



CONTENTS

- Letter of transmittal 1
- 1.0 Our organization 2
 - Message from the Board Chair 4
 - Message from the CEO 5
 - Who we are 6
 - Our partners..... 7
- 2.0 Our governance 8
 - Our organizational structure..... 10
 - Our Board of Directors 11
 - Board of Directors profiles 12
 - Our leadership team 18
- 3.0 Our work..... 20
 - Our alignment to system priorities 21
 - Health system work..... 22
 - Our strategic work..... 30
 - Our operational work..... 34
- 4.0 Financials 40
- 5.0 Contact Us..... 56
- 6.0 Appendix 58

HQC acknowledges that we are located on the traditional lands, referred to as Treaty 6 Territory, and we recognize that we are all beneficiaries of this peace and friendship treaty. Treaty 6 encompasses the traditional territories of numerous First Nations and the homeland of the Métis Nation. 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 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 2019-2020 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 5

Who we are 6

Our work areas and partners 7



(Continued on page 64)

Message from the Board Chair



“If you’re walking down the right path and you’re willing to keep walking, eventually you’ll make progress.” Originally penned by Barack Obama, these words hold true for the Saskatchewan Health Quality Council (HQC) for the past year, first with the appointment of a new Chief Executive Officer (CEO) and later with the steps the organization made towards our strategic goals.

We first saw evidence of these words ringing true when our Board of Directors announced we found our new CEO, Tracey Sherin. Tracey’s proven track record in health care improvement makes her a valued health system leader and partner. During her time as the CEO of HQC, she has demonstrated her commitment to continuous improvement, building effective partnerships, and forging strong and successful relationships. It has been a pleasure supporting her in her new role as CEO and we look forward to the great work that the staff of HQC will accomplish through her leadership.

I would be remiss if I didn’t take this opportunity to thank Dr. Dennis Kendel on behalf of the HQC board for graciously stepping up to the task as HQC’s Interim CEO. We could not have asked for a better leader to guide the organization while we searched for the right candidate to take on the role. Dennis, HQC greatly benefitted from your passion and dedication to quality improvement and health care during your time with us. For that, we thank you.

Upon finding our new CEO, we were able to shift our full focus onto contributing towards several health

system priorities and progressing on our strategic focus areas. In terms of health system priorities, HQC staff contributed their skills towards projects such as improving team-based care in the community, improving mental health and addiction services, strengthening appropriateness of care, advancing continuous improvement efforts across the health system, and more. This was all done in addition to the great collaborative work the HQC team does with the Saskatchewan Ministry of Health, the Saskatchewan Medical Association (SMA), eHealth Saskatchewan, and the Saskatchewan Centre for Patient Oriented Research (SCPOR), to name a few.

The 2019-2020 fiscal year also marked HQC’s first year into its strategic focus areas. The board has been so pleased that HQC has continued to help our existing system partners while forging ahead to improving the factors that contribute to good health. This work presents many challenges and has required a shift in scope to include new partners in different sectors as well as collaboration from many human resource sectors, community-based organizations, and communities.

Collaboration is a staple of HQC’s work, and the board is confident that HQC will continue to help to accelerate improvements with their new partners in this upstream way of working. Whether HQC is collaborating to advance a piece of work or bringing partners together in the same space to cooperate towards a shared goal, this is an organization that is skilled at making that work happen in new and insightful ways.

We know from our roots in quality improvement that change, or improvement, doesn’t happen overnight – it happens in small, systematic increments. We also know that change is more impactful when we work together towards a common goal. This is a path that we will continue walking down and we’re excited to see the progress made next year.

A handwritten signature in black ink, appearing to read 'S. Shaw'.

Dr. Susan Shaw
Chair, HQC Board of Directors

Message from the CEO



I am honoured to have commenced service as the CEO of the Health Quality Council this year. It is a privilege to work alongside a talented, courageous, and dedicated staff who come to work every day to help make change happen faster for better health and health care for the people of Saskatchewan.

We place enormous value on our relationships with other organizations in the health and human services sector. We believe that we are all at our best when we think and act as one. We have aligned our work to support the health system's strategic priorities where it can make the most impact to achieve Better Health, Better Care, Better Teams, and Better Value. As a collaborative and agile organization, the nature of our work means that we must be nimble and willing to adjust to support our partners which is reflected in parts of our work this year.

In 2019-2020, we continued our new direction of improving the factors that contribute to good health for all peoples that call this land home. This year, we focused on building relationships with other organizations and communities, making connections and collaborations between sectors, and using research and analysis to evaluate and inform change. We are continuously humbled by those we meet and are committed to bringing people, communities, and organizations together to help the people of Saskatchewan live healthier, happier lives.

We remain committed to working with our partners to continuously improve health care delivery in Saskatchewan by using our skills in quality improvement, research and analytics, collaboration,

and skill-building. Some highlights from this past year include:

- Collaborating with the Saskatchewan Health Authority (SHA) to develop measures to track progress toward key outcomes
- Working alongside the Saskatchewan Medical Association (SMA) to develop and launch the Quality Improvement Learning Collaborative, focused on improving access and patient flow in physician clinics participating in the Unified Medical Group in the Prince Albert-Shellbrook area
- Working with eHealth Saskatchewan to produce panel reports for primary care physicians that help them to understand the needs of their patients and improve the care they provide
- With the SMA and Ministry of Health, completing the third and launching the fourth cohort of Saskatchewan's Clinical Quality Improvement Program (CQIP), a training program for physicians and other clinicians that prepares them to lead quality improvement
- Working with the SHA and the Ministry of Health to support the design and development of an Advanced Quality Improvement Training Program to advance continuous improvement knowledge in the health system.

At the close of 2019-2020, our health system faced an unprecedented challenge – the COVID-19 pandemic. Our health system has shown remarkable resilience and resourcefulness in adapting to the large volume of changes that needed to be made. Disruption and change will continue to be part of our environment, and we are committed to adapting our products and services to accommodate new ways of working and new needs that emerge. While the way we work may change, our commitment to driving improvement in health and health care in our province will not.

A handwritten signature in black ink, appearing to read 'Tracey Sherin'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Tracey Sherin
Chief Executive Officer

Who we are

WHO WE ARE

The Health Quality Council (HQC) is an independent organization committed to accelerating the pace of improvement in health and health care in Saskatchewan so residents can live healthy lives and have access to high quality health care.

OUR MISSION

To accelerate improvement in the quality of health and health care throughout Saskatchewan

OUR VISION

The highest quality of health and health care for everyone, every time

OUR VALUES

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

WHAT WE DO

We help make change happen faster for better health and health care. 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. Our work is informed by citizens, communities, and shared system priorities impacting health.

Our unique skillsets allow us to serve our partners and the system, while contributing towards advancements in quality improvement. The nature of our work often has a collaborative component, with projects requiring varying degrees of inter-organizational teamwork. Our areas of work fall into one or more of the following key service areas:

RESEARCH AND ANALYTICS

By asking difficult questions, challenging the status quo, and finding answers to the questions that matter, we put vital information into the hands of people who can make change happen through policies or through how health care is delivered.

COLLABORATION

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

SKILL-BUILDING

We develop skills in our partners so they can confidently make change happen in their fields. This allows us to support the development of a culture and mindset of quality improvement.

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).

Our partners

OUR PARTNERS

HQC works alongside our health system partner organizations (the Saskatchewan Health Authority, the Ministry of Health, eHealth Saskatchewan, 3S Health, 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 health system measurement, reporting, governance structures for data use, quality improvement training and development opportunities, and more.

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 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 research that focuses on patient perspectives to inform policy decisions. 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 the SHA. The Canadian Institutes of Health Research (CIHR) provides 1:1 funding to match resources committed by the participating Saskatchewan organizations.

HQC leads the Patient Engagement and Empowerment Platform and co-leads the Data Services Platform with eHealth Saskatchewan. HQC also co-chairs 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.

2.0 Our governance

Our organizational structure 8

Our Board of Directors 11

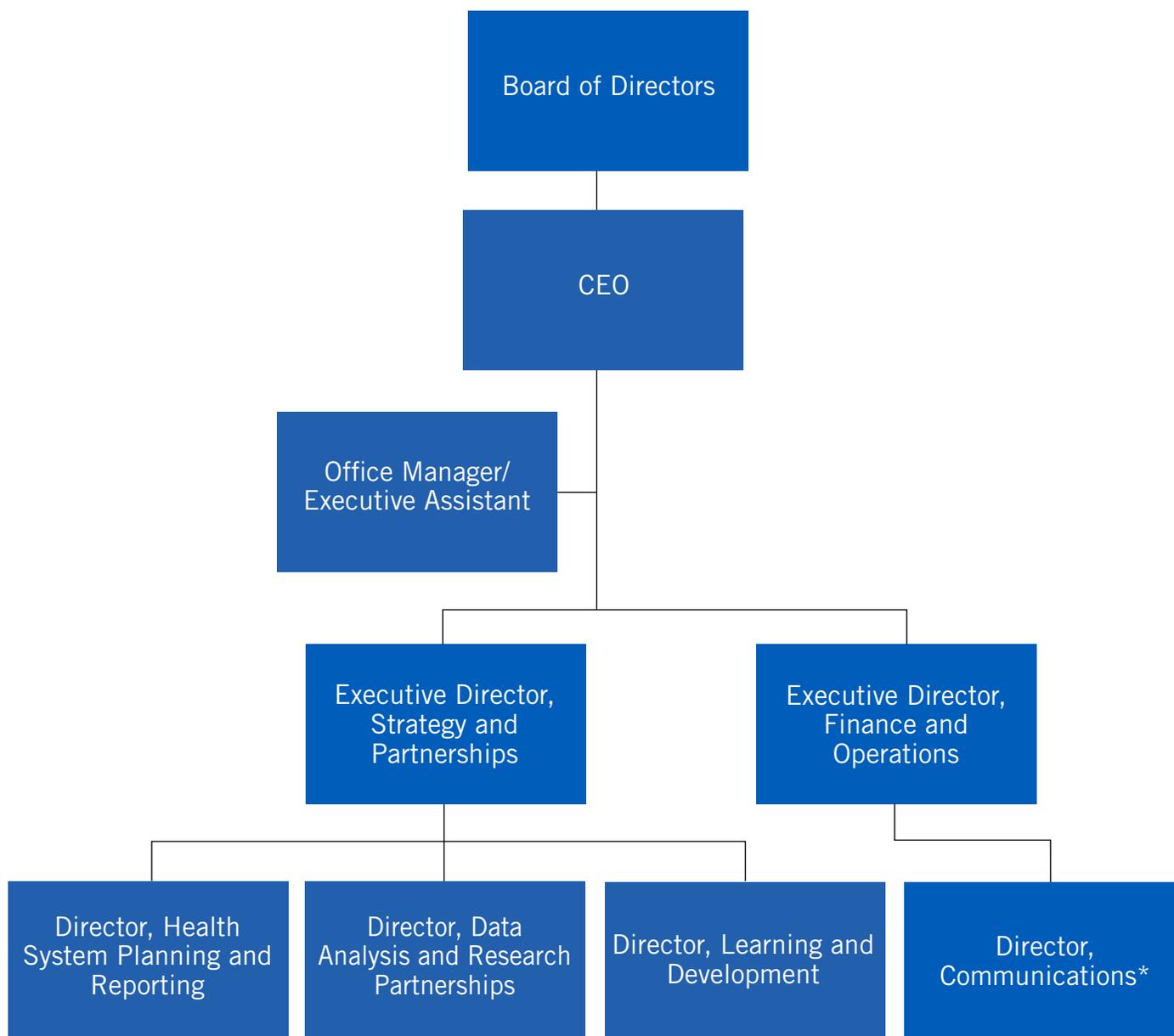
Board of Directors profiles 12

Our leadership team 18



Our organizational structure

The following diagram depicts HQC's high-level organizational structure for the 2019-2020 fiscal year. As of March 31, 2020, HQC's 43.75 full-time employees report to the Director or Executive Director of one of the organization's program areas.



*Until July 31, 2019

Our Board of Directors



HQC is led by a Board of Directors, which is appointed by the Lieutenant Governor in Council. HQC's Board is comprised of 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
- 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 Officer. 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, 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 CEO 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

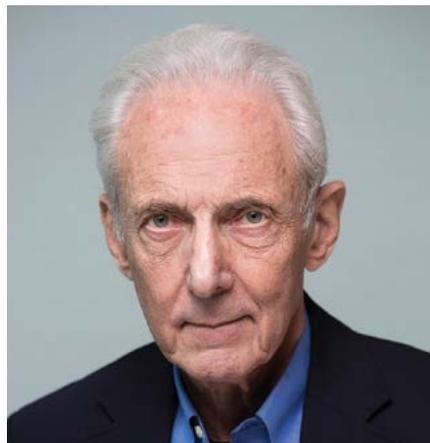
Carrie is the Scientific Director of the Canadian Institute of Health Research's (CIHR) Institute of Indigenous Peoples' Health (IIPH) at the University of Saskatchewan in Saskatoon and a tenured Professor in the University's Department of Community Health & Epidemiology, College of Medicine. Through 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 (until February 5, 2020)

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 the Ministry of 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 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 (September 30, 2019 to present), Director, Data Analysis and Research Partnerships (until September 30, 2019)

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



Debra-Jane Wright – Executive Director, Strategy and Partnerships

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



Dr. Dennis Kendel – Interim CEO (until September 30, 2019)

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



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.



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.



Greg Basky – Director, Communications (until July 31, 2019)

Greg was with HQC since its launch in January 2003. In his role, Greg worked 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.



Tanya Verrall – Director, Data Analysis and Research Partnerships (October 7, 2019 to present)

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

Our alignment to system priorities 21

Health system work 24

Our strategic work 30

Our operational work 34

Our alignment to system priorities

HQC'S ALIGNMENT TO PROVINCIAL PRIORITIES IN 2019-2020

In 2019-20 HQC remained committed to supporting Saskatchewan's health care system in areas where we could add the most value, contributing through such things as:

- Resourcing and advancing continuous improvement efforts across the health system
- Informing provincial reporting mechanisms, through the provincial Improvement Reporting Working Group
- Consulting on the development of the Advanced Quality Improvement Program for senior leaders and improvement specialists
- Improving team-based care in hospitals and the community to ensure seamless patient care
- Strengthening appropriateness of care by supporting quality improvement training for doctors and other clinicians and advancing Choosing Wisely in Saskatchewan
- Collaborating to influence the refinement of high-level indicators, current baseline measures, and cascading measures, to assess health system performance.

HQC'S STRATEGIC PRIORITIES IN 2019-2020

HQC's strategic direction aligns with the priorities of the health system and the plans of HQC's health sector partners. By broadening HQC's focus to include health beyond health care, HQC has partnered with additional ministries and organizations and identified population health as a key focus of the work going forward.

HQC is excited to leverage its experience to support the factors that contribute to health and continue to build new working alliances with the potential to improve health status. At the time HQC's 2019-2020 Business Plan was submitted, HQC's strategic work was focused in four areas, building towards reaching the organization's five-year strategic goals for each strategic focus area:

<p>ADDRESS SYSTEMIC BARRIERS TO FIRST NATIONS AND MÉTIS HEALTH AND WELL BEING</p> <p>Our 5-year vision: First Nations and Métis communities have the information they need to actively lead improvement of their health and wellness.</p>	<p>ACCELERATE USE OF EVIDENCE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH</p> <p>Our 5-year vision: Citizens are using evidence to obtain and improve the services they need to lead positive, productive lives.</p>	<p>EVALUATE TO INFORM PRIORITY SETTING IN HEALTH</p> <p>Our 5-year vision: Objective evidence of what works, for whom, and in what contexts drives priority setting in health.</p>	<p>BUILD COMPETENCY FOR QUALITY IMPROVEMENT ACROSS SECTORS</p> <p>Our 5-year vision: Quality improvement is accessible across sectors, so that everyone has the opportunity to improve health in Saskatchewan.</p>
---	---	--	--

ⓘ It should be noted that the organization has received final approval from the Board to hone our focus to two strategic focus areas: 1) **Enhance First Nations and Métis health and wellness**; and 2) **Prevent mental health and addictions challenges for children and youth**, which will be reflected in HQC's 2020-2021 Business Plan.

Health system work

IMPROVE TEAM-BASED CARE IN THE COMMUNITY

Target outcome	Target date	Status
Make Primary Care Panel Reports available to all Saskatchewan family physicians	June 20, 2019	Target met
Evaluate impact of Primary Care Panel Reports	March 31, 2020	Target met
Provide data support for Prince Albert Demonstration Site to inform project objectives and goals	March 31, 2020	Target met
Validate logic model and evaluation plan for Health Networks (SCPOR Partnership)*	September 30, 2019	Target not met
Initiate evaluation of fully scoped Health Network projects	January 31, 2020	Target not met
Establish data infrastructure and process for data use to inform geographies for Health Networks	March 31, 2020	Target met
Engage with First Nations and Métis communities to inform development of Health Networks (in coordination with SHA)	March 31, 2020	Target not met

*This work also aligns with HQC strategic focus: Evaluate to inform priority setting in health care

Make Primary Care Panel Reports available to all Saskatchewan family physicians

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 system partners. Launched in June 2019, the reports are available to any family physician in Saskatchewan upon request. As of March 31, 2020, approximately 20% of family physicians in the province have requested their report.

! This work helps family physicians in Saskatchewan to better understand their patient populations so they may better serve their patients.

Evaluate impact of Primary Care Panel Reports

A two-phase evaluation was conducted on the BestPractice Primary Care Panel Reports to determine the report's impact from physicians who have received their reports. The first phase of the evaluation consisted of a survey and the second phase consisted of focused interviews for deeper feedback. The evaluation results were shared with a physician advisory panel and will be incorporated in the second version of the reports.

! Improvements made to the reports as a result of the evaluation will better serve the needs of family physicians so they may better serve their patients.

"I see the pattern of my patients utilizing the emergency room, even though this is largely because of the specific population that I serve. I think I have some good data to work with going forward." - Primary Care Panel Reports survey feedback

IMPROVE TEAM-BASED CARE IN THE COMMUNITY (CONTINUED)

Provide data support for the Prince Albert Demonstration Site to inform project objectives and goals

The Physician Demonstration Project in Prince Albert is a provincial initiative to support participating family and specialist physicians in the Prince Albert-Shellbrook area into reorganizing as a unified medical group. Using administrative data, an analysis was performed to understand the population generally served in the region, patient profiles, patient care seeking patterns, and acute care utilization.

! This work helped the Unified Medical Group to understand the needs of the population they serve in order to inform how they design their services.

Validate logic model and evaluation plan for Health Networks (SCPOR Partnership), Initiate evaluation of fully scoped Health Network projects

Health Networks are collaborative teams of health professionals, including physicians, providing fully integrated services to meet the needs of individuals and communities. Through the SCPOR Partnership, HQC (through the Data Services Platform) co-lead the evaluation of this initiative with the SHA, identifying critical components of health networks and assessing their development.

! This work helps the health system to better understand the implementation of health networks, their impact on patient experience and outcomes, and to identify areas to learn and improve.

Establish a data infrastructure and data use process to inform Health Network geographies

HQC coordinated with the SHA and the Ministry of Health to use health system data and overlaid it with population data to suggest geographical groupings of like populations to form Health Networks. The Health Networks were drafted based on the data and presented to the Health Network Advisory Committee and SHA's Primary Health Care Directors for approval.

! Once functioning, Health Networks are meant to provide seamless care as close to home as possible for the people of Saskatchewan.

Engage with First Nations and Métis communities to inform development of Health Networks (in coordination with SHA)

Since the publication of the 2019-20 HQC Business Plan, the process for the development of health networks became more data driven. Although HQC supported the data-driven process, the SHA was in the best position to share the information that was generated through data analysis with communities and HQC's contribution to this area was no longer required.

IMPROVE MENTAL HEALTH AND ADDICTION SERVICES

Target outcome	Target date	Status
Establish steering committee and data access process for Mental Health and Addictions project platform (SCPOR Partnership)	September 30, 2019	Target met

Establish steering committee and data access process for Mental Health and Addictions project platform (SCPOR Partnership)

As part of the SCPOR Mental Health and Addictions program launched in September 2019, HQC (through the Data Services Platform) supported the development of a comprehensive Mental Health and Addictions database to support patient-oriented research. The steering committee identified four clinical databases that could augment existing health administrative data to better reflect the care and services for mental health and addictions clients in the province.

! This work is a foundational step in providing data that better reflects the care received by mental health and addictions clients in the province. This data will be used to answer important patient-oriented research questions, including two projects being initiated in 2020-21.

Health system work

ENHANCE TEAM-BASED CARE IN HOSPITAL AND ENSURE SEAMLESS CARE AT ALL POINTS IN HEALTH SYSTEM

Target outcome	Target date	Status
Complete evaluation of Accountable Care Units (ACU)	June 30, 2019	Target met
Conduct health system modelling for Victoria Hospital in Prince Albert (SCPOR Partnership)	June 30, 2019	Target met
Conduct health system modeling for Emergency Department optimization (SCPOR Partnership)	September 30, 2019	Target met

Complete evaluation of Accountable Care Units (ACU)

HQC finished a robust and rigorous evaluation of the ACUs to support the SHA and Ministry of Health in making informed decisions about this model of care delivery. Results of the study were presented to the Ministry of Health and the SHA.

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

Conduct health system modelling for Victoria Hospital in Prince Albert (SCPOR Partnership)

Health system modelling analysis provided data to support the Ministry of Health and SHA in design and development plans for the Victoria Hospital reconstruction. HQC (through the SCPOR Partnership) used dynamic health system modelling to provide projections of future health care needs in the region. This informed the needs assessment.

! Dynamic modelling is an advanced analytical method that can apply different projections for future health care service needs and helps the system better plan for infrastructure and resource requirements.

Conduct health system modeling for Emergency Department optimization (SCPOR Partnership)

Health system modelling analysis provided data to support the SHA in improving the efficiency of Emergency Departments in Regina (former Regina Qu'Appelle Health Region). Through the SCPOR Partnership, HQC used dynamic health system modelling to model different scenarios to improve and optimize the patient flow of the Emergency Departments in Regina. The work has been completed but the final presentation has been delayed due to the global COVID-19 pandemic.

! Dynamic modelling is an advanced analytical method that can apply different scenarios to identify which interventions could be more effective in improving an outcome of interest (i.e., patient flow). This facilitates a more efficient way to proactively identify which interventions should receive investment.

STRENGTHEN APPROPRIATENESS OF CARE

Target outcome	Target date	Status
Define process for identifying appropriateness of care projects (SCPOR Partnership)	June 30, 2019	Target met
Launch Clinical Quality Improvement Program (CQIP) – Cohort 4	September 30, 2019	Target met
Call for applications to participate in Clinical Quality Improvement Program (CQIP) – Cohort 5	March 31, 2020	Target not met
Coordinate Saskatchewan strategy for Choosing Wisely Canada and transition to the SHA	March 31, 2020	Target met

Define process for identifying appropriateness of care projects (SCPOR Partnership)

In support of the provincial appropriateness of care initiative, HQC built a data-driven process to assist the team to find projects where care can be standardized in line with best practice to ensure high-quality care.

! As much as possible, care should be standardized to best practice and be consistent across the province to ensure quality care for the residents of Saskatchewan.

Launch Clinical Quality Improvement Program (CQIP) – Cohort 4, Call for applications to participate in Clinical Quality Improvement Program (CQIP) – Cohort 5

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 care. In 2019-2020, CQIP launched its fourth cohort of 15 physicians and five other clinicians. Applications for Cohort 5 have been delayed due to the global COVID-19 pandemic. The program will continue at a future date.

! CQIP develops QI leaders and coaches within the health care system. Graduates continue to contribute to system improvement by becoming CQIP coaches and faculty, as well as leading other QI projects in the system.

Coordinate Saskatchewan strategy for Choosing Wisely Canada and transition to the SHA

It was decided amongst system partners that the provincial Choosing Wisely Coordinator position would be most effective as close to health care service delivery as possible. HQC worked with Choosing Wisely Canada, the SHA, and the College of Family Physicians to ensure that the Choosing Wisely Saskatchewan coordinator role would be successfully transitioned to the SHA without disruption.

! The provincial coordinator role is better suited to achieve Choosing Wisely's goal of reducing unnecessary care and treatments in the province when situated closer to patients and providers to foster greater connections and influence.

Health system work

RESOURCING AND ADVANCING CONTINUOUS IMPROVEMENT EFFORTS ACROSS THE HEALTH SYSTEM

Target outcome	Target date	Status
Revise Lean Improvement Leaders Training (LILT) to prepare for handover to the SHA	June 30, 2019	Target met
Deliver Lean Improvement Leaders Training (LILT) Cohort for SMA and Postgraduate Medical Education (PGME) with University of Saskatchewan	January 31, 2020	Target met
Design, develop, and pilot an advanced-level workshop series on improving teamwork, flow, and process improvement	September 30, 2019	Target met
Support the development of the Advanced Quality Improvement Program (AQIP)	December 31, 2019	Target met
Promote quality improvement initiatives, accomplishments, and leading practices: <ul style="list-style-type: none"> · Produce 10 editions of QI Spark newsletter · Deliver 10 QI Power Hour learning webinars 	March 31, 2020	Target met
Lead and coordinate a Measurement Community of Practice to build system measurement capacity	March 31, 2020	Target met
Design a Master's level Fellowship in Quality Improvement	March 31, 2020	Target not met
Coordinate and host provincial health system event highlighting continuous improvement accomplishments and leading practices	March 31, 2020	Target not met

Revise Lean Improvement Leaders Training (LILT) to prepare for handover to the SHA

LILT is an applied learning program developed by HQC for point-of-care managers who want to coach their teams to apply quality improvement methods in their work. Since its inception, the program has had approximately 1,500 participants. Based on feedback from the provincial LILT survey, a number of revisions were made to the online and traditional formats of the program. With these changes in place, the program has now been transitioned over to the SHA

! QI science is a key skill for managers and other front-line leaders in our health system. Since 2015, LILT has enabled leaders to embed these practices into their daily work to ultimately provide better care.

RESOURCING AND ADVANCING CONTINUOUS IMPROVEMENT EFFORTS ACROSS THE HEALTH SYSTEM (CONTINUED)

Deliver Lean Improvement Leaders Training (LILT) Cohort for SMA and Postgraduate Medical Education (PGME) with University of Saskatchewan
Partners at the University of Saskatchewan PGME and the SMA received this foundational training through an HQC-led cohort. The cohort included a train-the-trainer component to build capacity for ongoing development and training.

Design, develop, and pilot an advanced-level workshop series on improving teamwork, flow, and process improvement

Simulation methods offer an effective way to teach complex skills, such as team development and process improvement. HQC created a series of simulation workshops to enhance foundational QI learning in the province. The final workshop was pilot tested with a provincial group in February 2020. Based on the feedback, the workshops will be incorporated into training opportunities available in the province.

Support the development of the Advanced Quality Improvement Program (AQIP)

In partnership with the SHA and Ministry of Health, HQC engaged the system in developing the conceptual framework and high-level design for an advanced quality improvement training program. Under the leadership of the SHA, AQIP is currently completing its first pilot cohort. Due to the global COVID-19 pandemic, this program is on pause and will resume at a future date

Promote quality improvement initiatives, accomplishments, and leading practices: Produce 10 editions of QI Spark newsletter, deliver 10 QI Power Hour webinars

HQC promotes a culture of quality improvement with an aim of building an improvement community through our content offerings.

- **QI Power Hour** is a monthly quality improvement webinar that attracts learners from Saskatchewan and abroad. In 2019-2020, the QI Power Hour community grew by 46% and each session received an average of 200 views.
- **QI Spark** was a monthly newsletter that helped readers explore quality improvement in Saskatchewan. In 2019-2020, QI Spark's subscribers grew by 71%. QI Spark was discontinued in March 2020 to make way for a new newsletter.
- **HQC's blog** features resources from HQC and partners on various topics related health and health care in quality improvement. In 2019-2020, HQC's blog subscription list grew by 71% and the average time viewers spent on reading the blogs was more than double the average industry read times.
- **Health Clips** is a daily email digest of the latest news, blog posts, and research about quality improvement and health care. In 2019-2020, Health Clips' subscriber list grew by 8% and maintains above average industry click-through rates.

! Having all our system partners equipped to lead and coach QI is essential to creating a continuous improvement culture in all aspects of our health system.

! Investing in the leadership and QI skills of the health system is an important part of being able to offer safe, effective, patient-centred care to all patients. Simulation methods offer a safe yet authentic learning environment, which can accelerate the spread of new knowledge and skills.

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

! Continuing to provide opportunities to learn and share QI approaches and success stories is an important part of building an improvement culture.

Health system work

RESOURCING AND ADVANCING CONTINUOUS IMPROVEMENT EFFORTS ACROSS THE HEALTH SYSTEM (CONTINUED)

Lead and coordinate a Measurement Community of Practice to build system measurement capacity

Now disbanded, the Measurement Community of Practice was a group of health system partners with an accountability for measurement that was formed in June 2018 who had an accountability for measurement which has since disbanded. Originally formed to create a network of peer support, the group evolved into an information sharing group. HQC made the decision to step down from a leadership role with the group and roll measurement content into HQC’s content offerings to create more synergies across networks.

Design a Master’s level Fellowship in Quality Improvement

As the province continues to deepen and mature in its QI capability, HQC has started exploring an advanced level of QI learning for the province. Being able to provide ongoing learning and development opportunities is essential for building and growing a culture of continuous improvement.

Coordinate and host provincial health system event highlighting continuous improvement accomplishments and leading practices

At the time of publication of the 2019-2020 HQC Business Plan, this work was still to be confirmed by HQC’s leadership team. It was decided that this work not move forward so HQC can focus on other priorities.

SUPPORT DEVELOPMENT OF SYSTEM-LEVEL PERFORMANCE INDICATORS

Target outcome	Target date	Status
Collaborate to influence the refinement of high-level indicators, current baseline measures, and cascading measures to assess health system performance	March 31, 2020	Target met

Collaborate to influence the refinement of high-level indicators, current baseline measures, and cascading measures to assess health system performance

HQC worked closely with the SHA to ‘break-down’ high level system measures into their component parts. In 2019-2020 there were three new cascades developed and validated related directly to health network function. There are plans to develop additional cascades related to patient experience and health system cost.

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

ADDRESS SYSTEMIC BARRIERS TO FIRST NATIONS AND MÉTIS HEALTH AND WELL BEING

Target outcome	Target date	Status
Establish draft plan for developing data infrastructure system with First Nation and Métis communities	June 30, 2019	Target not met
Secure representation and define HQC's role on the provincial Indigenous Health Council with the SHA	June 30, 2019	Target not met
Build engagement plan for First Nations and Métis communities	June 30, 2019	Target not met
Develop and implement a cultural responsiveness framework for HQC	September 30, 2019	Ongoing
Build formal and informal partnerships with First Nations and Métis communities	March 31, 2020	Ongoing
Formally commit to the TRC Calls to Action related to health and health care	March 31, 2020	Ongoing

Establish draft plan for developing data infrastructure system with First Nation and Métis communities

Reflecting on the organization's role within the system, its expertise in data and analytics, and the Truth and Reconciliation Commission (TRC) Call to Action #19, HQC began drafting a plan for developing a data infrastructure with First Nations and Métis Communities within Saskatchewan. Members of the HQC team have been certified with the First Nations Information Governance Centre (FNIGC) in the foundations of OCAP® (Ownership, Control, Access and Possession), they completed the Building Research Relationships with Indigenous Communities (BRICC) Training with the Indigenous Peoples Health Research Centre, and by completing a Pan-Canadian and community based scan, a repository of available data has been built to identify what data is available, required and/or mandated at the community level.

Secure representation and define HQC's role on the provincial Indigenous Health Council with the SHA

HQC attended and observed meetings with the SHA's Traditional Advisory Committee and attended the Ceremony to commemorate the launch of the Grey Wolf Traditional Healing Lodge within the SHA. Through these engagements, HQC has developed further understanding of the role and mandate of the provincial Indigenous Health Council and can move forward to continue to build relationships with First Nations and Métis organizations, groups, and communities within the province.

Our strategic work

ADDRESS SYSTEMIC BARRIERS TO FIRST NATIONS AND MÉTIS HEALTH AND WELL BEING (CONTINUED)

Build engagement plan for First Nations and Métis communities

HQC conducted a review of engagement frameworks that have been developed from across Canada to work towards a plan rooted in engagement practices that are cultural, meaningful, and appropriate for Saskatchewan residents. In July 2019, HQC recruited a First Nations and Métis Health Lead and began working with a Cultural Advisor, in partnership with the SHA, to help inform the organization's approach to engagement.

Develop and implement a cultural responsiveness framework for HQC

Under the guidance of our Cultural Advisor, HQC has decided to adopt the Federation of Sovereign Indigenous Nations' (FSIN) Cultural Responsiveness Framework, rather than develop our own.

Build formal and informal partnerships with First Nations and Métis communities

Through frequent meetings and initial introductions made by the First Nations and Métis Relations Team with the SHA, HQC has begun to nurture valuable relationships at the First Nations community level. These community conversations have focused on building knowledge and understanding of what type of data is needed, currently available, and potentially available to help further enhance the health and health care of community members.

Formally commit to the TRC Calls to Action related to health and health care

As a provincial organization with a mandate to measure and promote improvement of health and health care quality for all people of Saskatchewan, HQC has a responsibility and duty to reflect on how it can formally commit to and respond to the Truth and Reconciliation Commission of Canada (TRC) and Calls to Action. This work will continue into the 2020-2021 Fiscal Year.

! This will help our organization to be more culturally responsive and more equipped to engage First Nations and Métis communities in Saskatchewan as we focus on this area of our work.

! A health disparity exists between First Nations and Métis people and non-First Nations and Métis people in Saskatchewan. Prior to addressing this disparity at a system level, it is important to understand the community context, the realities faced by band members, and the opportunities that exist.

! A commitment such as this would signal to First Nations and Métis communities and organizations, the health sector, and the general public that HQC is prepared to acknowledge the harms of the past and to work purposefully towards reconciliation.

ACCELERATE USE OF EVIDENCE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Target outcome	Target date	Status
Complete environmental scan of current intersectoral collaborations and partnerships that are addressing common health outcomes	June 30, 2019	Target met
Establish a framework to translate to the Saskatchewan context leading practices for addressing social determinants of health	September 30, 2019	Target met
Host six community engagement sessions	March 31, 2020	Target not met
Establish formal and informal partnerships with key intersectoral stakeholders and communities	March 31, 2020	Ongoing

Complete environmental scan of current intersectoral collaborations and partnerships that are addressing common health outcomes

The work related to the social determinants of health, or factors that influence health, is new territory for HQC and so it was essential to conduct an environmental scan to understand this space locally, provincially, nationally, and internationally. HQC reviewed the literature to understand where active system efforts that influence health existed and what impact they had.

! As an organization who bases ourselves in evidence-based practice, this environmental scan helped identify promising practices, who the key scholars are, and where the innovations are happening so we can apply this to our work in health and health care.

Establish a framework to translate to the Saskatchewan context leading practices for addressing social determinants of health

HQC completed a framework to help the organization develop an understanding of how the factors that impact health interact at the micro, meso, and macro levels of society. The framework was submitted and approved for a rapid-fire presentation at the BC Patient Quality and Safety forum on February 2020 at which our CEO attended and presented.

! Due to the complexities involved in factors that influence health, it's important to understand the system interactions prior to making a decision on how best to proceed in addressing them in order to improve outcomes.

Host six community engagement sessions

In 2019-2020, HQC aimed to meet with community-based organizations across the province to understand their world and perspective. We held one community meeting with approximately 20 community-based organizations in Saskatoon. From that point forward, we conducted several one-on-one meetings to build more meaningful relationships. In December 2019, we launched a monthly newsletter, "Determining Health", to share best practices and resources to continue to nurture and grow our relationships in this space.

Our strategic work

ACCELERATE USE OF EVIDENCE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH (CONTINUED)

Establish formal and informal partnerships with key intersectoral stakeholders and communities

The factors that determine health are not determined by the health sector; they are influenced by the education, social, and justice sectors of government, community-based organizations, and individual family capacity. In order to work in this area, HQC needed to develop relationships with those who are already active in it.

- We have established relationships with several community-based organizations and advocacy groups who seek to eliminate poverty in Saskatchewan.
- We have met with Deputy Ministers and Assistant Deputy Ministers from Health, Justice, Social Services, and Education to discuss this work.
- We have had the opportunity to attend and present to the Human Services Deputy Ministers Committee.

! Addressing the factors that influence health is complex work that requires a system-wide approach. Bringing these groups together and establishing relationships with them has allowed HQC to garner interest and attention to develop, facilitate, and execute a community-based collaborative approach.

BUILD COMPETENCY FOR QI ACROSS SECTORS

Target outcome	Target date	Status
Pilot test service-based learning in one community-based organization	September 30, 2019	Target not met
Lead and facilitate an intersectoral Lean Improvement Leaders Training (LILT) pilot cohort	December 31, 2019	Target not met
Launch Citizen Academy educational portal	March 31, 2020	Target not met

Pilot test service-based learning in one community-based organization

Service-based learning is an approach that combines learning goals and community service in ways that enhance both individual/organizational learning and greater social goals. Service-based learning has the potential to effectively accelerate improvement while developing knowledge and skills in both organizations involved. Other priorities have caused a delay in the ability to pilot test this approach with a community organization.

Lead and facilitate an intersectoral Lean Improvement Leaders Training (LILT) pilot cohort, Launch Citizen Academy educational portal

At the time of publication of the 2019-2020 HQC Business Plan, this work was still to be confirmed by HQC's leadership team. It was decided that this work would not move forward so HQC can focus on other priorities.

EVALUATE TO INFORM PRIORITY SETTING IN HEALTH

Target outcome	Target date	Status
Establish Data Governance Secretariat role	June 30, 2019	Target met
Build infrastructure and processes to establish a Provincial Data Lake (SCPOR Partnership)	March 31, 2020	Target met
Engage in health research projects requiring advanced analytic methodology (SCPOR Partnership)	September 30, 2019	Target met

Establish Data Governance Secretariat role

HQC collaborated with health system partners to initiate a Health Data Analytics Secretariat that would provide facilitation, administration, and leadership to support health data and analytic activity to address health system priorities. The secretariat supports the Data and Analytics Governance Committee (CEOs of health sector agencies and Deputy Minister of Health) and coordinates/facilitates the Data and Analytics Oversight Group (that has representation from all health system partners). This secretariat is physically located in the Ministry of Health but reports to the Data and Analytics Governance Committee and represents the interests of all health system partners.

! Our health system required a provincial entity (secretariat) to support the work to be accomplished as part of the data and analytics governance structure. The secretariat coordinates the data and analytics resources necessary to inform health system priority improvements.

Build infrastructure and processes to establish a Provincial Data Lake (SCPOR Partnership)

Since the time of publication of the 2019-2020 HQC Business Plan, the plan to establish a Provincial Data Lake solution has been revisited based on feedback from key stakeholders. In partnership with SCPOR, HQC (via the Data Services Platform) coordinated a provincial visioning event to identify data infrastructure priorities that would benefit both health system improvement as well as patient-oriented research. The areas highlighted in this event are now in progress and in alignment with the provincial Data and Analytics Oversight Group.

! Data access, data management, and data literacy are critical components of a strong foundation in health data and information to ensure that health system administrators, clinicians, patients and families, and researchers can produce timely, appropriate evidence to inform decision-making and health policy.

A data lake is a storage area or “pool of data” that holds a vast amount of raw data in its original format until it is needed.

Engage in health research projects requiring advanced analytic methodology (SCPOR Partnership)

Since the time of publication of the 2019-2020 HQC Business Plan, this work is now referred to health system modelling work (see Page 24).

Our operational work

The following work is considered part of HQC's operational work and is instrumental to help our system partners and align with our roles as set out in our mandate.

APPROPRIATENESS OF CARE

The provincial Appropriateness of Care Program is focused on improving quality of care by reducing overuse, underuse, and misuse of health services. Choosing Wisely Saskatchewan is a body of work under the provincial Appropriateness of Care Program. In early 2019, the Appropriateness of Care Program was transitioned from the Ministry of Health to the SHA. Choosing Wisely Saskatchewan was transitioned to the SHA as of March 31, 2020 (see page 26).

Choosing Wisely Saskatchewan 2019-2020

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, HQC began coordinating Choosing Wisely Saskatchewan efforts in collaboration with provincial organizations including the Saskatchewan Medical Association. (Learn more at www.choosingwiselysk.ca)

- To spread awareness of the Choosing Wisely Saskatchewan campaign, a public Facebook page was launched ([@ChoosingWiselySK](https://www.facebook.com/ChoosingWiselySK)), the campaign was represented at three public events across the province, and three local physicians spoke about the campaign on local breakfast TV.
 - [CTV Morning Live interview on Choosing Wisely and World Patient Safety Day with Dr. Cathy MacLean](#)
 - [CTV Morning Live interview on Choosing Wisely and seniors' health with Dr. Meredith McKague](#)
 - [CTV Morning Live interview on Antibiotic Awareness Week with Dr. Shaqil Peermohamed](#)
- Choosing Wisely Saskatchewan was represented at 25 events across the province to help spread awareness and highlight Choosing Wisely work already underway through the provincial Appropriateness of Care program.
- HQC helped to facilitate linkages between Clinical Quality Improvement Program (CQIP) participants and the Choosing Wisely campaign. In CQIP's fourth cohort (Page 25), five participants from the program were working on projects that have included considerations around Choosing Wisely Canada's recommendations.

! The more clinicians are aware of Choosing Wisely, the more clinicians can potentially adopt it in their practice. Also, the more patients are aware of the campaign, the more they can be empowered to have conversations about appropriate care.

Our operational work

PROVINCIAL INTEGRATED LEARNING SYSTEM

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.

Quality Improvement Learning Collaborative (QILC)

QILC 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 UMG's Steering Committee includes members from the Ministry.

The QI Learning Collaborative is based on IHI's Breakthrough Series Collaborative methodology, which brings together teams from clinical practice over a short-term period to seek improvement in a focused topic area.

Near the close of the 2019-2020 fiscal year, the Collaborative held its first workshop which focused on identifying key themes and measures. Following the workshop, teams began collecting baseline data. HQC's contributions to this initiative in the year include:

- Hosted two sessions and one workshop, where HQC introduced the concepts of access and QI as well as facilitated discussions
- Engaged Patient and Family Advisors as part of the sessions and workshop
- Developed a data collection and analysis tool, and supported teams with baseline data collection
- Hosted webinars on QI and data
- Facilitated a Curriculum Working Group with physicians to develop workshop content and a facilitation plan
- Created an online site (Moodle) for participants, to host resources and provide opportunities for discussion and networking.

 The QI Learning Collaborative is an opportunity to accelerate improvement and improve access and flow within a geographic area.

"After today, I now think I have a much better understanding of how the QI will work" -Getting Started Session survey feedback

External Capacity Building

HQC continued to provide QI training upon request to system partners through one-to-two hour webinars/training sessions on the fundamentals of QI. In 2019-2020, HQC provided sessions to Saskatchewan International Physician Practice Assessment (SIPPA), nurse practitioners, and the College of Nursing.

 Supporting our system in building QI understanding helps the system develop a QI culture.

Our operational work

RESEARCH PARTNERSHIPS

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.

RESEARCH COLLABORATIONS

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

Dementia in Saskatchewan First Nations communities

The Federation of Sovereign Indigenous Nations (FSIN) — along with an advisory group of residents from Indigenous communities across Saskatchewan — developed a research question to investigate dementia. This was a participatory research collaboration between First Nations peoples in Saskatchewan and their academic and health system partners to better understand dementia in First Nations populations. HQC supported the research with data literacy activities, facilitated decision making on methods, and data analysis.

! As an arm's-length organization with highly specialized skills and vantage point in the health system, HQC has the capacity offer assistance and perspective to our system partners.

Data services support and research collaboration for patient-oriented research projects

Through partnership with SCPOR, HQC (through the Data Services Platform) has supported 12 patient-oriented research projects in 2019-2020, including: Examining the geographic variation in ultrasound use in the province, exploring culturally safe-birth practices for Indigenous women, drug safety and effectiveness for Multiple Sclerosis, the association between health literacy and quality of life among patients with Chronic Obstructive Pulmonary Disease (COPD) and heart failure, and exploring the potential impact of different end of life care models for patients with lung cancer and COPD.

! 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.

Hearing the Patient Voice: Improving Health Care for People with Complex Mental Health Disorders in Saskatoon

This project was conducted under the Canadian Institutes of Health Research's Strategy for Patient Oriented Research and included people with lived experience as equal members of the research team. The research was conducted as part of the Primary and Integrated Health Care Innovations network and took a close look at people with complex mental health and / or addiction issues who are frequent users of health care.

! This research helps us better understand how to meet all of the care needs of mental health and additions patients so they are able to get the right care in the right place at the right time.

Schaefer J, Quail J, Avis K and the Hearing the Patient Voice Advisory Group Members. "[Hearing the Patient Voice: Improving Health Care for People with Complex Mental Health Disorders in Saskatoon.](#)" Saskatoon, Saskatchewan: Health Quality Council (Saskatchewan). September 2019.

RESEARCH PARTNERSHIPS (CONTINUED)

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

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. ([Learn more about CNODES here.](#))

Use of Systemic Fluoroquinolones in Canada

CNODES researchers completed a project that looked at improving and measuring the appropriate use of a class of drugs called fluoroquinolones. The research found that these drugs are being overprescribed and overused in instances where other treatments would have been better options. Findings detailed the prescribing practices of fluoroquinolones for each province compared to what the rates should have been.

Ernst P, Dahl M, Chateau D, Daneman N, Quail J, Sketris IS, Fisher A, Zhang J, Bugden S for the Canadian Network for Observational Drug Effect Studies (CNODES) Investigators. "Comparative effectiveness of fluoroquinolone antibiotic use in uncomplicated acute exacerbations of COPD: A multi-cohort study." COPD 2019; 2019: 2939-2946.

Daneman N, Chateau D, Dahl M, Zhang J, Fisher A, Sketris I, Quail J, Lalji F, Ernst P, Bugden S. "[Fluoroquinolone Use for Uncomplicated Urinary Tract Infections in Women: A Retrospective Cohort Study. Clinical Microbiology and Infection 2019.](#)"

! The study helped identify areas that needed improvement, allowing the provinces to learn from each other on best practices. In most jurisdictions, the research showed that fluoroquinolones were overprescribed, with the exception of Saskatchewan, which has some of the best fluoroquinolone prescribing practices in Canada, possibly as a result of the RxFiles and Academic Detailing program.

The CNODES Common Data Model (CDM)

The CNODES data center in Saskatchewan has implemented a common data model (a standard set of data to facilitate faster data queries) and is ready to receive queries. The CNODES common data model is based on the Sentinel model. The United States' Food and Drug Administration (FDA) Sentinel Common Data Model (CDM) is a standardized data structure that allows data centres to execute distributed computer programs against their local data to generate common output tables, which can then be pooled to give aggregate, multi-centre results. The main advantages of the CDM are the short time frame needed to process queries across multiple data centres and output quality control.

! The creation of the CNODES CDM will provide rapid analyses of prescription medication use, patient characteristics, apparent indications for drug therapy, and clinical outcomes and health service use following drug treatment.

Our operational work

RESEARCH PARTNERSHIPS (CONTINUED)

RESEARCH PAPERS

Impact of comorbidity on hospitalizations in individuals newly diagnosed with multiple sclerosis: A longitudinal population-based study
The study concluded that comorbidity increased the rate of all-cause, but not Multiple Sclerosis-specific, hospital admissions. Hospitalization rates were higher during the earlier stages of Multiple Sclerosis.

Lina Al-Sakran, Ruth Ann Marrie, David Blackburn, Katherine Knox, Charity Evans. "[Impact of comorbidity on hospitalizations in individuals newly diagnosed with multiple sclerosis: A longitudinal population-based study.](#)" Multiple Sclerosis and Related Disorders (2020).

Note: There are no HQC authors but the paper was a result of a HQC research collaboration with Charity Evans.

! Recognizing and managing comorbidity in the Multiple Sclerosis population, especially early in the disease course, will likely have the biggest impact on reducing overall hospital admissions.

Resident-Level Predictors of Dementia Pharmacotherapy at Long-Term Care Admission: The Impact of Different Drug Reimbursement Policies in Ontario and Saskatchewan

The study concluded that while more restrictive criteria for dementia pharmacotherapy coverage in Saskatchewan resulted in fewer residents entering long-term care on dementia pharmacotherapy, there were relatively few differences in the factors associated with use across provinces. We need longitudinal studies to assess how differences in prevalence and characteristics associated with use impact patient outcomes.

Laura C. Maclagan, Susan E. Bronskill, Michael A. Campitelli, Shenzhen Yao, Christoffer Dharma, David B. Hogan, Nathan Herrmann, Joseph E. Amuah, Colleen J. Maxwell. "[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).

! Pharmacotherapy reimbursement policies have the potential to influence both the frequency and the factors associated with medication use.

COMMITTEES AND WORKING GROUP MEMBERSHIP

As one of Saskatchewan's health partner organizations, HQC helps to influence and shape provincial discussions and decisions as well as lend experience and expertise to many committees and working groups. The major committees and working groups HQC contributed to in 2019-2020 include:

- **Provincial Quality, Safety, Lean Management Committee:** As co-chair of the Provincial Quality, Safety, Lean Management Committee, HQC continues to influence and shape provincial discussions and decisions.
- **Patient and Family Centered Care (PFCC) Guiding Coalition:** As co-chair of the PFCC Guiding Coalition since its creation, HQC remains a committed partner in this work moving forward.
- **Improvement Reporting Working Group (IWRG):** HQC co-leads the Improvement Reporting Working Group (IWRG), which is working to build a measurement framework to better assess the impact of improvement work occurring across the province.
- **Data and Analytic Working Group:** HQC is a member of the Data and Analytic Working Group for Health Networks, lending measurement and analytic expertise.
- **Data and Analytics Oversight Group:** HQC is a member of the Data and Analytics Oversight Group formed to foster a data-driven and analytics-supported culture in the Saskatchewan Health Sector.
- **Health System Partners Committee:** HQC is part of a senior provincial leadership group that advances health system priorities and addresses emerging issues. This group includes the CEOs of other partner organizations, the Deputy Minister, and the executive team from the Ministry of Health and the SHA.

! As an arm's-length organization with highly specialized skills and vantage point in the health system, HQC has the capacity offer assistance and perspective to our system partners.

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 21, 2020

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, 2020, 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, 2020, 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.
- 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.



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 the 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 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 2, 2020

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

Statement 1

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

As at March 31	2020	2019
Financial assets		
Cash	\$ 819	\$ 654
Accounts receivable	164	222
Accrued interest receivable	22	47
Short-term investments (Note 3)	2,780	4,704
	3,785	5,627
Liabilities		
Accounts payable	223	204
Payroll liabilities (Note 6)	168	177
Deferred revenues (Note 7)	458	711
	849	1,092
Net financial assets	2,936	4,535
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	59	67
Prepaid expenses (Note 5)	92	46
	151	113
Accumulated surplus (Statement 2)	\$ 3,087	\$ 4,648
Contractual obligations (Note 12)		
Contractual rights (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>2020</u>		<u>2019</u>
	Budget (Note 10)	Actual	Actual
Revenue			
Ministry of Health			
- Operating Grant	\$ 3,604	\$ 3,530	\$ 4,605
- Provincial Emergency Department Waits and Patient Flow Initiative	-	-	500
- Saskatchewan Centre for Patient Orientated Research	375	200	375
Saskatchewan Health Authority	-	175	-
University of Saskatchewan			
- Cost of Pain in Long Term Care	-	11	18
- Drug Safety & Effectiveness Network	237	217	309
- Frailty and Medication Use	-	-	2
- Lung Cancer Screening	-	-	5
- Quality of Care Gaps for Rheumatic Disease	-	1	2
- Saskatchewan Centre for Patient Oriented Research (Note 13a)	381	248	1,143
- Vitamin D in Long Term Care	-	9	8
- Anti-TNF Failure in IBD	-	-	29
- Medication Adherence in MS	-	3	22
- Other	257	31	46
Choosing Wisely Canada	80	85	80
Pediatric Asthma	-	9	9
Saskatchewan Medical Association	856	688	988
Other	-	21	9
Interest	80	109	103
	<u>5,870</u>	<u>5,337</u>	<u>8,253</u>
Expenses			
Project funding	1,011	850	1,507
Grants	175	161	169
Wages and benefits	6,069	5,095	5,016
Travel	217	114	156
Administrative and operating expenses	140	251	120
Honoraria and expenses of the board	100	55	34
Amortization expense	50	48	49
Rent	310	324	319
	<u>8,072</u>	<u>6,898</u>	<u>7,370</u>
Annual (Deficit) / Surplus (Statement 3)	<u>\$ (2,202)</u>	<u>(1,561)</u>	<u>883</u>
Accumulated surplus, beginning of year		4,648	3,765
Accumulated surplus, end of year (Statement 1)		<u>\$ 3,087</u>	<u>\$ 4,648</u>

(See accompanying notes to the financial statements)

Financial Statements FOR THE YEAR ENDED MARCH 31, 2020

Statement 3

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

For the year ended March 31	2020		2019
	Budget	Actual	
Annual (Deficit) / Surplus	\$ (2,202)	\$ (1,561)	\$ 883
Acquisition of tangible capital assets	(48)	(40)	(62)
Amortization of tangible capital assets	50	48	49
	<u>2</u>	<u>8</u>	<u>(13)</u>
Acquisition of prepaid expense	(65)	(92)	(46)
Use of prepaid expense	46	46	66
	<u>(19)</u>	<u>(46)</u>	<u>20</u>
(Decrease)/Increase in net financial assets	(2,219)	(1,599)	890
Net financial assets, beginning of year	<u>4,535</u>	<u>4,535</u>	<u>3,645</u>
Net financial assets, end of year	<u>\$ 2,316</u>	<u>\$ 2,936</u>	<u>\$ 4,535</u>

(See accompanying notes to the financial statements)

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

For the year ended March 31	2020	2019
Operating transactions		
Annual (Deficit)/Surplus (Statement 2)	\$ (1,561)	\$ 883
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	48	49
Net change in non-cash working capital items:		
Deferred revenues (decrease)/increase	(253)	382
Accrued interest receivable decrease/(increase)	25	(18)
Accounts receivable decrease/(increase)	58	400
Prepaid expenses (increase)/decrease	(46)	20
Accounts payable increase/(decrease)	19	(155)
Payroll liabilities (decrease)/increase	(9)	33
	(1,719)	1,594
Capital transactions		
Cash used to acquire tangible capital assets	(40)	(62)
Cash applied to capital transactions	(40)	(62)
Investing Transactions		
Purchases of investments	(86)	(6,277)
Proceeds from disposal/redemption of investments	2,010	4,981
	1,924	(1,296)
Increase/(Decrease) in cash	165	236
Cash, beginning of year	654	418
Cash, end of year (Statement 1)	\$ 819	\$ 654

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2020
(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. 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 length of the original lease. Amortization is recorded on a straight-line basis at rates based on estimated useful lives of the tangible capital assets as follows:

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

Normal maintenance and repairs are expensed as incurred.

d) Investments

Investments are valued at amortized cost.

e) 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 \$2,780 as described below at March 31, 2020. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2019 in the amount of \$4,704.

	2020	
	Carrying Value (000's)	Interest Rate
Canaccord Genuity	\$ 1,209	2.20%
Canaccord Genuity	718	2.09%
Canaccord Genuity	523	2.05%
Canaccord Genuity	<u>330</u>	1.70%
Total Investment	<u>\$ 2,780</u>	

4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2020 Totals	2019 Totals
(thousands of dollars)					
Opening cost	\$ 153	\$ 481	\$ 19	\$ 653	\$ 1,012
Additions	1	32	7	40	62
Disposals	-	(39)	-	(39)	(421)
Closing cost	154	474	26	654	653
Opening accumulated amortization	136	431	19	586	958
Amortization	5	42	1	48	49
Disposals	-	(39)	-	(39)	(421)
Closing accumulated amortization	141	434	20	595	586
Net book value of tangible capital assets	\$ 13	\$ 40	\$ 6	\$ 59	\$ 67

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. 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 \$35 of the total \$168 of payroll liabilities (\$0 – 2019).

7. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
(thousands of dollars)				
Saskatchewan Medical Association	\$ 711	\$ 435	\$ 688	\$ 458
Totals	\$ 711	\$ 435	\$ 688	\$ 458

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.

	<u>2020</u>	<u>2019</u>
	(thousands of dollars)	
Revenue		
Ministry of Health - Other	\$ 200	\$ 875
Saskatchewan Health Authority	175	-
Ministry of Health – Grant Funding	3,530	4,605
Expenses		
3sHealth	\$ 1	\$ 1
Public Employees Pension Plan	276	240
Saskatchewan Health Authority	-	109
Saskatchewan Health Research Foundation	3	3
Saskatchewan Opportunities Corporation (operating as Innovation Place)	409	337
Saskatchewan Workers' Compensation	13	5
SaskTel	5	5
Other	2	6
Accounts payable		
Public Employees Pension Plan	\$ 1	\$ 42
Saskatchewan Opportunities Corporation (operating as Innovation Place)	-	12
Saskatchewan Workers' Compensation	3	-
SaskTel	1	-
Accounts receivable		
Saskatchewan Health Authority	\$ 1	\$ 2
Saskatchewan Opportunities Corporation (operating as Innovation Place)	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 June 27, 2019.

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, 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 \$276 (2019 - \$240). This is recorded in wages and benefits.

12. Contractual obligations

As of March 31, 2020, 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 \$28.3 per month until December 31, 2021 and \$23.1 for the remainder of the term.

Fiscal Year	Expenditures (000's)
2020/2021	\$340
2021/2022	322
2022/2023	277
2023/2024	208
Total	\$1,147

b) Other

HQC holds a lease for a copier for \$3 annually until June 30, 2023, a contract for website services for \$2 until May 31, 2020, and a contract for services including a retainer of \$2 plus any additional approved time until June 30, 2020.

13. 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)
2020/2021	\$987
Total	\$987

HQC entered into a contract with the University of Saskatchewan for Saskatchewan Centre for Patient-Oriented Research. The contract requires HQC to contribute \$4,107 over the term of the agreement. In 2019-2020, the

contribution was reduced to \$3,330 over the term of the grant. The agreement runs from September 1, 2015 to March 31, 2021.

The agreement allows HQC to recover a total of \$987 over the period from April 1, 2020 to March 31, 2021. To date, HQC received \$3,591 in revenue from the University of Saskatchewan.

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)
2020/2021	\$559
2021/2022	111
Total	\$670

14. Subsequent events

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 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) | [@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)

SYSTEM PARTNERS

Program-specific inquiries:

If you would like to speak to someone about one of our program areas, please [visit our website](#) 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:

Tanya Verrall

306-668-8810 (ext 167)

tverrall@hqc.sk.ca

General inquiries:

See above for general 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](#).

MEDIA

Media inquiries:

Heidi Abramyk

Manager, Marketing and Communications

Phone: 306-668-8810 (ext 112)

Email: habramyk@hqc.sk.ca

6.0 Appendix

Appendix A: Research projects and papers

HIGHLIGHTS OF 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):

Projects currently in publication process:

- 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
- Describing Utilization and Adverse Outcomes of Ondanestron and Fluconazole Therapy during Pregnancy
- Utilization, effectiveness, and safety of SGLT2 Inhibitors among patients with Type 2 Diabetes
- 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

Projects currently in analytical process:

- Hydrochlorothiazide use and the risk of non-melanoma skin cancer

RESEARCH PAPERS PUBLISHED IN 2018-2019

In 2019-2020 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>.

Appendix B: HQC's Blogs in 2019-2020

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 2019-2020. 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

- [From a patient family advisor: 5 ways to create a culture of safety on World Patient Safety Day and beyond](#) | Guest: Kim Neudorf, Patient Family Advisor
- [The costs of poverty in Saskatchewan \(and how we can address them\)](#) | Guest: Dr. Charles Plante, University of Saskatchewan
- [What makes us healthy? Exploring the determinants of health in Saskatchewan](#) | Chelsea Schwartz, Improvement Lead, HQC
- [What is CNODES and what does it do?](#) | Mallory Clarkson, Communications Consultant, HQC

Quality improvement

- [25 examples of QI in Saskatchewan: Learnings from CQIP Cohort 3](#) | HQC Staff
- [3 essential skills from our top 5 QI Power Hour sessions to help improvement leaders shine](#) | Kathleen Kelly, Communications Consultant, HQC
- [Charting a course for team success: the team charter](#) | Chelsea Schwartz, Improvement Lead, HQC
- [From “good” to “great”: Four tips to strengthen your next clinical* quality improvement project idea](#) | Jocelyn Watson, Improvement Lead, HQC
- [How to use different types of data and measurement to get on the same page](#) | HQC Staff
- [HQC's top books for your quality improvement reading list](#) | HQC Staff
- [Panel discussion: How CQIP changed the way I practice medicine](#) | Moderated by Shari Furniss, HQC's Director of Learning and Development, Panel: Dr. Shaqil Peermohamed and Dr. Erin Hamilton

Other

- [2018-2019 in review: a message from HQC's Interim CEO](#) | Dr. Dennis Kendel, former HQC Interim CEO
- [2018-2019 in review: a message from HQC's Board Chair](#) | Dr. Susan Shaw, HQC Board Chair
- [Opinion: HQC's learning journey – the most challenging and exciting focus of my role as interim CEO](#) | Dr. Dennis Kendel, former HQC Interim CEO
- [Improving health care provision: Lessons from my summer internship](#) | Nicolas Zulu, former intern, HQC

Appendix C: QI Power Hour Sessions in 2019-2020

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 2019-2020. 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

- [12 Bold Ideas to Eliminate Poverty in Saskatoon: A closer look at the work of the Saskatoon Poverty Reduction Partnership](#) | Guest: Colleen Christopherson-Cote, Saskatoon Poverty Reduction Partnership
- [Citizen Science in Public Health Policy: Leveraging the Power of Ubiquitous Tools](#) | Guest: Dr. Tarun Katapally, Johnson-Shoyama Graduate School of Public Policy
- [Going big with community-based improvement, a B.C. born approach](#) | Guests: Dr. Jennifer Mervyn, Christina Southey, and Nikita Soares
- [Health Networks in Saskatchewan](#) | Guests: Dr. Kevin Wasko, Physician Executive, Integrated Rural Health; Sheila Anderson, Executive Director, Primary Health Care Regina; and, Dr. Rashaad Hansia, Physician Executive, Integrated Urban Health
- [Promoting social inclusion through experience-based design in Christchurch, New Zealand](#) | Guest: Nicola Woodward, health; social; and community service innovator
- [Research as Reconciliation](#) | Guest: Dr. Carrie Bourassa, HQC Board Member
- [The Costs of Poverty to Saskatchewan: Why Do They Matter and How Do We Calculate Them?](#) | Guest: Dr. Charles Plante, University of Saskatchewan

Quality improvement

- [Working Remotely Series: The Basics](#) | Caroline Beck and Chelsea Schwartz, Improvement Leads, HQC
- [Bravely leading challenging conversations](#) | Guest: Stephani Roy McCallum, Courageous Leadership Project
- [Getting on the same page: the difference between data for improvement, data for research, and data for accountability](#) | Jessica Hamilton and Laura Schwartz, Researchers, HQC

Appendix D: HQC's news stories in 2019-2020

HQC'S NEWS STORIES

The following is a list of HQC's news stories released in 2019-2020. 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

- [Tracey Sherin named CEO of Saskatchewan's Health Quality Council](#) (August 26, 2019)
- [Analytic support for identifying high-cost, high variation in health service use and graduation of second group of clinicians from CQIP among highlights showcased in HQC's 2018-19 annual report](#) (July 29, 2019)
- [HQC Board Chair recognized by peers for excellence in medical leadership](#) (May 2, 2019)

Clinical Quality Improvement Program (CQIP)

- [Wanted: Saskatchewan clinicians with a 'growth mindset and grit'](#) (March 4, 2020)
- [Twenty-one Saskatchewan health care professionals accepted for fourth round of in-depth quality improvement training program](#) (Sept. 26, 2019)
- ["You don't need to wear a cape – we just want to know that you care:" Patient advisor](#) (June 3, 2019)

Physician Panel Reports

- [Better care for Saskatchewan patients aim of new reports available to province's family physicians](#) (June 20, 2019)

Appendix E: Newsletter editions in 2019-2020

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 2019-2020:

- [Determining Health: November 2019 Edition](#)
- [Determining Health: December 2019 Edition](#)
- [Determining Health: January 2020 Edition](#)
- [Determining Health: February 2020 Edition](#)
- [Determining Health: March 2020 Edition](#)

QI SPARK NEWSLETTER

QI Spark was a monthly publication that shared independent news and resources to help readers explore quality improvement in Saskatchewan. QI Spark was discontinued in March 2020 to make way for a new newsletter product. While QI Spark has officially sunset as of March 31, 2020, you can sign up to receive HQC's new newsletter by [filling out the following form](#).

The following is a list of QI Spark editions from 2019-2020:

- [QI Spark: March 2020 Edition](#)
- [QI Spark: February 2020 Edition](#)
- [QI Spark: January 2020 Edition](#)
- [QI Spark: November 2019 Edition](#)
- [QI Spark: October 2019 Edition](#)
- [QI Spark: September 2019 Edition](#)
- [QI Spark: July 2019 Edition](#)
- [QI Spark: June 2019 Edition](#)
- [QI Spark: May 2019 Edition](#)
- [QI Spark: April 2019 Edition](#)

Appendix F: 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	172,303
University of Saskatchewan	170,730

TRANSFERS

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

Innovation Place	408,617
Public Employees Pension Plan	276,394

Appendix G: Payee Disclosure List: Salaries

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

Abramyk, Heidi	81,935	Palen, Angelica	98,060
Acan, Beliz	54,399	Quail, Jacqueline	120,794
Azizian, Amir	86,259	Schwartz, Chelsea	110,726
Bajwa, Jagmeet	58,093	Schwartz, Laura	104,244
Basky, Greg	137,231	Sharpe, Wendy	57,609
Beauchamp, Glenda	99,789	Sherin, Tracey	178,979
Beck, Caroline	91,109	Sidhu, Nirmal	84,659
Brady, Erin	146,925	Tian, Yuan	94,594
Chireh, Batholomew	54,460	Vanderby, Sonia	111,867
Edstrom, Kim	61,283	Verrall, Tanya	64,462
Erb, Gloria	52,331	Villanueva, Alejandra	81,900
Falastein, Patrick	128,447	Watson, Jocelyn	97,901
Fang, Sarah	51,664	Wright, Debra-Jane	153,450
Flegel, Catherine	97,147	Yao, Shenzhen	83,848
Flogan, Carla	67,624		
Flowers, Michelle	87,836		
Furniss, Shari	131,787		
Hamilton, Jessica	94,982		
Hu, Nianping	83,908		
Hudema, Nedeene	110,782		
Hutton, Amanda	71,268		
Jin, Shan	77,062		
Keller, Malori	105,921		
Kendel, Dennis	150,717		
Hoffman, Kaitlyn	78,926		
Lu, Xinya	84,816		
Lynxleg, Jeanine	70,512		
Ogaick, Charlsie	71,046		
Onaemo, Vivian	85,923		
Osman, Meric	99,019		



(Continued from page 3)



Connecting people.
Igniting ideas.
Accelerating improvement.

www.hqc.sk.ca

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