis which could lead to improved support programs to target disparities or patients who require additional supports.

## FSIN LIFE PROMOTION STRATEGY

The Chiefs-in-Assembly directed the Federation of Sovereign Indigenous Nations (FSIN) to address suicidal behaviour among First Nations people with high priority (FSIN Suicide Prevention Strategy, 2018). In partnership with FSIN, HQC is assisting with measurement and evaluation which will help to inform FSIN's Life Promotion Strategy. In 2020-21, HQC:

- Helped FSIN understand and interpret publicly available coroner's data on suicides in Saskatchewan.
  - This included using coroner's data to look at First Nation Suicide rates over the past 12 years and comparing those rates to non-First Nations.
- Signed a research agreement with FSIN which enabled HQC to formally move forward with supporting FSIN with the measurement and evaluation work which will continue into the 2021-22 fiscal year.



By conducting research to measure and understand the gaps, we will identify the inequities in our health system and support our system in making change to reduce them.

**The Truth and Reconciliation Call to Action #19 “calls on the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities and to publish annual progress reports and assess long-term trends.” (Truth and Reconciliation Commission of Canada, Truth and Reconciliation Commission of Canada: Calls to Action). To learn more about the Truth and Reconciliation Commission of Canada's Calls to Action, visit: <https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525#chp2>**

# 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 13, 2021



**PROVINCIAL AUDITOR**  
of Saskatchewan

To: The Members of the Legislative Assembly of Saskatchewan

**Opinion**

We have audited the financial statements of Health Quality Council, which comprise the statement of financial position as at March 31, 2021, and the statement of operations, statement of changes in net financial assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2021, and the results of its operations, changes in net financial assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

**Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of Health Quality Council in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Responsibilities of Management and Those Charged with Governance 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.

In preparing the financial statements, management is responsible for assessing Health Quality Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate Health Quality Council or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Health Quality Council's financial reporting process.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Health Quality Council's internal control.



**PROVINCIAL AUDITOR**  
*of Saskatchewan*

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Health Quality Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause Health Quality Council to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control identified during the audit.

Regina, Saskatchewan  
July 6, 2021

Tara Clemett, CPA, CA  
Acting Provincial Auditor  
Office of the Provincial Auditor

### Statement 1

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

As at March 31	2021	2020
<b>Financial assets</b>		
Cash	\$ 3,633	\$ 819
Accounts receivable	379	164
Accrued interest receivable	1	22
Short-term investments (Note 3)	250	2,780
	<u>4,263</u>	<u>3,785</u>
<b>Liabilities</b>		
Accounts payable	123	223
Payroll liabilities (Note 6)	144	168
Deferred revenues (Note 7)	291	458
	<u>558</u>	<u>849</u>
<b>Net financial assets</b>	<u>3,705</u>	<u>2,936</u>
<b>Non-financial assets</b>		
Tangible capital assets (Note 2c & Note 4)	31	59
Prepaid expenses (Note 5)	63	92
	<u>94</u>	<u>151</u>
<b>Accumulated surplus</b> (Statement 2)	<u>\$ 3,799</u>	<u>\$ 3,087</u>
Contractual obligations (Note 12)		
Contractual rights (Note 13)		

(See accompanying notes to the financial statements)

## Statement 2

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

For the year ended March 31

	2021		2020
	Budget (Note 10)	Actual	Actual
<b>Revenue</b>			
Ministry of Health			
- Operating Grant	\$ 4,600	\$ 4,796	\$ 3,530
- Saskatchewan Centre for Patient Orientated Research	200	200	200
Saskatchewan Health Authority	-	-	175
University of Saskatchewan			
- Cost of Pain in Long Term Care	-	4	11
- Drug Safety & Effectiveness Network	263	209	217
- Quality of Care Gaps for Rheumatic Disease	-	-	1
- Saskatchewan Centre for Patient Oriented Research (Note 13)	805	563	248
- Vitamin D in Long Term Care	-	-	9
- Medication Adherence in MS	-	2	3
- Other	160	44	31
Choosing Wisely Canada	80	-	85
Pediatric Asthma	-	-	9
Saskatchewan Medical Association	820	196	688
Other	-	5	21
Interest	40	51	109
	<u>6,968</u>	<u>6,070</u>	<u>5,337</u>
<b>Expenses</b>			
Project funding	1,047	292	850
Grants	85	1	161
Wages and benefits	5,391	4,497	5,095
Travel	293	3	114
Administrative and operating expenses	184	134	251
Honoraria and expenses of the board	100	10	55
Repayment of excess funding received	-	38	-
Amortization expense	65	40	48
Rent	352	343	324
	<u>7,517</u>	<u>5,358</u>	<u>6,898</u>
Annual Surplus/(Deficit) (Statement 3) (Statement 4)	<u>\$ (549)</u>	<u>712</u>	<u>(1,561)</u>
Accumulated surplus, beginning of year		<u>3,087</u>	<u>4,648</u>
<b>Accumulated surplus, end of year</b> (Statement 1)		<u>\$ 3,799</u>	<u>\$ 3,087</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	2021		2020
	Budget (Note 10)	Actual	
<b>Annual Surplus / (Deficit) (Statement 2)</b>	\$ (549)	\$ 712	\$ (1,561)
Acquisition of tangible capital assets	(50)	(12)	(40)
Amortization of tangible capital assets	65	40	48
	<u>15</u>	<u>28</u>	<u>8</u>
Acquisition of prepaid expense	-	(63)	(92)
Use of prepaid expense	-	92	46
	<u>-</u>	<u>29</u>	<u>(46)</u>
<b>Increase/(Decrease) in net financial assets</b>	(534)	769	(1,599)
Net financial assets, beginning of year	<u>2,936</u>	<u>2,936</u>	<u>4,535</u>
<b>Net financial assets, end of year</b>	<u>\$ 2,402</u>	<u>\$ 3,705</u>	<u>\$ 2,936</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	2021	2020
<b>Operating transactions</b>		
Annual Surplus/(Deficit) (Statement 2)	\$ 712	\$ (1,561)
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	40	48
Net change in non-cash working capital items:		
Deferred revenues (decrease)	(167)	(253)
Accrued interest receivable decrease	21	25
Accounts receivable (increase)/decrease	(215)	58
Prepaid expenses decrease/(increase)	29	(46)
Accounts payable (decrease)/increase	(100)	19
Payroll liabilities (decrease)	(24)	(9)
Cash Provided by operating transactions/(Used in)	296	(1,719)
<b>Capital transactions</b>		
Cash used to acquire tangible capital assets	(12)	(40)
Cash applied to capital transactions	(12)	(40)
<b>Investing Transactions</b>		
Purchases of investments	(250)	(86)
Proceeds from disposal/redemption of investments	2,780	2,010
Cash provided by investing transactions	2,530	1,924
<b>Increase in cash</b>	2,814	165
Cash, beginning of year	819	654
<b>Cash, end of year (Statement 1)</b>	\$ 3,633	\$ 819

(See accompanying notes to the financial statements)

### HEALTH QUALITY COUNCIL NOTES TO THE FINANCIAL STATEMENTS March 31, 2021 (thousands of dollars)

#### 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. Summary of significant 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 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.

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. Significant items subject to such estimates and assumptions include payroll liabilities and tangible capital assets.

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 remaining length of the 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) Sick leave benefits

Employees are eligible to accumulate sick leave until termination of employment. Unused sick leave balances are not paid upon termination (voluntary or involuntary) and may not be used as vacation. It is an accumulated, non-vesting benefit. A liability is recorded for sick leave balances expected to be taken in excess of future accruals.

### 3. Short-term investments

HQC held investments in the amount of \$250 as described below at March 31, 2021. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2020 in the amount of \$2,780.

	2021	
	Carrying Value (000's)	Interest Rate
Canaccord Genuity	<u>\$ 250</u>	.75%

### 4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2021 Totals	2020 Totals
	(thousands of dollars)				
Opening cost	\$ 154	\$ 474	\$ 26	\$ 654	\$ 653
Additions	-	10	2	12	40
Disposals	(8)	-	(2)	(10)	(39)
<b>Closing cost</b>	<b>146</b>	<b>484</b>	<b>26</b>	<b>656</b>	<b>654</b>
Opening accumulated amortization	141	434	20	595	586
Amortization	4	34	2	40	48
Disposals	(10)	-	-	(10)	(39)
<b>Closing accumulated amortization</b>	<b>135</b>	<b>468</b>	<b>22</b>	<b>625</b>	<b>595</b>
<b>Net book value of tangible capital assets</b>	<b>\$ 11</b>	<b>\$ 16</b>	<b>\$ 4</b>	<b>\$ 31</b>	<b>\$ 59</b>

### 5. Prepaid expenses

Prepaid insurance, licenses, and other are included as prepaid expenses. The prepaid expenses are stated at acquisition cost and are charged to expense over the periods expected to benefit.

### 6. Payroll liabilities

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees. The sick leave liability is determined using management's best estimate of sick leave usage of active employees. Sick leave liability is estimated to be \$29 of the total \$144 of payroll liabilities (\$35 – 2020).

### 7. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatchewan Medical Association	\$ 458	\$ 29	\$ 196	\$ 291
<b>Totals</b>	<b>\$ 458</b>	<b>\$ 29</b>	<b>\$ 196</b>	<b>\$ 291</b>

## Saskatchewan Medical Association

The Saskatchewan Medical Association provided funding to HQC to support the Clinical Quality Improvement Program and Physician Practice Profile Reports.

### 8. 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.

	<b>2021</b>	<b>2020</b>
	(thousands of dollars)	
<b>Revenue</b>		
Ministry of Health - Other	\$ 200	\$ 200
Saskatchewan Health Authority	3	175
Ministry of Health – Grant Funding	4,796	3,530
<b>Expenses</b>		
3sHealth	\$ 1	\$ 1
Public Employees Pension Plan	274	276
Ministry of Finance	13	-
Saskatchewan Cancer Agency	4	-
Saskatchewan Health Research Foundation	1	3
Saskatchewan Opportunities Corporation (operating as Innovation Place)	358	409
Saskatchewan Workers' Compensation	8	13
SaskTel	5	5
Other	-	2
<b>Accounts payable</b>		
Ministry of Finance	\$ 12	\$ -
Public Employees Pension Plan	6	1
Saskatchewan Opportunities Corporation (operating as Innovation Place)	1	-
Saskatchewan Workers' Compensation	-	3
SaskTel	-	1
<b>Accounts receivable</b>		
Ministry of Health – Other	\$ 200	\$ -
Saskatchewan Health Authority	3	1
Saskatchewan Opportunities Corporation (operating as Innovation Place)	6	1

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.

### 9. 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.

#### 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
- Accrued interest receivable
- Accounts receivable
- Accounts payable
- Payroll liabilities

### 10. Budget

These amounts represent the operating budget that was approved by the Board of Directors on March 4, 2020.

## 11. 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. HQC contributed 6.35% of gross salary for the period April 1, 2020 to September 30, 2020 and 7.35% for the period October 1, 2020 to March 31, 2021. HQC's obligation to the plan is limited to its share of the contributions. HQC's contributions for this fiscal year were \$274 (2020 - \$276). This is recorded in wages and benefits.

## 12. Contractual obligations

As of March 31, 2021, HQC had the following commitments for future years:

### a) Office rent

HQC holds a lease for office space expiring December 31, 2023. The monthly rent and occupancy costs are \$24.5 per month until December 31, 2021 and \$24.9 for the remainder of the term.

Fiscal Year	Expenditures (000's)
2021/2022	\$303
2022/2023	306
2023/2024	230
Total	\$839

### b) Equipment and service

HQC has entered into agreements to lease office equipment and receive consulting services. Three agreements will expire in the upcoming year. The future payments, in each fiscal year, total as follows:

Fiscal Year	Expenditures (000's)
2021/2022	\$33
2022/2023	4
2023/2024	2
2024/2025	1
Total	\$40

### 13. Contractual rights

#### Research revenue

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

Fiscal Year	Funding (000's)
2021/2022	\$342
2022/2023	95
Total	\$437

### 14. Significant event

The COVID-19 pandemic is complex and rapidly evolving. It has caused material disruption to businesses and has resulted in an economic slowdown. The HQC continues to assess and monitor the impact of COVID-19 on its financial condition. The magnitude and duration of COVID-19 is uncertain and, accordingly, it is difficult to reliably measure the potential impact on the HQC's financial position and operations.



# 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 partners to research partners and collaborating organizations, we would love to explore opportunities to work with you to advance health and health care in areas aligned with our strategy and priorities of our health system. 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](mailto:info@hqc.sk.ca)

Website: [www.hqc.sk.ca](http://www.hqc.sk.ca)

### Social media:

Facebook: [@healthqualitycouncil](https://www.facebook.com/healthqualitycouncil)

Twitter: [@hqcsask](https://twitter.com/hqcsask) | [@CQIP\\_SK](https://twitter.com/CQIP_SK) | [@QIPowerHour](https://twitter.com/QIPowerHour)

LinkedIn: [saskatchewan-health-quality-council](https://www.linkedin.com/company/saskatchewan-health-quality-council/)

Instagram: [@hqcsask](https://www.instagram.com/hqcsask)

YouTube: [SaskHQC](https://www.youtube.com/SaskHQC)

## PROGRAM-SPECIFIC INQUIRIES

### Current and prospective partners:

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

## PATIENTS AND PUBLIC

### Patients or clients:

If you have questions or concerns about the care you or a loved one received, [visit the Saskatchewan Health Authority website](http://www.healthqualitycouncil.ca).

## MEDIA

### Media inquiries:

Mallory Clarkson

Consultant, Marketing and Communications

Phone: 306-668-8810 (ext 138)

Email: [mclarkson@hqc.sk.ca](mailto:mclarkson@hqc.sk.ca)

Heidi Abramyk

Manager, Marketing and Communications

Phone: 306-668-8810 (ext 112)

Email: [habramyk@hqc.sk.ca](mailto:habramyk@hqc.sk.ca)

# 6.0 Appendix

# Appendix A: Research papers

## RESEARCH PAPERS PUBLISHED IN 2020-2021

In 2020-21, we published the following research papers in collaboration with researchers within Saskatchewan and across Canada. Names of HQC staff and board members are in bold. For articles without HQC authors, papers were products of HQC collaborations.

- Al-Sakran LH, Marrie RA, Blackburn DF, Knox KB, Evans CD. “Impact of comorbidity on hospitalizations in individuals newly diagnosed with multiple sclerosis: A longitudinal population-based study.” *Multiple Sclerosis and Related Disorders* (2020) <https://doi.org/10.1016/j.msard.2020.101955>
- Al-Sakran LH, Marrie RA, Blackburn DF, Knox KB, Evans CD. “Predictors of hospitalization in a Canadian MS population: A matched cohort study.” *Multiple Sclerosis and Related Disorders*. (2020) <https://doi.org/10.1016/j.msard.2020.102028>
- Amankwah Osei J, Peña-Sánchez J-N, Fowler SA, Muhajarine N, Kaplan GG, Lix LM. “Resident-Level Predictors of Dementia Pharmacotherapy at Long-Term Care Admission: The Impact of Different Drug Reimbursement Policies in Ontario and Saskatchewan.” *Journal of the Canadian Association of Gastroenterology* (2020) <https://doi.org/10.1093/jcag/gwaa028>
- Douros A, Lix LM, Fralick M, Dell’Aniello S, Shah BR, Ronksley PE, Tremblay E, **Hu N**, Alessi-Severini, Fisher A, Bugden SC, Ernst P. “Sodium-glucose Cotransporter-2 Inhibitors and the Risk for Diabetic Ketoacidosis: A Multicenter Cohort Study.” *Annals of Internal Medicine* (2020) <https://doi.org/10.7326/M20-0289>
- Evans C, Marrie R, **Yao S**, Zhu F, Walld R, Tremlett H, Blackburn D, Kingwell E. “Medication adherence in multiple sclerosis as a potential model for other chronic diseases: a population-based cohort study.” *BMJ Open* (2021) <https://pubmed.ncbi.nlm.nih.gov/33550262/>
- Fisher A, Fralick M, Filion KB, Dell’Aniello S, Douros A, Tremblay E, Shah BR, Ronksley PE, Alessi-Severini S, **Hu N**, Bugden SC, Ernst P, Lix LM. “Sodium-glucose co-transporter-2 inhibitors and the risk of urosepsis: A multi-site, prevalent new-user cohort study.” *Diabetes, Obesity and Metabolism* (2020) <https://publons.com/publon/10.1111/dom.14082>
- Hoi Yun Yu O, Dell’Aniello S, Shah BR, Brunetti VC, Daigle J-M, Fralick M, Douros A, **Hu N**, Alessi-Severini S, Fisher A, Bugden SC, Ronksley PE, Filion KB, Ernst P, Lix LM. “Sodium–Glucose Cotransporter 2 Inhibitors and the Risk of Below-Knee Amputation: A Multicenter Observational Study.” *Diabetes Care* (2020) <https://doi.org/10.2337/dc20-0267>
- Kristian B, Bugden SC, Alessi-Severini S, Ronksley PE, **Hu N**, Dormuth CR, Ernst P, Suissa S. “Sodium glucose cotransporter 2 inhibitors and risk of major adverse cardiovascular events: multi-database retrospective cohort study.” *BMJ* (2020) <https://doi.org/10.1136/bmj.m3342>
- Longo C, Blais L, Brownell M, **Quail JM**, Sadatsafavi M, Forget A, Turcot M-A, Nie Y, **Li W**, Tavakoli H, Tan Q, Fan Y, Platt RW, Ducharme FM. “Association between asthma control trajectories in preschoolers and disease remission.” *European Respiratory Journal* (2020) <https://erj.ersjournals.com/content/early/2020/11/11/13993003.01897-2020>

- MacLagan LC, Bronskill SE, Campitelli MA, **Yao S**, Dharma C, Hogan DB, Herrmann N, Amuah JE, Maxwell CJ. “Resident-Level Predictors of Dementia Pharmacotherapy at Long-Term Care Admission: The Impact of Different Drug Reimbursement Policies in Ontario and Saskatchewan.” The Canadian Journal of Psychiatry (2020). <https://doi.org/10.1177/0706743720909293>
- Ng HS, Zhu F, Kingwell E, Zhao Y, **Yao S**, Ekuma O, Svenson LW, Evans C, Fisk JD, Marrie RA, Tremlett H. “Characteristics of a population-based multiple sclerosis cohort treated with disease-modifying drugs in a universal healthcare setting.” Expert Review of Neurotherapeutics (2020) <https://doi.org/10.1080/14737175.2021.1847085>
- Taylor-Gjevre RM, Nair BV, Jin S, **Quail J**. “Higher mortality rates associated with rheumatoid arthritis in Saskatchewan, Canada, 2001-2019.” Canadian Journal of Public Health (2021) <https://link.springer.com/article/10.17269/s41997-021-00476-w>
- Whiting SJ., **Li W**, **Singh N**, **Quail J**, Dust W, Hadjistavropoulos T, Thorpe L. “Predictors of hip fractures and mortality in long-term care homes in Saskatchewan: Does vitamin D supplementation play a role?” The Journal of Steroid Biochemistry and Molecular Biology, Volume 200 (2020).<https://doi.org/10.1016/j.jsbmb.2020.105654>

# Appendix B: HQC's blogs

## THE HQC BLOG

The HQC blog features resources from HQC and partners about health and health care, patient and family-centred care, measurement, learning for improvement, and more to build QI skills in our partners and increase the spread of best practices. The following is a list of HQC blogs from 2020-21. If you would like to be notified when blogs are posted, please [fill out the following form](#) to be added to the HQC Blog mailing list.

### Health and health care

- [Five reasons to adopt more simulation learning in health and health care](#) | Shari Furniss, Director of Learning and Development
- [Reflections on virtual care in Saskatchewan and maintaining high-quality care: a Q & A with Tracey Sherin and Steven Lewis](#) | HQC Staff
- [What is Choosing Wisely? How to engage in conversations about better, safer care](#) | Mallory Clarkson, Communications Consultant

### Quality improvement

- [HQC-recommended quality improvement podcasts for on-the-go improvement leaders](#) | HQC Staff
- [Plan-Do-Study Act Cycles: A problem-solving tool for improvement work](#) | Mallory Clarkson, Communications Consultant
- [The top 5 QI Power Hour sessions of 2020](#) | HQC Staff
- [What are work standards and how can they build a foundation for improvement?](#) | Mallory Clarkson, Communications Consultant

### Other

- [2019-2020 in review: A message from the HQC Board Chair](#) | Dr. Susan Shaw, HQC Board Chair
- [2019-2020 in review: A message from the HQC CEO](#) | Tracey Sherin, HQC CEO
- [Getting past the hype to discover the power of coaching](#) | Jennifer Klatt (Ehrmantraut), Intentional You Coaching and Consulting
- [How to de-escalate conflict with the Ladder of Inference](#) | Glenda Beauchamp, Improvement Lead
- [Six tools and tips for working remotely: the Working Remotely Toolkit](#) | HQC Staff

# Appendix C: QI Power Hour Sessions

## QI POWER HOUR

QI Power Hour is a monthly, one-hour quality improvement webinar that attracts a diverse audience of learners from Saskatchewan and abroad.

The following is a list of past QI Power Hour sessions from 2020-21. You can view past session recordings and accompanying resources on the QI Power Hour web page. If you would like to be notified of upcoming sessions, please fill out the following form to be added to the QI Power Hour mailing list. You can follow QI Power Hour on Twitter at @QIPowerHour.

### Health and health care

- [Essential Together: Safely Reintegrating Caregivers as Essential Care Partners During COVID-19 and Beyond](#) | Carol Fancott, Director, Patient Partnerships and Engagement and Jessie Checkley, Senior Improvement Lead, Patient Partnerships and Engagement, Healthcare Excellence Canada
- [Moving the Dial: How clinical QI training is changing culture in a provincial health system](#) | Shari Furniss, Director of Learning and Development, HQC with guests: Bonnie Brossart, CEO, Saskatchewan Medical Association, and Dr. Gary Groot, Clinical Professor, Department of Surgery, Associate Professor, Community Health and Epidemiology at the University of Saskatchewan's College of Medicine

### Working Remotely Series

- [Working Remotely Series: Building trust with teams in a virtual environment](#) | Chelsea Schwartz, Improvement Lead, HQC
- [Working Remotely Series: Hosting online meetings](#) | Chelsea Schwartz, Improvement Lead, and Caroline Beck, Patient Engagement Specialist, HQC
- [Working Remotely Series: Learning to Adapt - Moving from in-person to remote learning](#) | Shari Furniss, Director of Learning and Development, HQC
- [Working Remotely Series: Micro-Learning Campaigns](#) | Shari Furniss, Director of Learning and Development, HQC
- [Working Remotely Series: Safe and Well at Home - Self-Care During the COVID-19 Pandemic](#) | Guest: Dr. Adam Stacey, University of Saskatchewan Psychology Clinic

### Other

- [Coaching: Getting past the hype to discover the power of a coaching conversation](#) | Guest: Jennifer Klatt (Ehrmantraut), Intentional You Coaching and Consulting
- [National Indigenous History Month with Lyndon Linklater](#) | Guest: Lyndon Linklater, Speakers' Bureau member, Office of the Treaty Commissioner
- [OneSmallStepSK.ca: An Innovative Digital Strategy for Non-Profits in Saskatoon](#) | Guests: Gregg Bamford, Katelyn Roberts, and Alice Kuipers, OneSmallStepSK.ca
- [The Ladder of Inference](#) | Glenda Beauchamp, Improvement Lead, HQC

# Appendix D: HQC's news stories

## HQC'S NEWS STORIES

The following is a list of HQC's news stories released 2020-21. If you would like to be notified of HQC's latest news as it happens, please fill out the following form to be added to the HQC News mailing list.

### Leadership/Board and organization

- [HQC board member Carrie Bourassa presented with SHRF Achievement Award](#) (December 7, 2020)
- [What is being done to make health care better for Saskatchewan patients?](#) (October 28, 2020)
- [Research and collaboration key themes in HQC's annual report](#) (July 30, 2020)
- [HQC to bring patients, health care providers together for virtual care discussion](#) (July 17, 2020)
- [HQC board member Carrie Bourassa contributes to local, federal COVID-19 initiatives](#) (May 10, 2020)

### Clinical Quality Improvement Program (CQIP)

- [CQIP participants able to teach, lead quality improvement projects after graduation: survey](#) (March 17, 2021)
- [Next wave of quality improvement leaders graduate CQIP program](#) (February 3, 2021)
- [CQIP Cohort 4 graduates to present learnings at virtual capstone event on Jan. 29](#) (January 25, 2021)
- [Wanted: Saskatchewan clinicians with a 'growth mindset and grit'](#) (August 31, 2020)

### Health research

- [Local researchers contribute to nation-wide study on overprescribed, common antibiotic](#) (February 16, 2021)
- [HQC to contribute to study on how COVID-19 has impacted those living with dementia](#) (November 12, 2020)

# Appendix E: Newsletter editions

## HQC NEWSLETTER

The HQC Newsletter is a monthly newsletter featuring our latest blog posts, news items, and our upcoming QI Power Hour sessions to keep you up to date from what's new from the Saskatchewan Health Quality Council. We also include helpful quality improvement-related tools and resources from partners in health and health care both locally and across the globe. If you would like to subscribe to the newsletter, please [fill out the following form](#).

The following is a list of HQC Newsletter editions from 2020-21:

- [HQC Newsletter: March 2021 Edition](#)
- [HQC Newsletter: February 2021 Edition](#)
- [HQC Newsletter: January 2021 Edition](#)
- [HQC Newsletter: December 2020 Edition](#)
- [HQC Newsletter: November 2020 Edition](#)
- [HQC Newsletter: September 2020 Edition](#)

# Appendix F: Determining Health editions

## DETERMINING HEALTH NEWSLETTER

Determining Health is a monthly newsletter focused on promoting learnings about the social determinants of health, or factors that contribute to health. It features curated content from local champions and thought leaders from around the world including articles, case studies on promising practices, research, and ways to get along. If you would like to subscribe to the newsletter, please [fill out the following form](#).

The following is a list of Determining Health editions from 2020-21:

- [Determining Health: March 2021 Edition](#)
- [Determining Health: February 2021 Edition](#)
- [Determining Health: January 2021 Edition](#)
- [Determining Health: December 2020 Edition](#)
- [Determining Health: November 2020 Edition](#)
- [Determining Health: September 2020 Edition](#)
- [Determining Health: August 2020 Edition](#)
- [Determining Health: July 2020 Edition](#)
- [Determining Health: June 2020 Edition](#)
- [Determining Health: May 2020 Edition](#)
- [Determining Health: April 2020 Edition](#)

# Appendix G: Payee Disclosure List: Supplier Payments and Transfers

## SUPPLIER PAYMENTS

Listed below are transfers to suppliers who received \$50,000 or more for the provision of goods and services.

Great West Life Assurance Company	173,917
University of Saskatchewan	516,031

## TRANSFERS

Listed, by program, are transfers to recipients who received \$50,000 or more.

Innovation Place	358,084
Public Employees Pension Plan	274,125

# Appendix G: Payee Disclosure List: Salaries

Listed are employees who received \$50,000 or more for salaries for the provision of services.

Abramyk, Heidi	83,604	Sherin, Tracey	226,287
Acan, Beliz	96,572	Sidhu, Nirmal	83,160
Azizian, Amir	60,124	Stevenson, Tanya	56,205
Bajwa, Jagmeet	83,129	Vanderby, Sonya	114,723
Beauchamp, Glenda	100,867	Verrall, Tanya	131,944
Brady, Erin	150,843	Villanueva, Alejandra	84,017
Chireh, Batholomew	83,113	Watson, Jocelyn	100,510
Clarkson, Mallory	61,988	Woodman, Riley	85,296
Edstrom, Kim	63,030	Wright, Debra-Jane	68,660
Falastein, Patrick	130,894	Wright, Jennifer	95,200
Fang, Sarah	85,728	Yao, Shenzhen	83,633
Flegel, Catherine	94,832		
Flogan, Carla	89,460		
Flowers, Michelle	105,139		
Furniss, Shari	131,944		
Hamilton, Jessica	53,122		
Hu, Nianping	83,911		
Hudema, Nedeene	58,993		
Hutton, Amanda	76,524		
Jin, Shan	79,216		
Kelly, Kathleen	58,962		
Lu, Xinya	84,820		
Onaemo, Vivian	68,604		
Osman, Meric	68,675		
Perrault, Brent	62,783		
Quail, Jacqueline	120,697		
Schwartz, Chelsea	82,812		
Schwartz, Laura	50,989		
Sharpe, Wendy	53,126		



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