



CONTENTS

- Letter of transmittal 1
- 1.0 Our organization 2
 - Message from the Board Chair 4
 - Message from the CEO 6
 - Who we are 8
 - Our strategic priorities..... 9
- 2.0 Our governance 10
 - Our organizational structure..... 12
 - Our Board of Directors 13
 - Board of Directors profiles 14
 - Our leadership team 20
- 3.0 Our work..... 22
 - 2018-2019 highlights 23
 - What we do..... 24
 - Appropriateness of Care 26
 - Patient- and Family-Centred Care..... 28
 - Health System Measurement and Reporting 30
 - Provincial Integrated Learning System 32
 - Research Partnerships 34
 - Communications..... 36
 - Corporate Services..... 38
- 4.0 Financials 40
- 5.0 Contact Us..... 56
- 6.0 Appendix 58

Letter of transmittal

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

Dear Minister Reiter:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2018-2019 fiscal year and is submitted in accordance with the requirements of The Health Quality Council Act and The Executive Government and Administration Act.



Dr. Susan Shaw
Board Chair
Health Quality Council

1.0 Our organization

Message from the Board Chair 4

Message from the CEO 6

Who we are 8

Our strategic priorities 9



Message from the Board Chair



“It is through our collaboration that we are able to play off of each other’s strengths to support the health care system to continually make health care better and safer for the residents of Saskatchewan. Together we are mighty.”

Saskatchewan has a long history of continuously working to improve our healthcare for the betterment of the people we serve. Our single provincial health authority has been operating for just over one year, and while there is much to be proud of, there will always be a lot more work to do. As a health care system, we are continuously learning how to work differently. This includes collaborating with one another to “think and act as one.”

While learning how to think and act as one doesn’t happen overnight, there have been many exciting early examples of our system doing just that. As the Board Chair of the Health Quality Council and the Chief Medical Officer of the Saskatchewan Health Authority (SHA), I have been delighted to witness the level of collaboration between our two organizations. The SHA has benefited from HQC’s analytic and measurement contributions to the development of the new Health Networks, the Prince Albert Demonstration Site (page 31), and the identification and design of new high-level measures of health system performance.

I am also invigorated by the level of collaboration with our other system partners, including—but not limited—to the Ministry of Health, Saskatchewan Medical Association, eHealth Saskatchewan, Saskatchewan Centre for Patient Oriented Research (SCPOR), and

the College of Family Physicians of Saskatchewan. It is through our collaboration that we are able to play off of each other’s strengths to support the health care system to continually make health care better and safer for the residents of Saskatchewan. Together we are mighty.

I would like to take a moment to thank our Board and leadership team for the time and energy you have put into our new strategic direction. The leadership team has worked tirelessly at creating an exciting new path forward with much passion and recognition that HQC should go “back to its roots” and look at how to utilize its core strengths to help the system move forward. While I’m excited about our new commitment to address the social determinants of health, I’d like to take a moment to appreciate the work that HQC has done in the past year to help improve health care in the province.

We need doctors acting as champions and catalysts for change and we are seeing that in our **Clinical Quality Improvement Program (CQIP)** alumni, who are participating on or leading improvement projects across the system. I’m also very pleased to see many of our CQIP alumni applying their learnings in new ways by accepting leadership roles across the province. The SHA is very fortunate to have several CQIP graduates step

into physician leadership roles, such as Dr. Nicolette Sinclair and Dr. Kyle Moulton, who were recently appointed Saskatoon Area Leads for Medical Imaging. It's also great seeing SHA physician leaders, such as Dr. Kevin Wasko, Dr. Shadé Onaolapo, and Dr. Randy Friesen, complete CQIP to further develop themselves as leaders. As well, the SHA's very own Dr. Phillip Fourie, Deputy Chief Medical Officer, is sharing his passion and expertise as one of the excellent team members of the CQIP faculty. These are but a few of the CQIP connections that make me proud and grateful to have this program available.

I am also thrilled that HQC has maintained its commitment to meaningful patient engagement in its work. March 7th, 2019 was a day of much inspiration for the system as HQC and the SHA collaborated to host two screenings of *Falling Through the Cracks: The Greg Price Story*. I attended the morning event, where system leaders and patient and family advisors joined Greg and Teri Price in engaging dialogue to ignite positive change in our system, learning from our neighbors in Alberta. The Price family continues to keep Greg's memory alive, creating a movement that is touching many across the country and globe. I thank them for challenging us all to work together, to think and act as one, to create a safe and seamless health care system for our patients and families.

The Price family inspires us in a powerful and hopeful way while reminding us that we all share the responsibility, no matter our role, to make meaningful change.

The 2018-2019 fiscal year marked 16 years since HQC officially opened its doors. I cannot express my appreciation enough for the work that HQC has done, and will continue to do, based on our mandate to accelerate improvement in the quality of health and health care across Saskatchewan. As we step forward into new work including addressing the social determinants of health and our other strategic focus areas, I know there is no limit to what we can achieve and the lives we will touch in making both health and health care better for everyone in this province we call home.



Dr. Susan Shaw
Chair, HQC Board of Directors

Message from the CEO



“While we are devoting considerable time and energy to these new focus areas, we remain deeply committed to working collaboratively with our health system partners to continually improve health care province-wide.”

From its inception in 2002 the Health Quality Council (HQC) has been committed to “making things better” for the people of Saskatchewan. In each successive year of its existence, HQC has thoughtfully considered how it might most effectively use its resources to “make things better.”

For some years, along with its health system partners, HQC has been guided by a commitment to fostering Better Health, Better Care, Better Value, and Better Teams. We have strived to commit some time, energy and resources to each of these four “better” goals. However, for most of our history we have focused primarily on optimizing the care that patients receive when they are ill.

Our intense focus on optimizing the safety and quality of health care in Saskatchewan is certainly aligned with the interests of Saskatchewan citizens. We all want assurance that our health system will respond effectively when our well-being and life itself may be threatened by devastating illness. Our impression of the quality of health care in Saskatchewan is very strongly influenced by stories of amazing “rescues” of people in life-threatening situations.

As citizens we are inclined to take good health for granted when we are well. And, we may have limited awareness of the array of

factors that influence our health status. Those factors, which include education, employment, stable housing, food security and wealth/poverty, are described as the “social determinants of health.” Most of these impacts on population health are influenced by policies external to the health care system.

In June 2018, the HQC Board and its senior leadership team engaged in an intense facilitated dialogue on the future focus of HQC’s work. We began by developing a collective vision of the optimal reality for Saskatchewan citizens five years in the future.

There was strong consensus for hope that all Saskatchewan citizens will enjoy Better Health five years from now. In the course of that dialogue, we spoke candidly with one another about unacceptable variance in the health status of various populations in Saskatchewan. We spoke about the very large gap in health status between First Nations and Métis people in Saskatchewan and other citizens. We made a shared decision that day that HQC ought to play a leadership role in optimizing future health for all citizens and eliminating health status gaps between various populations in our province.

In the wake of that bold shared decision, it is the responsibility of

the entire staff at HQC to translate these aspirational goals into action plans. We are acutely conscious of the reality that we cannot do this unilaterally. We are now building trusting working relationships with partners in the health sector and in other sectors.

While we are devoting considerable time and energy to these new focus areas, we remain deeply committed to working collaboratively with our health system partners to continually improve health care province-wide.

In this fiscal year we collaborated with the Saskatchewan Health Authority (SHA) and the Ministry of Health to design an **Advanced Quality Improvement Program (AQIP)** that will offer valuable learning opportunities to staff in all partner agencies.

We continue to work collaboratively with the Saskatchewan Medical Association (SMA) to provide a growing cohort of physicians with an opportunity to develop and apply advanced quality improvement skills through the **Clinical Quality Improvement Program (CQIP)**.

We have worked collaboratively with eHealth Saskatchewan, the SMA, the Saskatchewan College of Family Physicians, the Department of Academic Family Medicine at the University of Saskatchewan, and the Ministry of Health to develop panel reports for family physicians

(Primary Care Panel Reports) that will enable them to better serve the patients in their care.

The team at HQC is conscious of the fact that we are one partner agency in a complex, adaptive system. The success of the entire system is dependent upon the adaptive capacity of all of its partners. We are committed to being continually sensitive and responsive to the needs of our system partners.

One of the highlights of my service as the HQC CEO this year has been the opportunity to deepen my working relationship with the Deputy Minister of Health and the CEOs of all the other system partners through the newly created Deputy Minister-CEO Council. These face-to-face meetings between the leaders of all seven system partners serve as a platform for all of us to effectively “think and act as one” in our shared service to the people of Saskatchewan.



Dr. Dennis Kendel
Interim Chief Executive Officer

Who we are

WHO WE ARE

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

WHAT WE DO

HQC supports Saskatchewan's health care system by working to

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

HOW WE ADD VALUE TO THE HEALTH SYSTEM

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

OUR MISSION

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

OUR VISION

Our vision is optimal health and health care for everyone.

OUR VALUES

Create meaningful connections



Spread passion for learning



Work to make a difference



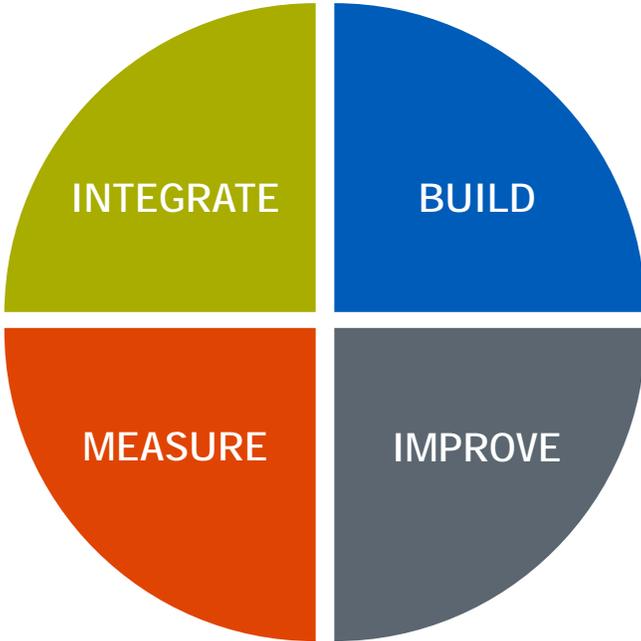
We demonstrate these values through the following principles

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

Our strategic priorities

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

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



HOW ARE WE MEETING OUR STRATEGIC PRIORITIES?

Each of our program areas addresses one or more strategic priority. Look for this legend at the bottom of program pages in Section 3.0 Our work (pages 22-39) to see how that work aligns with our strategy.

Integrate ✓	Build ✓	Measure ✓	Improve ✓
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2.0 Our governance

Our organizational structure 12

Our Board of Directors 13

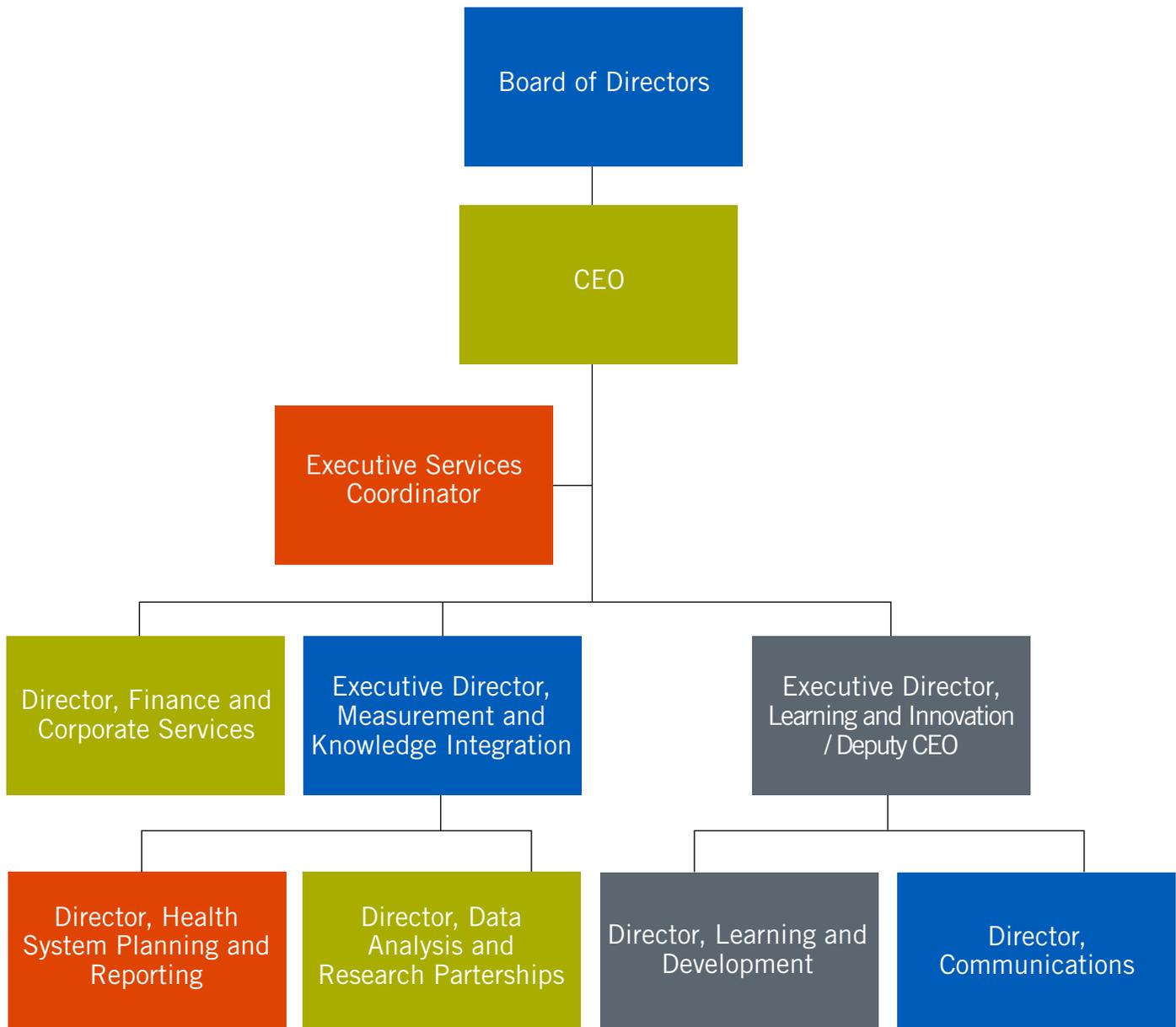
Board of Directors profiles 14

Our leadership team 20



Our organizational structure

The following diagram depicts HQC's high-level organizational structure for the 2018-2019 fiscal year. All other HQC employees report to the Director of one of the organization's program areas.



Our Board of Directors



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

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

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

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

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

Board of Directors profiles



Dr. Susan Shaw, Chair

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



Cheryl Craig, Vice-Chair

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



Ross Baker

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



Carrie Bourassa

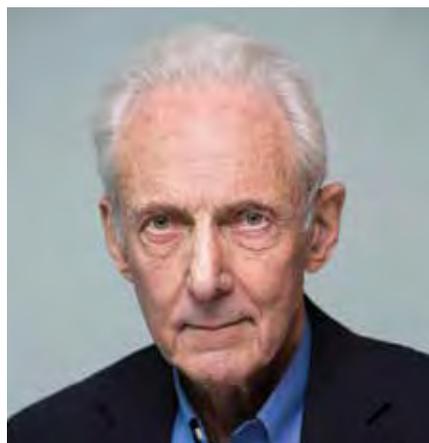
Carrie is the Scientific Director of the Canadian Institutes of Health Research's (CIHR) Institute of Indigenous Peoples' Health (IIPH) at the University of Saskatchewan in Saskatoon and a tenured Professor in the University's Department of Community Health & Epidemiology, College of Medicine. Through 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.

Board of Directors profiles



Elizabeth Crocker

Liz is one of the founding owners of Wozzles, the oldest children's bookstore in Canada. Liz established the Child Life Program at the IWK Children's Hospital 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

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.



Tom Kishchuk

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



Doug Moen

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

Board of Directors profiles



Serese Selanders

Due to challenges with her aging parents, Serese recognized that there was an opportunity to leverage technology to vastly improve the lives of older adults and better bridge the gap with their loved ones. As a result, she created ORA, an innovative personal safety alert device. Currently the founder and CEO of 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.



Yvonne M. Shevchuk

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



Beth Vachon

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

Our leadership team

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

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



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

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



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

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



**Tanya Verrall – Executive Director,
Measurement and Knowledge
Integration (until January 4, 2019)**

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



**Erin Brady – Executive Director,
Finance and Operations
(March 11, 2018 to present)**

Erin started with 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 Enterprise Risk Management.



Peter Deegan – Director, Finance and Corporate Services (until September 24, 2018)

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



Shari Furniss – Director, Learning and Development

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



Patrick Falastein – Director, Health System Planning and Reporting

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



Alex Agnew – Interim Director, Finance and Corporate Services (June 2018-March 2019)

Alex returned as the Interim Director of Corporate Services from June 2018 to March 2019. As the Interim Director of Corporate Services, Alex provided leadership in the areas of Finance, Human Resources, Information Technology, and Enterprise Risk Management.



Greg Basky – Director, Communications

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



Tracey Sherin – Director, Data Analysis and Research Partnerships

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

3.0 Our work

2018-2019 highlights 23

What we do 24

Appropriateness of Care 26

Patient- and Family-Centred Care 28

Health System Measurement and Reporting 30

Provincial Integrated Learning System 32

Research Partnerships 34

Communications 36

Corporate Services 38

2018-2019 HIGHLIGHTS

Connecting People.



SUPPORTED PATIENT INVOLVEMENT IN RESEARCH AND IMPROVEMENT

HQC supported 106 patients and families to engage in patient-oriented research and clinical quality improvement projects.

Page 29



HOSTED SCREENINGS OF "FALLING THROUGH THE CRACKS"

HQC and the Saskatchewan Health Authority hosted two screenings of the film *Falling Through the Cracks: The Greg Price Story* in Saskatoon.

Page 29



SPONSORED 5 LOCAL AGENCIES / EVENTS

Supported a variety of health care events, including the Saskatchewan Health Research Foundation's 2018 Santé Awards.

Page 37

Igniting Ideas.



INCREASED QI POWER HOUR VIEWERSHIP

The subscriber base for our webinar series increased by 41% as uptake spread to new partners within and beyond health care.

Page 33



EDUCATED CLINICIANS ABOUT CHOOSING WISELY

Spoke and exhibited at a dozen events across the province to increase clinicians' awareness of Choosing Wisely.

Page 27



TRAINED SECOND WAVE OF CQIP PARTICIPANTS

21 clinicians from across the province graduated from the Clinical Quality Improvement Program. Cohort 3 began with 25 clinicians.

Page 33

Accelerating Improvement.



HELPED IDENTIFY NEW SYSTEM MEASURES OF QUALITY AND SAFETY

Endorsed health system performance measures, identified in collaboration with the Saskatchewan Health Authority and the Ministry of Health.

Page 31



COLLABORATED ON 6 RESEARCH PAPERS

Published six research papers through our collaborations with researchers in Saskatchewan and across Canada.

Page 35

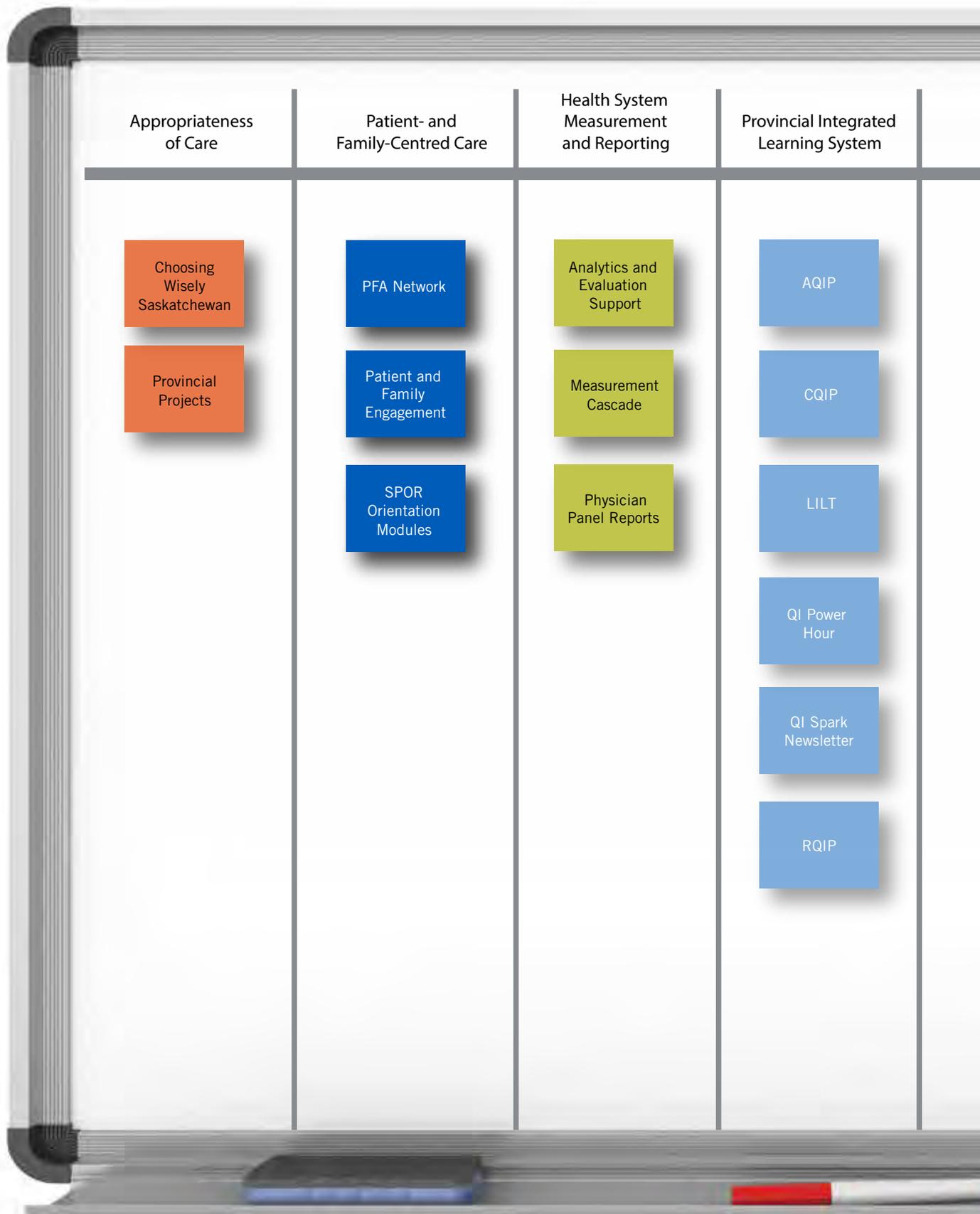


LED DEVELOPMENT OF PRIMARY CARE PANEL REPORTS

Worked with system partners to develop Physician Panel Reports. 10% of family physicians were on a waitlist to receive them upon launch.

Page 31

What we do



Research Partnerships	Communications	Corporate Services	
<p data-bbox="154 600 321 722">DSEN-CNODES</p> <p data-bbox="154 753 321 875">Research Collaborations</p> <p data-bbox="154 915 321 1037">SCPOR</p>	<p data-bbox="457 600 625 722">Annual Report</p> <p data-bbox="457 753 625 875">Communications Support</p> <p data-bbox="457 915 625 1037">Health Clips</p> <p data-bbox="457 1077 625 1199">Social Media Communications</p> <p data-bbox="457 1230 625 1352">Website</p>	<p data-bbox="745 600 912 722">Facilities Management</p> <p data-bbox="745 753 912 875">Financial Processing and Accounting</p> <p data-bbox="745 915 912 1037">Human Resources</p> <p data-bbox="745 1077 912 1199">Information and Communications Technology</p> <p data-bbox="745 1230 912 1352">Risk Management</p>	

Appropriateness of Care

ENSURING PATIENTS GET APPROPRIATE CARE

The provincial Appropriateness of Care Program is focused on improving quality of care by reducing overuse, underuse, and misuse of health services. The program is led by two physicians and a Ministry of Health representative, with support from HQC. In early 2019, the Appropriateness of Care Program was transitioned from the Ministry of Health to the SHA.

CHOOSING WISELY SASKATCHEWAN

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

PROVINCIAL PROJECTS

For each project, a group of clinicians with special expertise in the topic area identifies reasons for variation or inappropriate care and develops strategies for improvement. As part of this work, teams engage with patients to incorporate their input and perspectives. HQC supports this work by providing measurement and evaluation support to both the pre-op testing and lower back imaging process in particular.

Build ✓

Measure ✓

Improve ✓

APPROPRIATENESS OF CARE: 2018-2019 HIGHLIGHTS

Provided measurement and analysis support to the implementation of the Acute Stroke Pathway (Provincial Projects)

HQC provided measurement and analysis support to the implementation of the Acute Stroke Pathway, which is led by the Ministry of Health. The EMS FASTVAN, a screening tool to help emergency medical providers quickly identify those stroke patients with large vessel occlusion, continues to be piloted in the province. This tool is aimed at ensuring speedy transport to a designated stroke centre for this more severe type of stroke.

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

Worked with the SHA to develop an implementation plan for the CT and MRI checklist and guidelines for lower back pain and preoperative testing before elective surgery (Provincial Projects)

The Appropriateness of Care team continued to test a combined MRI/CT checklist and guidelines on preoperative testing of patients undergoing elective procedures. The team worked with the Saskatchewan Health Authority to develop a plan for implementing the guidelines elsewhere in the province.

! Inappropriate testing can increase testing wait times for patients who require these tests as well as lead to further unnecessary testing and invasive procedures.

Conducted patient-oriented Choosing Wisely Focus groups (Choosing Wisely Saskatchewan)

Choosing Wisely Saskatchewan held two focus groups to better understand the needs of patients in our province. In all, 17 patient advisors and three physicians shared their perspectives on promoting appropriate use of medical tests and treatments.

! The more clinicians that are aware of the campaign and recommendations, the more clinicians can potentially adopt Choosing Wisely in their practice.

Educated clinicians across the province about Choosing Wisely (Choosing Wisely Saskatchewan)

Choosing Wisely Saskatchewan was represented at a dozen events across the province, from conferences to presentations in a speaker or exhibitor capacity, to help spread awareness of the campaign and highlight Choosing Wisely work already underway through the provincial Appropriateness of Care program.

! Patients and clinicians can help us understand the supports they need to engage in conversations about unnecessary test and treatments to make more effective care choices.

Collaborated with the SHA to develop a process for identifying high-cost, high-variation in health service use (Appropriateness of Care)

In support of provincial efforts to improve appropriateness of care, HQC contributed analytic support to identify areas of high-cost/high-variation in the health system.

! Identifying areas of high-cost and variation highlights potential opportunities for the system to better serve the needs of these patients with more appropriate care, while reducing unnecessary care.

Patient- and Family-Centred Care

ENGAGING PATIENTS AND FAMILIES AS PARTNERS

This area of our work supports patient- and family-centred care (PFCC) and the development of opportunities for patients and families to collaborate in the health system and in patient-oriented research. To advance PFCC in this province, we work with a variety of partners, including other health sector agencies, and the Saskatchewan Centre for Patient Oriented Research (SCPOR), which is a partnership between the Saskatchewan Health Authority, eHealth Saskatchewan, the Ministry of Health, Ministry of Advanced Education, Saskatchewan Health Research Foundation, the Universities of Saskatchewan and Regina, and Saskatchewan Polytechnic.

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

Standard curriculum that HQC contributes to through a national collaboration.

PATIENT AND FAMILY ADVISOR (PFA) NETWORK

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

PATIENT AND FAMILY ENGAGEMENT

Meaningfully engaging patients and their families, based on the PFCC principles, in our work.

Integrate ✓

PATIENT- AND FAMILY-CENTERED CARE (PFCC): 2018-2019 HIGHLIGHTS

Supported patients and families in their engagement in patient-oriented research and quality improvement activities (Patient and Family Engagement)

HQC supported 106 patients and families to engage in patient-oriented research and quality improvement activities, including focus group sessions about Choosing Wisely Saskatchewan, design of the Advanced Quality Improvement Program, and selection of Cohort 3 participants for the Clinical Quality Improvement Program.

! Patient and family engagement helps us create programs and projects that reflect what is important to patients and families to ultimately improve their care.

Used the PFA Network group and Better Impact patient advisor database to attract and engage patient advisors (PFA Network)

Last year we continued to use the PFA Facebook group to connect with patient advisors. The Better Impact database helped us register patient advisors, monitor engagement activity, and communicate available opportunities. By March 31st 2019, 162 PFAs were registered in our database.

! Connecting virtually with patients and families allows us to strengthen relationships with them and share new opportunities for engagement in our projects and initiatives.

Participated in Canadian Foundation for Healthcare Improvement Steering Committee (PFCC)

HQC participated on a steering committee led by the Canadian Foundation for Healthcare Improvement (CFHI) which planned and delivered a two-day learning exchange in March 2019. This event showcased six engagement initiatives from across the country where organizations engaged with diverse patient and community populations to support improvements in care, service delivery, and system level change.

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

Hosted screenings of Falling Through the Cracks: The Greg Price Story (PFCC)

On March 7, HQC and the Saskatchewan Health Authority hosted two screenings of the film "Falling through the Cracks: the Greg Price Story" to foster dialogue and highlight lessons for Saskatchewan's health care system. In the morning, Dave and Teri Price led a discussion with health system leaders and patient advisors. During the evening's public event held at the Broadway Theatre in Saskatoon, a patient and family advisor joined Dave and Teri Price and health system leaders in a panel discussion.

! By involving patients, families, and the public in events, we want to encourage dialogue about the role each of us can play in preventing medical errors and identify opportunities to improve patient safety and inspire positive change in this province.

Health System Measurement and Reporting

MEASURING HOW OUR HEALTH CARE SYSTEM IS DOING

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

ANALYTICS AND EVALUATION SUPPORT

Provide measurement support to the Ministry of Health and Saskatchewan Health Authority by helping identify appropriate performance measures and providing evaluation and analytics expertise.

MEASUREMENT CASCADE

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

PHYSICIAN PANEL REPORTS

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

Integrate ✓

Build ✓

Measure ✓

HEALTH SYSTEM MEASUREMENT AND REPORTING: 2018-2019 HIGHLIGHTS

Collaborated to identify new measures of health system performance as well as primary and secondary drivers for each system-level measure (Measurement Cascade)

HQC endorsed a number of system-level measures identified in collaboration with the SHA and Ministry of Health. These measures reflect traits of high-performing health systems for Saskatchewan's health system to watch over time to improve quality and safety. HQC also collaborated with the SHA and Ministry of Health to identify primary and secondary drivers for each system-level measure.

! Identifying a small number of measures and committing to monitor them over time helps the system stay focused on what matters most.

Co-led the development of geographic area options for primary health networks (Analytics and Evaluation Support)

Along with the SHA, HQC co-lead a data-informed process to identify appropriate geographic areas for primary health networks. These new networks will foster integration of team-based community and primary care to better serve patient needs in the community.

! Data has a key role to play in redesigning primary care so that primary care is based on the meeting the needs of local populations.

Led a group of family physicians in developing Primary Care Panel Reports (Physician Panel Reports)

HQC, in collaboration with the Saskatchewan Medical Association and other partners, led a group of family physicians in developing panel reports for Saskatchewan family physicians. HQC staff created the indicators and interpretations in the reports and eHealth Saskatchewan contributed technology and infrastructure support to this work. The reports launched in early 2019. As of March 31st 2019, 10% of family physicians in the province had joined a waitlist to receive their report upon their release.

! As the province puts more focus on primary care to reduce reliance on the acute system, it's critical that family physicians are informed and engaged with data about their patient panel.

Supported Prince Albert physicians in identifying a new measurement framework (Analytics and Evaluation Support)

HQC provided data to inform conversations in Prince Albert about establishing a new model of organizing physician care, involving all physicians in the city and surrounding area, known as the Prince Albert Demonstration Site. This new model in Prince Albert would give physicians the autonomy to make resource allocation decisions for their area, based upon the needs they identify. HQC also worked with the local physicians to identify a new framework they could use to assess the performance of this new approach to care delivery.

! Providing physicians with data to inform these conversations will help the group determine the feasibility of creating a new model of organizing physician care.

Completed an evaluation of the Accountable Care Units in the province (Analytics and Evaluation Support)

HQC completed a robust and rigorous evaluation of the Accountable Care Units (ACUs) to support the SHA and Ministry of Health in making informed decisions about this model of care delivery.

! In the absence of rigorous evaluation, it is difficult to make informed decisions regarding the performance of any new initiative.

Provincial Integrated Learning System

BUILDING QI CAPABILITY IN HEALTH CARE

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

ADVANCED QUALITY IMPROVEMENT PROGRAM (AQIP)

An advanced quality improvement development program to deepen knowledge and skills for continuous improvement in the province.

CLINICAL QUALITY IMPROVEMENT PROGRAM (CQIP)

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

LEAN IMPROVEMENT LEADERS TRAINING (LILT)

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

QI POWER HOUR

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

QI SPARK NEWSLETTER (FORMERLY THE TRAINING AND CERTIFICATION NEWSLETTER)

A monthly publication that shares independent news and resources to help readers explore quality improvement in Saskatchewan.

RESIDENT QUALITY IMPROVEMENT PROGRAM (RQIP)

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

Build ✓

Improve ✓

PROVINCIAL INTEGRATED LEARNING SYSTEM (PILS): 2018-2019 HIGHLIGHTS

CQIP continued to build clinical quality improvement leaders in the province (CQIP)
CQIP continued to build the province's pool of clinical leaders who are able to lead, coach, and teach quality improvement. In 2018-2019, 21 clinicians graduated from Cohort 2 and 25 participants started in Cohort 3.

! Growing the network of clinical QI experts and leaders to lead change is key to the ongoing transformation of our health system.

Led the design of the Advanced Quality Improvement Program (AQIP)
In partnership with the Saskatchewan Health Authority and Ministry of Health, HQC engaged the system in developing the conceptual framework for an advanced quality improvement training program. High-level design has been completed and the SHA will lead the development of the program going forward.

! Supporting the health system to design QI learning programs helps build and spread QI capability province-wide.

RQIP is adopted in the health system and taught independently (RQIP)
RQIP has been adopted in ophthalmology, surgery, physical medicine, and pathology. PGME staff are now teaching the program independently, with support from HQC, which is strengthening their ability to teach and coach quality improvement as well as better support program directors and residents.

! Equipping our partners to teach quality improvement increases the number of physicians who are trained and inspired to make positive changes in their work.

The LILT program saw steady growth across the province (LILT)
In 2018-2019, LILT enrollment surpassed the 1000 mark. Since LILT was launched, 760 health system professionals have graduated from the program. There are another 689 currently participating.

! LILT engages new learners in the health system and teaches them how to apply quality improvement methods in their point-of-care work.

QI Power Hour webinar reach and subscriber base grew (QI Power Hour)
In 2018-2019, HQC's monthly QI Power Hour webinar series saw a 41% increase in subscribers. Interest continues to spread to new partners provincially, nationally, and internationally within the health care sector, and to other human services.

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

Launched the QI Spark Newsletter (QI Spark Newsletter)
HQC decided to sunset the Training & Certification newsletter and launch the QI Spark newsletter in its place. The new electronic newsletter, launched in January 2019, curates information and resources to stimulate ongoing learning about QI.

! From this content and medium we are able to build understanding about what's happening in QI in Saskatchewan and stimulate ongoing QI learning.

Research Partnerships

COLLABORATING WITH OUR RESEARCH PARTNERS

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

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

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

RESEARCH COLLABORATIONS

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

SCPOR (SASKATCHEWAN CENTRE FOR PATIENT-ORIENTED RESEARCH)

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

Measure ✓

RESEARCH PARTNERSHIPS: 2018-2019 HIGHLIGHTS

Developed and launched the Patient-Oriented Research Level of Engagement Tool (SCPOR)

SCPOR and its patient partners designed and launched a simple-to-use rubric that provides researchers and patients with the means to score a project, identify project areas in which patient-engagement should be bolstered, and provides patient reviewers with the means to make more informed decisions when evaluating a project.

! Clearly defining research expectations ensures optimal engagement and feedback when patients are engaging in patient-oriented research.

Identified potential avenues for reducing health care costs of high-need patients with mental health and addictions issues (SCPOR)

The research suggests that improving connections between mental health and addictions patients and their primary care providers, ensuring access to affordable housing in Saskatchewan, and supporting young people with schizophrenia reduces overall health care costs.

! This research helps us better understand how to meet all of the care needs of mental health and addictions patients while also reducing overall health care costs.

Initiated the first three pilot studies for the CNODES Common Data Model (DSEN-CNODES)

Rapid analyses were conducted on three topics:

- 1) Incidence and prevalence of use of New Molecular Entities (NME) approved by Health Canada in 2015;
- 2) Gastrointestinal and intracerebral hemorrhage following new use of oral anticoagulants among patients with atrial fibrillation; and,
- 3) Rhabdomyolysis and acute kidney injury events following new use of statins.

! Adoption of a common data model across jurisdictions is a key infrastructure requirement to allow rapid analyses for post market drug safety and effectiveness.

Continued work on seven research projects (DSEN-CNODES)

In the 2018-2019 fiscal year, HQC continued to work on seven research projects already in progress through DSEN-CNODES. (See the Appendix on page 57 for a full list of these ongoing research projects.)

! These studies enable CNODES to respond rapidly to questions raised by Health Canada, the Canadian Agency for Drugs and Technologies in Health, and provincial Ministries of Health.

Conducted survey to evaluate patient and family advisor experiences in SCPOR-supported projects (SCPOR)

This survey measured the level of engagement of patient and family advisors and identified areas for improvement. Eighty nine percent of patient and family advisors said they felt supported to share their ideas and values and 89% reported that they would be willing to participate in patient-oriented research again.

! Ongoing evaluation and feedback can help teams improve how they engage patients and families to ensure that they continue to participate in patient-oriented research.

Collaborated with partners to publish six research papers (Research Publications)

In 2018-2019, we published six research papers through our collaborations with researchers in Saskatchewan and across Canada. (See the Appendix on page 57 for a full list of research papers published in 2018-2019.)

! This research advances our understanding about health conditions, which can lead to improvements in the quality of care patients receive and health system resource allocations.

Communications

SPREADING THE WORD ABOUT OUR WORK

Our Communications team works to increase awareness and understanding of HQC's role in the Saskatchewan health care system, demonstrate the impact of HQC's work, and support the communications goals of HQC's programs and initiatives.

ANNUAL REPORT

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

COMMUNICATIONS SUPPORT

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

HEALTH CLIPS

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

SOCIAL MEDIA COMMUNICATIONS

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

WEBSITE

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

Improve ✓

COMMUNICATIONS: 2018-2019 HIGHLIGHTS

Increased Health Clips newsletter subscribers and clicks (Health Clips)

Five days a week, we share our Health Clips newsletter with close to 900 subscribers. Our subscriber list grew 8% last year, to nearly 900 subscribers. Health Clips surpasses industry averages for opens and click-through rates.

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

Increased engagement with our annual report (Annual Report)

Our 2017-18 annual report, tabled in July 2018, was distributed through a campaign approach on social media and our website. We saw an increase of 179.4% unique views over the year prior and an increase of 117.8% downloads on our website.

! Having more stakeholders aware of our work and its impact broadens support for HQC and enables us to attract others in the system to partner on initiatives.

Increased social media followers across all accounts (Social Media Communications)

We have increased the frequency of our posts on social channels to communicate program updates, as well as news about our Board and staff. This has resulted in an increase in social followers by an average of 27.9% across Twitter, Facebook, and LinkedIn.

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

Launched the HQC blog (Website)

On Oct. 1, 2018, we officially launched the HQC blog. In 2018-2019, we published nine posts that attracted over 2,100 unique views to our website. During that same period, more than 100 stakeholders signed up to receive email alerts when new blog posts go live.

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

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

In 2018-2019, HQC assisted system partners by sponsoring the Health Sciences Students' Association of Saskatchewan (I-PASS) annual symposium, 2018 Saskatoon Med.Hack(+) Hackathon, 2018 Santé Awards Evening (Saskatchewan Health Research Foundation), and a Regina screening of Falling Through the Cracks: Greg's Story hosted by the Canadian College of Health Leaders.

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

Corporate Services

PROVIDING SUPPORT AND INFRASTRUCTURE

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

FACILITIES MANAGEMENT

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

FINANCIAL PROCESSING AND ACCOUNTING

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

HUMAN RESOURCES

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

INFORMATION AND COMMUNICATIONS TECHNOLOGY

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

RISK MANAGEMENT

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

Improve ✓

CORPORATE SERVICES: 2018-2019 HIGHLIGHTS

Invested in staff through training opportunities (Human Resources)

We provided staff with training and learning opportunities in a variety of areas, including virtual collaboration, cultural sensitivity, engagement and facilitation techniques, and evaluating system change. HQC continued to invest in its leadership with specific training on evidence-informed policymaking and team development.

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

Prepared financial statements (Financial Processing and Accounting)

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

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

4.0 Financials

Report of Management

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

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

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

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

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

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

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



Dr. Susan Shaw
Board Chair
Saskatoon, Saskatchewan
July 11, 2019



Dr. Dennis Kendel
Interim Chief Executive Officer

Independent Auditor's Report



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, 2019, and the statement of operations, statement of change 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, 2019, and the results of its operations, changes in its net financial assets and 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 the Health Quality Council or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the 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.

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PROVINCIAL AUDITOR
of Saskatchewan

- 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 the Health Quality Council's internal control.
- 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 the Health Quality Councils' 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 the 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 4, 2019

Judy Ferguson, FCPA, FCA
Provincial Auditor
Office of the Provincial Auditor

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

As at March 31	2019	2018
Financial assets		
Cash	\$ 654	\$ 418
Accounts receivable	222	622
Accrued interest receivable	47	29
Short-term investments (Note 3)	4,704	3,408
	5,627	4,477
Liabilities		
Accounts payable	204	359
Payroll liabilities	177	144
Deferred revenues (Note 6)	711	329
	1,092	832
Net financial assets	4,535	3,645
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	67	54
Prepaid expenses (Note 5)	46	66
	113	120
Accumulated surplus (Statement 2)	\$ 4,648	\$ 3,765
Contractual obligations (Note 11)		
Contractual rights (Note 12)		
Contingent liabilities (Note 13)		

(See accompanying notes to the financial statements)

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

For the year ended March 31

	<u>2019</u>		<u>2018</u>
	Budget (Note 9)	Actual	Actual
Revenue			
Ministry of Health			
- Operating Grant	\$ 4,604	\$ 4,605	\$ 4,698
- Provincial Emergency Department Waits and Patient Flow Initiative	827	500	789
- Saskatchewan Centre for Patient Orientated Research		375	375
University of Saskatchewan			
- Cost of Pain in Long Term Care	313	18	32
- Drug Safety & Effectiveness Network		309	209
- Frailty and Medication Use		2	42
- Lung Cancer Screening		5	31
- Quality of Care Gaps for Rheumatic Disease		2	2
- Saskatchewan Centre for Patient Oriented Research (Note 12a)	570	1,143	1,082
- Saskatchewan Drug Utilization & Outcome Research Team		-	95
- Vitamin D in Long Term Care		8	3
- Anti-TNF Failure in IBD		29	-
- Medication Adherence in MS		22	2
- Other	136	46	31
Choosing Wisely Canada	80	80	95
Pediatric Asthma		9	18
Saskatchewan Medical Association	1,034	988	597
Other	11	9	14
Interest	10	103	62
	<u>7,585</u>	<u>8,253</u>	<u>8,177</u>
Expenses			
Project funding	2,155	1,507	1,519
Grants	191	169	172
Wages and benefits	5,293	5,016	4,783
Travel	279	156	118
Administrative and operating expenses	89	120	72
Honoraria and expenses of the board	125	34	61
Amortization expense	60	49	48
Rent	350	319	322
	<u>8,542</u>	<u>7,370</u>	<u>7,095</u>
Annual Surplus / (Deficit) (Statement 3)	<u>\$ (957)</u>	<u>883</u>	<u>1,082</u>
Accumulated surplus, beginning of year		<u>3,765</u>	<u>2,683</u>
Accumulated surplus, end of year (Statement 1)		<u>\$ 4,648</u>	<u>\$ 3,765</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	<u>2019</u>	<u>2018</u>
Annual Surplus/(Deficit)	\$ 883	\$ 1,082
Acquisition of tangible capital assets	(62)	(48)
Amortization of tangible capital assets	49	48
	<u>(13)</u>	<u>-</u>
Acquisition of prepaid expense	(46)	(66)
Use of prepaid expense	66	84
	<u>20</u>	<u>18</u>
Increase/(Decrease) in net financial assets	890	1,100
Net financial assets, beginning of year	<u>3,645</u>	<u>2,545</u>
Net financial assets, end of year	<u>\$ 4,535</u>	<u>\$ 3,645</u>

(See accompanying notes to the financial statements)

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

For the year ended March 31	2019	2018
Operating transactions		
Annual Surplus/(Deficit) (Statement 2)	\$ 883	\$ 1,082
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	49	48
Net change in non-cash working capital items:		
Deferred revenues increase/(decrease)	382	(153)
Accrued interest receivable (increase)/decrease	(18)	(7)
Accounts receivable decrease/(increase)	400	1,057
Prepaid expenses decrease/(increase)	20	18
Accounts payable (decrease)/increase	(155)	89
Payroll liabilities increase/(decrease)	33	9
Cash provided by/(Used in) operating transactions	1,594	2,143
Capital transactions		
Cash used to acquire tangible capital assets	(62)	(48)
Proceeds from disposal of capital assets	-	-
Cash applied to capital transactions	(62)	(48)
Investing Transactions		
Purchases of investments	(6,277)	(5,617)
Proceeds from disposal/redemption of investments	4,981	3,780
Cash provided by/(Used in) investing transactions	(1,296)	(1,837)
Increase/(Decrease) in cash	236	258
Cash, beginning of year	418	160
Cash, end of year (Statement 1)	\$ 654	\$ 418

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL NOTES TO THE FINANCIAL STATEMENTS March 31, 2019 (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 conference registrations, interest and miscellaneous revenue.

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

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

b) Measurement uncertainty

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

Summary of significant accounting policies (cont'd)

c) Tangible capital assets

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

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

Normal maintenance and repairs are expensed as incurred.

d) Investments

Investments are valued at amortized cost.

3. Short-term investments

HQC held investments in the amount of \$4,704 as described below at March 31, 2019. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2018 in the amount of \$3,408.

	2019	
	Carrying Value (000's)	Interest Rate
Canaccord Genuity	\$ 428	2.50%
Canaccord Genuity	250	2.50%
Canaccord Genuity	500	2.40%
Canaccord Genuity	450	2.62%
Canaccord Genuity	250	2.50%
Canaccord Genuity	250	2.50%
Canaccord Genuity	250	2.55%
Canaccord Genuity	250	2.90%
Canaccord Genuity	250	3.10%
Canaccord Genuity	505	2.75%
Canaccord Genuity	251	3.00%
Canaccord Genuity	250	2.60%
Canaccord Genuity	250	2.60%
Canaccord Genuity	250	2.90%
Canaccord Genuity	320	3.00%
Total Investment	\$ 4,704	

4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2019 Totals	2018 Totals
(thousands of dollars)					
Opening cost	\$ 220	\$ 713	\$ 79	\$ 1,012	\$ 964
Additions	-	62	-	62	48
Disposals	67	294	60	421	-
Closing cost	153	481	19	653	1,012
Opening accumulated amortization	197	688	73	958	910
Amortization	6	37	6	49	48
Disposals	67	294	60	421	-
Closing accumulated amortization	136	431	19	586	958
Net book value of tangible capital assets	\$ 17	\$ 50	\$ -	\$ 67	\$ 54

5. Prepaid expenses

Prepaid insurance, flights, 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. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
(thousands of dollars)				
Saskatchewan Medical Association	\$ 329	\$ 1,370	\$ 988	\$ 711
Totals	\$ 329	\$ 1,370	\$ 988	\$ 711

(a) Saskatchewan Medical Association

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

7. 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.

	<u>2019</u>	<u>2018</u>
	(thousands of dollars)	
Revenue		
Ministry of Health - Other	\$ 875	\$ 1,164
Ministry of Health – Grant Funding	4,605	4,698
Expenses		
3sHealth	\$ 1	\$ 8
Public Employees Pension Plan	240	253
Saskatchewan Health Authority	109	213
Saskatchewan Health Research Foundation	3	3
Saskatchewan Opportunities Corporation (operating as Innovation Place)	337	400
Saskatchewan Workers' Compensation	5	8
SaskTel	5	6
Other	6	3
Accounts payable		
Public Employees Pension Plan	\$ 42	\$ 44
Saskatchewan Health Authority	-	17
Saskatchewan Opportunities Corporation (operating as Innovation Place)	12	9
Saskatchewan Workers' Compensation	-	2
Other	-	1
Accounts receivable		
Saskatchewan Health Authority	\$ 2	\$ -
Other	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.

8. 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.

Financial instruments (cont'd)

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
Accounts receivable
Accounts payable
Payroll liabilities

9. Budget

These amounts represent the operating budget that was approved by the Board of Directors on April 24, 2018.

10. Pension plan

HQC is a participating employer in the Public Employees Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary, which are matched by HQC. HQC's obligation to the plan is limited to matching the employee's contribution. HQC's contributions for this fiscal year were \$240 (2018 - \$253).

11. Contractual obligations

As of March 31, 2019, HQC had the following commitments for future years:

Contractual obligations (cont'd)

a) Office Rent

HQC holds a lease for office space with Saskatchewan Opportunities Corporation (operating as Innovation Place). The lease has been extended to December 31, 2023. The monthly cost for rent is \$13 for the period of January 1, 2019 to December 31, 2021, then increasing to \$13.5 per month for the period of January 1, 2022 to December 31, 2023. Included with each instalment of rent is a proportionate share of Occupancy Costs which are initially estimated at \$10.

Fiscal Year	Expenditures (000's)
2019/2020	\$273
2020/2021	273
2021/2022	274
2022/2023	278
Total	\$1,098

b) Office Copier - Ricoh

HQC holds a lease for a Ricoh copier with Success Office Systems. The monthly cost is \$2 annually for the period of July 1, 2017 to June 30, 2020.

12. Contractual rights

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

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

Fiscal Year	Funding (000's)
2019/2020	\$1,157
2020/2021	987
Total	\$2,144

HQC entered into a contract with the University of Saskatchewan for Saskatchewan Centre for Patient-Oriented Research. The contract requires HQC to contribute a combination of cash \$750 (\$150 per year) and other resources of \$3,357 for a total commitment of \$4,107 over the term of the agreement. The agreement runs from September 1, 2015 to March 31, 2021.

The agreement allows HQC to recover a total of \$2,144 over the period from April 1, 2019 to March 31, 2021. To date, HQC received \$3,373 in revenue from the University of Saskatchewan.

Contractual rights (cont'd)

b) Research revenue

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

Fiscal Year	Funding (000's)
2019/2020	\$ 774
2020/2021	655
2021/2022	111
Total	\$ 1,540

13. Contingent liabilities

HQC has determined a potential pension liability related to employees on leave. The amount is not determinable as at March 31, 2019, and accordingly, no provision has been made in these financial statements for any liability that may result. Any expenses arising from this liability will be recorded in the year in which the related liability is settled.

5.0 Contact us

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

GENERAL

General contact information:

Phone: 306-668-8810
Fax: 306-668-8820
Email: info@hqc.sk.ca
Website: 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) | [@ChooseWiselySK](https://twitter.com/ChooseWiselySK)
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)

SYSTEM PARTNERS

Program-specific inquiries:

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

Training opportunity inquiries:

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

Research partnership inquiries:

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

General inquiries:

See above for general contact information.

PATIENTS AND PUBLIC

Become a Patient and Family Advisor:

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

Patients or clients:

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

MEDIA

Media inquiries:

Heidi Abramyk
Communications Consultant
Phone: 306-668-8810 (ext 112)
Email: habramyk@hqc.sk.ca

6.0 Appendix

ONGOING RESEARCH PROJECTS

The following is a list of ongoing research projects HQC is involved with through DSEN-CNODES (for more information about these projects, visit www.cnodes.ca):

- Safety and effectiveness of direct oral anticoagulants and warfarin for stroke prevention in non-valvular atrial fibrillation; a multi-database cohort study with meta-analysis
- Safety of direct oral anticoagulants in patients with venous thromboembolism
- Comparative effectiveness of pharmacological treatments of rheumatoid arthritis
- Utilization and adverse outcomes of fluconazole during pregnancy
- Utilization and adverse outcomes of ondansetron during pregnancy
- Use of systemic oral fluoroquinolones in Canada
- Health Canada and European Medicines Agency collaboration: Characterising the risk of major bleeding in patients with non-valvular atrial fibrillation: Non-interventional study of patients taking direct oral anticoagulants

RESEARCH PAPERS PUBLISHED IN 2018-2019

In 2018-2019, we published the following research papers as a result of our collaborations with researchers within Saskatchewan and across Canada. Names of HQC staff and board members are in bold. For articles without HQC authors, papers were products of HQC collaborations.

- Coward S, Clement F, Benchimol EI, Bernstein CN, Avina-Zubieta JA, Bitton A, Carroll MW, Hazlewood G, Jacobson K, Jelinski S, Deardon R, Jones JL, Kuenzig ME, Leddin D, McBrien KA, Murthy SK, Nguyen GC, Otley AR, Panaccione R, Rezaie A, Rosenfeld G, Pena-Sanchez JN, Singh H, Targownik LE, Kaplan GG. Past and future burden of inflammatory bowel diseases based on modeling of population-based data. *Gastroenterology* (2019). <https://doi.org/10.1053/j.gastro.2019.01.002>
- Culpepper WJ, Marrie RA, Langer-Gould A, Wallin MT, Campbell JD, Nelson LM, Kaye WE, Wagner L, Tremlett H, Chen LH, Leung S, Evans C, **Yao S**, LaRocca NG, on behalf of the United States Multiple Sclerosis Prevalence Workgroup (MSPWG). Validation of an algorithm for identifying MS cases in administrative health claims datasets. *Neurology* Mar 2019; 92 (10): e1016-e1028.
- McLeod L, Bharadwaj L, Epp TY, Waldner CL. Ecological analysis of associations between groundwater quality and hypertension and cardiovascular disease in rural Saskatchewan, Canada using Bayesian hierarchical models and administrative health data. *Environmental Research* 2018; 167: 329-340.
- Wijnands J, Zhu F, Kingwell E, Zhao Y, Ekuma O, Lu X, Evans C, Fisk JD, Marrie RA, Tremlett H. Five years before multiple sclerosis onset: phenotyping the prodrome. *Multiple Sclerosis Journal* (2018). <https://doi.org/10.1177%2F1352458518783662>.
- **Anderson M**, Revie CW, **Quail JM**, Wodchis W, de Oliveira C, **Osman M**, Baetz M, McClure J, Stryhn H, Buckeridge D, Neudorf C. The effect of socio-demographic factors on mental health and addiction high-cost use: a retrospective, population-based study in Saskatchewan. *Canadian Journal of Public Health* (2018). <https://doi.org/10.17269/s41997-018-0101-2>.
- Sari N, **Acan Osman B**. The effect of body weight on employment among Canadian women: evidence from Canadian data. *Canadian Journal of Public Health* 2018 June 13. <https://doi.org/10.17269/s41997-018-0097-7>.





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