



2021-22 ANNUAL REPORT

HEALTH QUALITY COUNCIL



Connecting people.

Igniting ideas.

Accelerating improvement.

CONTENTS

Letter of transmittal	3
1.0 Our organization	4
Message from the Board Chair	6
Message from the CEO	8
Who we are	10
What we do	11
Our work areas and partners	12
Our strategic priorities	13
2.0 Our governance	14
Our organizational structure	16
Our Board of Directors	17
Board of Directors profiles	18
Our leadership team	22
3.0 Our work	24
HQC's alignment to provincial priorities	26
Supporting the health system during COVID-19	27
Skill-building	28
Collaborations	32
Measurement and analytics	35
4.0 Financials	38
5.0 Contact us	56
6.0 Appendix	58

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

Letter of transmittal

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

Dear Minister Merriman:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2021-22 fiscal year and is submitted in accordance with the requirements of *The Health Quality Council Act* and *The Executive Government and Administration Act*.



Dr. Susan Shaw
Board Chair
Health Quality Council

1.0 Our organization

Message from the Board Chair 6

Message from the CEO 8

Who we are 10

What we do 11

Our work areas and partners 12

Our strategic priorities 13



CONTINUED ON PAGE 67

Message from the Board Chair



Health Quality Council (HQC) is an organization that truly harnesses the power of partnerships. It's a foundational element that dates back to the organization's inception in 2002, and is certainly something I've recognized during my service as board chair.

Throughout the past year, a time of challenge, the theme of partnership took on a different meaning. We continued to face the effects of the COVID-19 pandemic, though the announcement of vaccine approval was a welcome reprieve. As vaccination clinics across the province began to ramp up, HQC staff contributed their energy and talents to this monumental provincial effort, providing valuable project management and quality improvement input to the Saskatchewan Health Authority (SHA). Months later, as the proof-of-vaccination program was launched, HQC staff continued to help by providing program assistance to eHealth Saskatchewan. Fostering these relationships with our provincial partners is vital to maintaining a strong, capable health system and ensuring the future of quality health care in Saskatchewan.

Partnerships were evident in other areas of HQC as well. As part of our work with the provincial and inter-sectoral Drug Task Force, we launched a hotspotting project to identify areas with high risk of drug overdose or death. In 2021 we launched updated *BestPractice* Primary Care Panel Reports, providing Saskatchewan's family physicians with access to relevant information about their patients along with actionable education modules to understand report results. We also made great strides with the Health Research Data Platform, a collaboration born out of our work with the Saskatchewan Centre for Patient-Oriented Research (SCPOR).

We continued our work with the Canadian Network for Observational Drug Effect Studies (CNODES), a national network studying the safety and effectiveness of drugs for Canadians. We supported the development of new measurement tools within the Patient Reported Experience Measurement/Patient Reported Outcome Measurement (PREMS/PROMS) project, a long-time collaboration with the SHA, the University of Saskatchewan and SCPOR. Our researchers continue to contribute meaningful data to other research projects across Canada and globally.

This year we made progress on our priority areas of First Nations and Métis health and wellness, and child and youth mental health and wellness. We continued our work with the Federation of Sovereign Indigenous Nations (FSIN) in their life promotion efforts, using administrative data to both identify inequities in our health system and support changes to reduce them. We welcomed a new partnership with the Saskatchewan Alliance for Youth and Community Well-being (SAYCW), a group that unites health, education and community stakeholders with the common vision of improving youth health.

The Clinical Quality Improvement Program (CQIP), which equips clinicians with the skills to lead quality improvement in the health system, launched its fifth, entirely digital cohort this year. The QI Learning Collaborative continued to provide QI training and resources to physicians in the Prince Albert-Shellbrook area. The Community QI Collective, a QI skills program aimed at community-based, non-profit and human service organizations, launched its inaugural cohort in 2021 with seven organizations from across Saskatchewan participating.

These successes, plus so many more listed in this report, speak volumes about HQC and its power to create real change. In a year of struggles and sacrifices, I am so proud of this organization and its collective efforts to keep these partnerships alive. I look forward to another year of developing our networks and building capacity alongside our partners. Thank you.



Dr. Susan Shaw

Chair, HQC Board of Directors

Message from the CEO



Being nimble and agile to meet changing needs and priorities was again a theme of our work this year. Despite the challenges of the COVID-19 pandemic, we were able to make progress on initiatives to support improving team-based care in the community, mental health and addictions services, generating evidence for decision-making and planning, and building capability for improvement.

In October, HQC joined the Saskatchewan Alliance for Youth and Community Well-being (SAYCW), a partnership between health, education and other community stakeholders dedicated to improving the health and well-being of the Saskatchewan population. We worked with the team to kick off the Youth Mental Health Sharing and Learning Community in March, an interactive virtual space where individuals and organizations can build relationships with others working on youth mental health, share ideas, share the progress of current work, and engage in a process of collective learning.

We expanded on our work with the Federation of Sovereign Indigenous Nations (FSIN) to examine suicide and self-harm in First Nations people using health administrative data. We contributed our research and analytic skills to 10 patient-oriented research projects. With support from our health system partners and federal funding, we also developed processes to streamline data sharing and access for patient-oriented research.

Our learning programs team continued to deliver high-quality programs to build capability for improvement. The fifth cohort of the Clinical Quality Improvement Program (CQIP) launched this year, with 12 clinicians participating to build their skills to lead improvement. The Quality Improvement Learning Collaborative (QILC) continued to support primary care and specialist physicians in the Prince Albert and Shellbrook area to improve their practices.

The second version of the *BestPractice* Primary Care Panel Reports were released in June 2021, and included several updated and new indicators, as well as an additional education program to help physicians understand and act upon the results.

To further our commitment to improving our cultural competency and addressing the Truth and Reconciliation Commission Calls to Action, HQC completed the following actions this year:

- Call to Action #18 – Acknowledging Indigenous topics, including impacts of systemic racism and intergenerational trauma, on our monthly webinar series QI Power Hour
- Call to Action #19 – Partnered with FSIN to complete an analysis of suicide and self-harm among First Nations people in Saskatchewan
- Call to Action #23 – Cultural Competency training offered to all staff; Providing OCAP® training for research and analytics staff
- Call to Action #57 – Quarterly Indigenous Learning Series sessions for all staff; Initiated a Cultural Advisory Committee to provide guidance to our policies and projects; Organizational recognition of culturally important dates and events.
- Call to Action #80 – HQC will recognize the National Day for Truth and Reconciliation as a designated holiday beginning September 30, 2022.

Maintaining this level of agility during a time of uncertainty demonstrates resilience and a commitment to continuous improvement. I want to express my appreciation to our staff for continuing to come together each day to make health and health care better and safer for the people of Saskatchewan.

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



Tracey Sherin

Chief Executive Officer

Who we are

WHO WE ARE

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

OUR MISSION

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

OUR VISION

Optimal health and health care for everyone

OUR VALUES

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

We demonstrate our values through the following principles:

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

OUR MANDATE

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

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

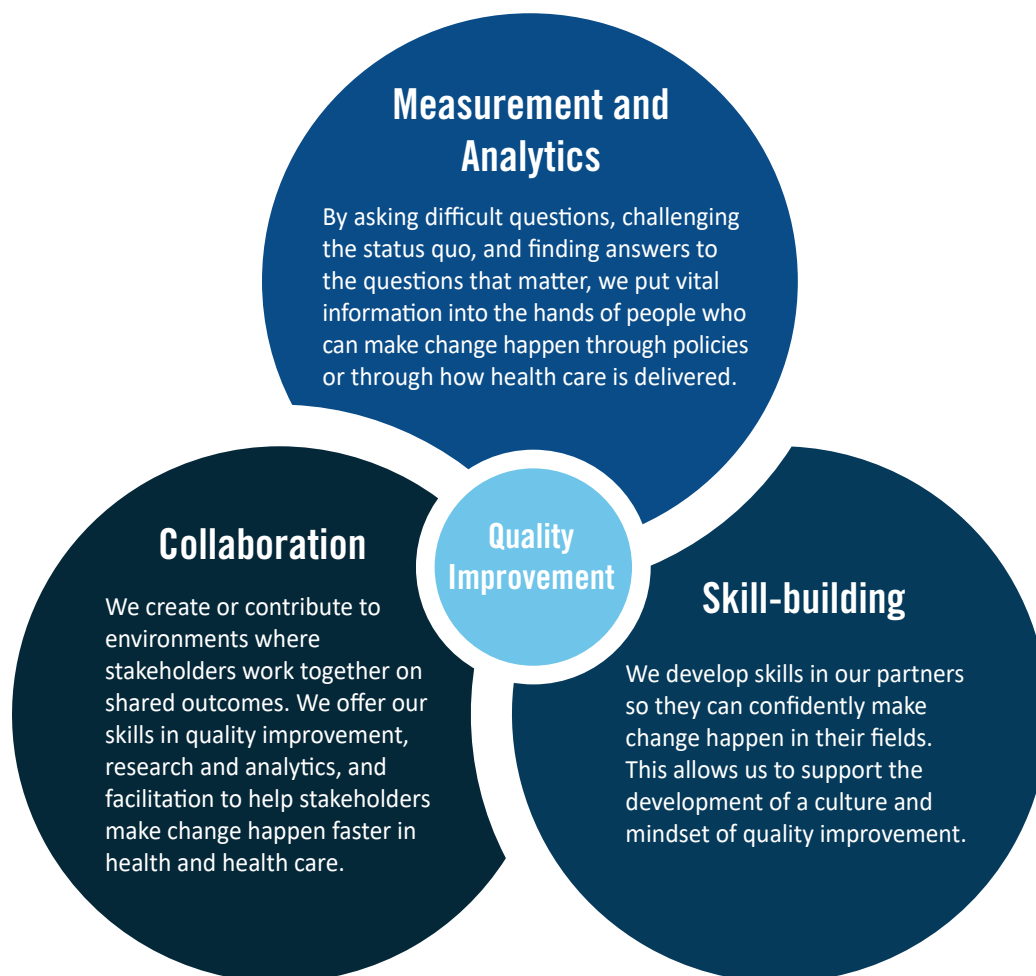
What we do

WHAT WE DO

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

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

We focus our work in three key service areas:



Our work areas and partners

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

OUR PARTNERS

HQC partners with health and health-care organizations on projects related to research, measurement and analysis, reporting, governance structures for data use, quality improvement training and development opportunities, and more. Our partners in the health community include the Saskatchewan Alliance for Youth and Community Well-being (SAYCW), Federation of Sovereign Indigenous Nations (FSIN), HQC's cultural advisors and others. Our partners in the health-care sector include the Saskatchewan Health Authority, the Ministry of Health, eHealth Saskatchewan, 3sHealth, Saskatchewan Association of Health Organizations (SAHO), Athabasca Health Authority, the Saskatchewan Medical Association (SMA) and others.

COLLABORATIONS

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

SASKATCHEWAN CENTER FOR PATIENT ORIENTED RESEARCH

The Saskatchewan Centre for Patient-Oriented Research (SCPOR) is a partnership of organizations that support and advance patient-oriented research in Saskatchewan. Patient-oriented research (POR) occurs when multi-disciplinary research teams engage patients, as well as their caregivers and families, as partners in the research process. POR focuses on patient-identified priorities that lead to improved patient outcomes in health care. The goal is to include patient partners, families, clinicians, researchers and policy-makers on research teams to work together and identify research topics, complete the research and then use the results of that research to improve patient care and the health system.

Our strategic priorities

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

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

ENHANCING FIRST NATIONS AND MÉTIS HEALTH AND WELLNESS

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

Through this strategic focus area, we will:

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

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

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

Through this strategic focus area, we will:

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

2.0 Our governance

Our organizational structure 16

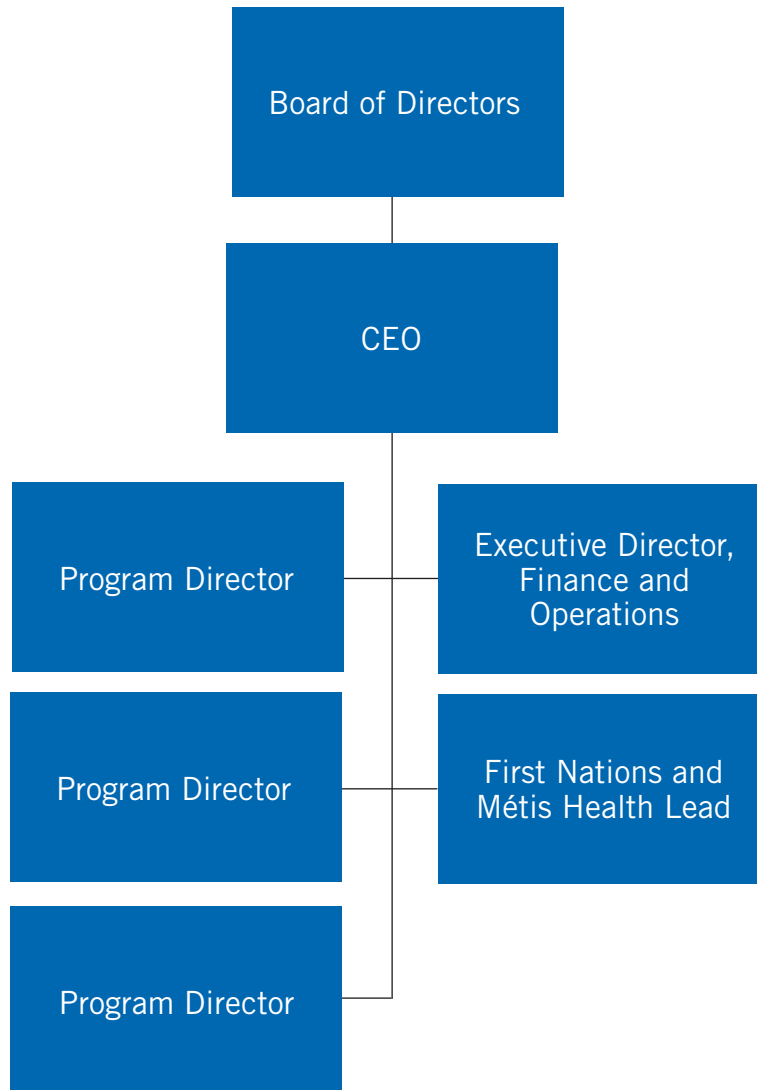
Our Board of Directors 17

Board of Directors profiles 18

Our leadership team 22

Our organizational structure

The following diagram depicts HQC's high-level organizational structure for the 2021-22 fiscal year. HQC employed 32.75 full time equivalents (FTEs) in 2021-22.



Our Board of Directors



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

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

- Understanding and functioning with a system view and not as a representative of a segment of the community.
- Participating in formulating and adopting HQC's vision, mission, and principles.
- Establishing HQC's strategic plan in collaboration with the CEO and staff.
- Evaluating HQC's performance and the Board's performance.
- Appointing and evaluating the CEO.
- Exercising fiduciary stewardship.
- Building and maintaining thriving relationships with health system stakeholders.
- Developing and fostering healthy Board relations.

The Board Chair ensures the integrity of the Board's processes and represents the Board to outside parties. The Chair is the only member authorized to speak for the Board.

Board of Directors profiles



Dr. Susan Shaw, Chair

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



Cheryl Craig, Vice-Chair

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



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 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, 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.



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.



Eugene Paquin (as of December 8, 2021)

Eugene has over 30 years of experience in education in the areas of senior school division/provincial government administration and leadership. He has also worked in the areas of real estate, customs, human resources, and the non-profit sector. Currently, he consults in the field of human resources with a focus on proposal development, board and organizational development, and strategic planning. Eugene has decades of provincial and national leadership experience with the health, health charities, and volunteer sectors dedicated to improving the lives of those living with disabilities, their families, and caregivers. He acts in a government relations and advocacy capacity with the MS Society of Canada, Barrier Free Saskatchewan, Carers Canada, and Saskatchewan Deaf and Hard of Hearing Services as well as other health charities and industry partners.



Serese Selanders

Serese Selanders is the founder and CEO of two high-tech safety companies: SolusGuard (focused on improving workplace safety) and ORA (personal safety). She has two passions: saving lives and advocating for women entrepreneurs. Serese was named a Top Woman in Safety by Canadian Occupational Safety and was nominated for numerous awards including the Women Entrepreneurs of Saskatchewan Innovation Award, RBC Canadian Entrepreneurship Awards' Women of Influence and personal honors from the Aboriginal Friendship Centres of Saskatchewan.

**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, information technology and clinical care,
- ensuring effective, efficient use of financial and human resources in the delivery of HQC's products and services,
- developing work plans, staffing strategies and budgets, and,
- facilitating effective communication between the Board and the organization.



Tracey Sherin – CEO

Tracey joined HQC in 2005. Before stepping in as CEO in 2019, she led a team of researchers and research analysts generating new knowledge through research conducted with academic and health system partners.



Erin Brady – Executive Director, Finance and Operations

Erin started with HQC in March 2019. She provides leadership in the areas of finance, human resources, communications and information technology.



Patrick Falastein – Program Director

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 (until May 21, 2021)

Shari worked with HQC since 2004. During her tenure, she collaborated with health system partners to create innovative and effective learning programs.



Laura Keegan – Program Director (as of August 3, 2021)

Prior to joining HQC, Laura led public engagement and policy initiatives at HIV Edmonton. Her current work supports First Nations and Métis health and wellness, as well as child and youth mental health and wellness.



Tanya Verrall – Program Director

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

2021-22 highlights 25

HQC's alignment to system priorities 26

Supporting the health system during COVID-19 27

Skill-building 28

Collaborations 32

Measurement and analytics 35

2021-22 highlights

- ✓ **CONTINUED TO SUPPORT THE HEALTH SYSTEM IN THE COVID-19 RESPONSE**
HQC employees assisted SHA and eHealth Saskatchewan with vaccination and proof-of-vaccination initiatives.
- ✓ **PRESENTED NINE QI POWER HOUR SESSIONS TO A GLOBAL AUDIENCE**
Topics included COVID-19, health care, data and measurement, and Indigenous relationships.
- ✓ **ASSUMED LEAD SPONSOR ROLE IN THE SASKATCHEWAN ALLIANCE FOR YOUTH AND COMMUNITY WELL-BEING**
Previously under the purview of the Saskatchewan Cancer Agency, HQC took over as lead program sponsor in October 2021.
- ✓ **SUPPORTED THE PROVINCIAL DRUG TASK FORCE**
HQC began work on a hotspotting project to identify hot spots of drug toxicity overdoses and deaths.
- ✓ **TRAINED FIFTH COHORT OF CLINICAL QUALITY IMPROVEMENT PROGRAM (CQIP) PARTICIPANTS**
After a delay due to COVID-19, 12 clinicians registered for CQIP, held entirely online.
- ✓ **TRAINED FIRST COHORT OF COMMUNITY QI COLLECTIVE PARTICIPANTS**
The inaugural group, comprised of seven organizations from across the province, helped to identify priority areas for future cohorts.
- ✓ **STRENGTHENED THE *BEST*PRACTICE PHYSICIAN PANEL REPORTS EDUCATIONAL OFFERINGS**
Physicians can now earn Mainpro+ professional development credits by completing modules on how to interpret their patient panel data.
- ✓ **LED THE CREATION OF THE HEALTH RESEARCH DATA PLATFORM-SASKATCHEWAN (HRDP-SK)**
This platform streamlines the process for researchers across the province to access health data.

HQC's alignment to provincial priorities

In 2021-22, HQC remained committed to supporting Saskatchewan's health system in areas where we can add the most value:

- Continued to support the provincial COVID-19 response and recovery with our health system partners (see page 27 for more details).
- Supported provincial mental health and addictions efforts through positive life promotion initiatives covering First Nations and Métis health and wellness and child and youth mental health and wellness.
 - Jointly produced report(s), in conjunction with FSIN, about the quality of care for First Nations people seeking care for self-harm.
 - Built capability for quality improvement in intersectoral partners.
 - Supported collaboration across sectors to achieve common aims.
 - Supported design of shared measurement and evaluation frameworks that support shared aims.
- Improved team-based care by resourcing and advancing key tools for collaboration in the health system.
- Continuing to support the advancement of operational and strategic priorities by all health system partners, including:
 - Quality Improvement Learning Collaborative (Advanced Access, Clinical Microsystems).
 - New version of *BestPractice* Primary Care Panel Reports and physician training sessions.
 - Initiate spread of Quality Improvement Learning Collaborative.
 - Launch cohort 5 of the Clinical Quality Improvement Program.
- Supported the Drug Task Force with evidence analysis and synthesis.
- Worked towards streamlined data and analytics across the health sector as part of the Health Research Data Platform – Saskatchewan partnership.

Supporting the health system during COVID-19

2021-22 marked the second year of the COVID-19 global pandemic. After a year of adhering to public health measures to keep ourselves and our communities safe, a light at the end of the tunnel emerged: vaccination.

The public vaccination effort began in early 2021. As the health system planned this massive undertaking, we were pleased to assist with planning and implementation of vaccine clinics in communities across the province.

This year, HQC staff helped the SHA with the following COVID-19 response initiatives:

- Supported operational efforts at rural and urban vaccine clinics,
- Provided project management and logistical leadership at clinic sites,
- Established processes for registration and patient flow throughout clinics,
- Developed and delivered onboarding/orientation materials for staff, and
- Connected with clinic teams to provide QI recommendations and supported improvements within the systems.

Even as vaccination numbers began to rise, the fourth wave of COVID-19 swept through Canada in late summer 2021. To bring case numbers down, the province instituted a proof of vaccination system, using a branded smartphone app and QR code technology. We assisted our colleagues at eHealth Saskatchewan to bring this tool to Saskatchewan citizens. During this time, HQC provided technical assistance to users submitting vaccine proofs to their MySaskHealthRecord accounts.


Skill-building

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

INTRO TO QI COURSE

HQC's introduction to QI course is a free course designed to introduce the public to the fundamentals of quality improvement. The online, self-directed course takes two hours to complete and provides participants with an understanding of what QI is, why it is important, how to use QI tools in their daily work and where they can learn more.


In 2021-22, 66 individuals from across Canada and from a variety of sectors completed the course.

 The course has been formed to provide basic tools, methods, and principles of QI to individuals in and out of a health-care setting. Anyone anywhere can self-register for it. Visit saskhealthquality.ca for more information or to register.

CLINICAL QUALITY IMPROVEMENT PROGRAM (CQIP)

The Clinical Quality Improvement Program (CQIP) is a 10-month applied learning program that equips physicians and other clinicians to lead quality improvement in the health system. CQIP is a partnership between HQC, the SMA, the SHA and the Saskatchewan Ministry of Health. In 2021-22:

- We launched the fifth cohort of CQIP. Due to implications of the pandemic, we pivoted this cohort to be offered virtually for the first time. While initially delayed due to the pandemic, the program began in September 2021. Twelve clinicians from across the province were enrolled in this cohort.
- As of the end of March 2022, 79 clinicians have graduated from CQIP. Past participants include family physicians, specialists, nurse practitioners, pharmacists and physiotherapists.
- A 12-month follow up evaluation of the fourth cohort was conducted and indicated that in the year following their completion of CQIP:
 - 87 per cent have been supporting a team towards identifying and achieving a quality improvement aim.
 - 87 per cent are using data to understand and analyze variation in health care data.
 - 87 per cent have incorporated patient- and family-centred care principles into improvement work.
 - 93 per cent have coached others on using quality improvement science and tools.

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

QI POWER HOUR

QI Power Hour is a monthly webinar series hosted by HQC on a variety of quality improvement related topics. We see participation from learners with an interest in QI in health and health care from Saskatchewan, Canada and abroad. In 2021-22:

- The team produced nine webinars focused on topics related to QI, including topics on data and measurement, problem solving, Indigenous relationships and the COVID-19 pandemic response.
- The QI Power Hour community of learners continues to grow with participants from the health, education, justice and social services sectors, as well as community-based organizations and First Nation and Métis organizations. The community grew by 13 per cent this year.

! Ready-to-access, informal, bite-sized QI learning opportunities helps to spread interest in quality improvement, while advancing the skills of participants with an interest in health and health care.

COMMUNITY QI COLLECTIVE

The Community QI Collective is a new virtual six-month program hosted by HQC that introduces community organizations with an interest in health to QI. The goal of this program is to give teams the tools and skills to continuously improve the work they are a part of and build a community of improvers in community-based organizations, non-profits and human service sectors (such as education, social services, justice, and corrections). In 2021-22:

- The pilot of the program ran from March – September 2021 to test the design, delivery and content of the program with this new target audience.
- Key program components included virtual learning sessions, networking sessions, and tailored team coaching sessions for participants.
- The pilot involved six teams from across the province: Federation of Sovereign Indigenous Nations (FSIN), Family Service Saskatoon, Family Service Regina, SaskCulture, Interval House Saskatoon and Northern Lights School Division. Coaching opportunities allowed participants to explore QI processes within their organizations.
- Recruitment for the second cohort ended in March 2022, with eight organizations enrolled: Battlefords Concern for Youth, Chokecherry Studios, PARTNERS Family Services, Ranch Ehrlo Society, Saskatoon Open Door Society, Tamarack Foundation, Public Health Agency of Canada and the Saskatchewan Cancer Agency.

! Teams participating in the Community QI Collective will build QI capacity to identify problems, test and measure changes, and sustain improvements.

QI LEARNING COLLABORATIVE

The QI Learning Collaborative is a year-long collaborative focused on improving access and flow with the physicians of the Unified Medical Group (UMG) in the Prince Albert-Shellbrook area. The UMG initiative is a collaborative effort sponsored by the SMA and the Ministry of Health. HQC supported the UMG's ambition to establish a culture of QI with the group by designing, developing, implementing and evaluating the QI Learning Collaborative.

The QI Learning Collaborative is based on the Institute for Healthcare Improvement's Breakthrough Series Collaborative methodology, which brings together teams from clinical practices over a short-term period to improve in a focused topic area. The QI Learning Collaborative with the UMG was focused on improving access and flow with physicians taking part. The program was delayed twice due to COVID-19, and is set to wrap up in June 2022.

Highlights from the initiative include:

- 16 core learning sessions held from September 2020 to April 2022, with an average of 17 participants attending each session.
- Program evaluation and case studies to be completed by September 1, 2022.



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

HQC BLOG

The HQC blog features resources from HQC and partners on various topics related to health and health care in quality improvement.

In 2021-22, HQC published 10 blogs on topics related to health care, quality improvement, measurement, and leadership skills. The average time viewers spend on reading the blogs was more than double average industry read times. Please see Appendix B to view the blogs published in the year.



The HQC blog features resources, stories, and tips on quality improvement, measurement, analytics, skill-building, and collaboration to help you accelerate improvement in your work.

HEALTH CLIPS

Health Clips is a daily email digest featuring the latest news, blog posts, events, and research about quality improvement and health care. This year, content expanded to include articles and resources in alignment with our strategic priorities: First Nations and Métis health and wellness, and child and youth mental health and wellness.

In 2021-22, HQC published 253 editions of Health Clips, including themed issues for major holidays. Click-through rates continue to be above the industry average.

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

DETERMINING HEALTH NEWSLETTER

The Determining Health newsletter was a monthly curated list of thought-provoking articles, case studies, research and learning opportunities focusing on addressing the social determinants of health. In 2021-22, HQC continued to offer one newsletter each month to this network. Determining Health in its initial form was discontinued in late 2021.


Collaborations

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

SASKATCHEWAN ALLIANCE FOR YOUTH AND COMMUNITY WELLBEING (SAYCW) TRANSITION

SAYCW is a health, education and community partnership aimed at improving the health and well-being of Saskatchewan youth. In October 2021, sponsorship of SAYCW shifted from the Saskatchewan Cancer Agency (SCA) to HQC.

In 2021-22, HQC assisted SAYCW researchers in coordinating the Mental Health Action Report, a publication detailing the mental health challenges faced by more than 10,000 youth in Saskatchewan and highlighting areas for ways to ignite action to improve youth mental health. The data in the report was from the 2019 Thriving Youth, Thriving Communities survey, touching on a variety of factors that influence young peoples' health and well-being.


 The Mental Health Action Report looks at the importance of action and what we can do to work together to improve the mental health of youth in Saskatchewan.

YOUTH MENTAL HEALTH SHARING AND LEARNING COMMUNITY

We believe collaboration will be key to achieve widespread change in youth mental health and wellness. We are excited to begin connecting people, organizations and systems across Saskatchewan who are eager to share, learn and improve.

The Youth Mental Health Sharing and Learning Community was established in early 2022 and is an interactive virtual space that brings people together in Saskatchewan around the topic of youth mental health. It is a place where individuals and organizations can build relationships with others working in the space, share ideas, share the progress of current work, and engage in a process of collective learning.

In 2021-22, HQC hosted three meet and greet sessions with over 20 participants in attendance across these sessions.

 This interactive virtual space brings people together in Saskatchewan around the topic of youth mental health.

LIFE PROMOTION

The Life Promotion work is focused on working together in a good way. We build relationships with First Nations communities to use measurement and quality improvement to empower communities to make meaningful change in health and wellness to prevent suicide and promote life.

In 2021-22, HQC focused on building an outreach and engagement strategy to begin engagement in the community.

DRUG TASK FORCE

HQC is supporting the work of the provincial Drug Task Force, an inter-sectoral group of leaders concerned with problematic substance use in Saskatchewan. As part of this work, HQC is starting on a hotspotting project; by using data analytics and evidence-based research, we can drive targeted service delivery improvements to help people at highest risk in specific geographic regions.

In 2021-22, HQC:

- Used publicly-available data to highlight the most urgent areas of drug toxicity deaths.
- Facilitated and submitted a data sharing agreement to add Emergency Medical Services data and the provincial coroner's data.

! The goal of the hotspotting project is to identify hotspots of drug toxicity overdoses and deaths, the location and accessibility of services in the vicinity, and patterns of care seeking by individuals who use illicit drugs, a deeper understanding of needs can be gained and used to identify program gaps, assist in coordination of services and to fill program gaps.

BESTPRACTICE PRIMARY CARE PANEL REPORTS

The *BestPractice* Primary Care Panel Reports provide information to Saskatchewan family physicians about their patient population as well as tools to support family physicians in clinical quality improvement. The reports were made possible thanks to collaboration with the Saskatchewan Medical Association, University of Saskatchewan's College of Medicine and Department of Academic Family Medicine, the Ministry of Health, the Saskatchewan College of Family Physicians, and eHealth Saskatchewan. The Health Quality Council is responsible for program management, indicator development, report design, education program development and delivery, and program evaluation.

In 2021-22, we updated the reports with additional indicators and strengthened the training program associated with the panel reports. Physicians can now earn up to 51 Mainpro+ professional development credits by completing modules on how to interpret their patient panel data.

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

PROVINCIAL STROKE STRATEGY

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

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

HQC's contributions to the initiative in 2021-22 include:

- Supporting a data quality process to ensure the data collection and reporting is thorough and complete.
- Supporting the development and monitoring of the stroke strategy by collecting data from stroke centres, identifying variations in the data, and automating data collection and reporting.



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

FSIN LIFE PROMOTION

The Chiefs-in-Assembly directed the Federation of Sovereign Indigenous Nations (FSIN) to address suicidal behaviour among First Nations people with high priority (FSIN Suicide Prevention Strategy, 2018). In partnership with FSIN, HQC is assisting with measurement and evaluation to inform FSIN's Life Promotion Strategy. In 2021-22, HQC engaged with First Nations communities through a technical advisory committee (established by the FSIN) and HQC's cultural advisors to develop the report.



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

The Truth and Reconciliation Call to Action #19 “calls on the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities and to publish annual progress reports and assess long-term trends.” (Truth and Reconciliation Commission of Canada, Truth and Reconciliation Commission of Canada: Calls to Action).

To learn more about the Truth and Reconciliation Commission of Canada's Calls to Action, visit [caanc-cirnac.gc.ca](https://www.caanc-cirnac.gc.ca)

Measurement and analytics


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

SASKATCHEWAN CENTRE FOR PATIENT-ORIENTED RESEARCH (SCPOR)

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

In 2021-22, HQC contributed our research and analytical skills towards the completing 10 patient-oriented research projects that received support through the first phase of SCPOR funding. Examples of these projects include:

- Exploration of end-of-life care in lung cancer and chronic obstructive pulmonary disease (COPD)
- Do fluoroquinolones affect the lens zonules?
- Canadian mother-child cohort (CAMCCO): Cough and cold products containing opioids and utilization patterns in the pediatric population
- Care pathways analytics: Integrating patient-centered outcomes in economic evaluations of care pathways in Saskatchewan

 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.


HEALTH RESEARCH DATA PLATFORM-SASKATCHEWAN (HRDP-SK)

Health data is essential to patient-oriented research, and Saskatchewan has a wealth of it. Accessing this data can be challenging and time-consuming since it is held by several organizations.

To address this issue of data access, SCPOR has allocated resources to develop HRDP-SK, Saskatchewan's first fully integrated and streamlined multi-agency data access platform for health research and analysis. The platform will benefit all partner organizations by establishing and streamlining a data sharing agreement and process for secondary data access in Saskatchewan.

The HRDP-SK streamlines the process for research teams to access health data. The data will be housed in a central repository and governed by a master health data sharing agreement (MHDSA). Users will be supported with consultations and training. They will also be provided access to extensive resources, including a data dictionary and database overviews, which will support increased data literacy and effective use of data.

In 2021-22, HQC led the creation of the MHDSA document and the consultation process and contributed to the design and development of the process and resources to support HRDP-SK.

 The MHDSA was drafted in partnership with HQC, eHealth Saskatchewan, the Saskatchewan Cancer Agency, the Ministry of Health, SHA, 3sHealth and the Saskatchewan Association of Health Organizations.

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

DSEN-CNODES is a national network of provincial/regional centres providing rapid evidence-based responses to questions about the safety and effectiveness of medications prescribed in Canada. HQC is the Saskatchewan site of CNODES. Projects of note from 2021-22 were in the following subject areas:

- Hydrochlorothiazide (a blood pressure drug) and its risk with skin cancer.
- Prescribing patterns of ranitidine, a drug used to reduce stomach acidity.
- The use and safety of ARBs (angiotensin 2 receptor blockers), a common hypertension drug. This is a global study comparing data from several countries to analyze post-market drug-related health outcomes using electronic administrative health data.

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

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

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

Work resumed on this strategy in early 2021, following a delay due to the COVID-19 pandemic. In 2021-22, HQC:

- Led the development of a provincial PREMs/PROMs strategy, which included considerations for data collection, analysis, utilization and storage based on best practice and alignment with *The Health Information Privacy Act* (HIPA).

! PREMs/PROMs honours the voices of patients, families, and communities, focuses on patient inclusion embedded into organizational measurement, uses storytelling as a tool to focus health system work, and embeds planning structure from measurement to action.

OTHER RESEARCH PARTNERSHIPS

HQC collaborates with health system leaders, staff, clinicians, data analysts, and epidemiologists, as well as academics and graduate students in Saskatchewan and beyond to conduct and promote research that directly impacts the quality of health care delivered to Saskatchewan residents. Projects of note from 2021-22 include:

Medication adherence

HQC provided research analyst support to a research project led by the University of Saskatchewan's David Blackburn, as well as PhD candidate and HQC research analyst Shenzhen Yao, regarding physician influence on medication non-adherence. The study, "The impact of age-and sex-concordance between patients and physician on medication adherence: A population-base study" was completed and published in the Patient Preference and Adherence journal.

A secondary methods paper, entitled "An integrated continuity of care measure improves performance in models predicting medication adherence using population-based administrative data" was published in the journal PLoS ONE. This study identified a better way to measure continuity of care, or the ongoing relationship between a patient and a consistent physician. Continuity of care is considered an important determinant of health for patient adherence to medication treatment.

Dementia during COVID-19

HQC supported this research, led by Isabelle Vedel at McGill University, which features input from Quebec, Ontario, Alberta and Saskatchewan. The work created novel information on the impact of COVID-19 upon the health of, and use of health services by, people with dementia. Publication is expected within the next year.

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 28, 2022



PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

Opinion

We have audited the financial statements of Health Quality Council, which comprise the statement of financial position as at March 31, 2022, 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, 2022, and the results of its operations, changes in net financial assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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PROVINCIAL AUDITOR
of Saskatchewan

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

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

Regina, Saskatchewan
June 28, 2022

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

Statement 1

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

As at March 31	2022	2021
Financial assets		
Cash	\$ 1,146	\$ 3,633
Accounts receivable	302	379
Accrued interest receivable	17	1
Short-term investments (Note 3)	3,250	250
	<u>4,715</u>	<u>4,263</u>
Liabilities		
Accounts payable	71	123
Payroll liabilities (Note 6)	106	144
Deferred revenues (Note 7)	202	291
	<u>379</u>	<u>558</u>
Net financial assets (Statement 3)	<u>4,336</u>	<u>3,705</u>
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	127	31
Prepaid expenses (Note 5)	90	63
	<u>217</u>	<u>94</u>
Accumulated surplus (Statement 2)	<u>\$ 4,553</u>	<u>\$ 3,799</u>
Contractual obligations (Note 13)		
Contractual rights (Note 14)		

(See accompanying notes to the financial statements)

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

For the year ended March 31	2022		2021	
	Budget (Note 10)	Actual	Actual	
Revenue				
Ministry of Health				
- Operating Grant	\$ 4,856	\$ 4,856	\$ 4,796	
- Saskatchewan Centre for Patient Orientated Research	-	-	200	
University of Saskatchewan				
- Cost of Pain in Long Term Care	-	7	4	
- Drug Safety & Effectiveness Network	151	147	209	
- Saskatchewan Centre for Patient Oriented Research (Note 14)	-	297	563	
- Medication Adherence in MS	-	-	2	
- Other	150	90	44	
Saskatchewan Cancer Agency	-	31	-	
Saskatchewan Medical Association	673	351	196	
Other	-	7	5	
Interest	5	35	51	
	<u>5,835</u>	<u>5,821</u>	<u>6,070</u>	
Expenses				
Project funding	746	428	292	
Grants	147	48	1	
Wages and benefits	4,619	4,100	4,497	
Travel	127	1	3	
Administrative and operating expenses	168	91	134	
Honoraria and expenses of the board (Note 12)	100	13	10	
Repayment of excess funding received	-	7	38	
Amortization expense	75	77	40	
Rent	304	302	343	
	<u>6,286</u>	<u>5,067</u>	<u>5,358</u>	
Annual Surplus/(Deficit) (Statement 3) (Statement 4)	<u>\$ (451)</u>	<u>754</u>	<u>712</u>	
Accumulated surplus, beginning of year		<u>3,799</u>	<u>3,087</u>	
Accumulated surplus, end of year (Statement 1)		\$ 4,553	\$ 3,799	

(See accompanying notes to the financial statements)

Statement 3

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

For the year ended March 31	2022		2021
	Budget (Note 10)	Actual	
Annual Surplus / (Deficit) (Statement 2)	\$ (451)	\$ 754	\$ 712
Acquisition of tangible capital assets	(93)	(173)	(12)
Amortization of tangible capital assets	75	77	40
	(18)	(96)	28
Acquisition of prepaid expense	-	(90)	(63)
Use of prepaid expense	-	63	92
	-	(27)	29
Increase/(Decrease) in net financial assets	(469)	631	769
Net financial assets, beginning of year	3,705	3,705	2,936
Net financial assets, end of year (Statement 1)	<u>\$ 3,236</u>	<u>\$ 4,336</u>	<u>\$ 3,705</u>

(See accompanying notes to the financial statements)

Statement 4

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

For the year ended March 31	2022	2021
Operating transactions		
Annual Surplus (Statement 2)	\$ 754	\$ 712
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	77	40
Net change in non-cash working capital items:		
Deferred revenues (decrease)	(89)	(167)
Accrued interest receivable (increase)/decrease	(16)	21
Accounts receivable decrease/(increase)	77	(215)
Prepaid expenses (increase)/decrease	(27)	29
Accounts payable (decrease)	(52)	(100)
Payroll liabilities (decrease)	(38)	(24)
Cash provided by operating transactions	686	296
Capital transactions		
Cash used to acquire tangible capital assets	(173)	(12)
Cash applied to capital transactions	(173)	(12)
Investing Transactions		
Purchases of investments	(3,250)	(250)
Proceeds from disposal/redemption of investments	250	2,780
Cash (used in)/provided by investing transactions	(3,000)	2,530
(Decrease)/increase in cash	(2,487)	2,814
Cash, beginning of year	3,633	819
Cash, end of year (Statement 1)	\$ 1,146	\$ 3,633

(See accompanying notes to the financial statements)

**HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2022
(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 Accounting 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 the public sector. A Statement of Remeasurement Gains and Losses has not been prepared as HQC does not have any remeasurement gains or losses. The following accounting policies are considered significant.

a) Operating revenues and expenses

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

Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year when related expenses are incurred.

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

b) Measurement uncertainty

The preparation of financial statements in accordance with PSAB accounting standards requires HQC's management to make estimates and assumptions that affect the

2. Summary of significant accounting policies (continued)

reported amounts of assets and liabilities and the disclosure of commitments at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include payroll liabilities and tangible capital assets.

c) Tangible capital assets

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

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

Normal maintenance and repairs are expensed as incurred.

d) Investments

Investments are valued at amortized cost.

e) Sick leave benefits

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

f) New accounting standards in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will come into effect as follows:

PS 3400 Revenue (effective April 1, 2023) a new standard establishing guidance on the recognition, measurement, presentation, and disclosure of revenue.

3. Short-term investments

HQC held investments in the amount of \$3,250 as described below at March 31, 2022. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2021 in the amount of \$250.

	2022	
	Carrying Value (000's)	Interest Rate
Canaccord Genuity	\$ 1,000	1.10%
Canaccord Genuity	1,000	.90%
Canaccord Genuity	500	.75%
Canaccord Genuity	250	.85%
Canaccord Genuity	250	.75%
Canaccord Genuity	250	.70%
Total	<u>\$ 3,250</u>	

4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2022 Totals	2021 Totals
	(thousands of dollars)				
Opening cost	\$ 146	\$ 484	\$ 26	\$ 656	\$ 654
Additions	-	173	-	173	12
Disposals	(54)	(64)	(2)	(120)	(10)
Closing cost	<u>92</u>	<u>593</u>	<u>24</u>	<u>709</u>	<u>656</u>
Opening accumulated amortization	135	468	22	625	595
Amortization	3	73	1	77	40
Disposals	(54)	(64)	(2)	(120)	(10)
Closing accumulated amortization	<u>84</u>	<u>477</u>	<u>21</u>	<u>582</u>	<u>625</u>
Net book value of tangible capital assets	<u>\$ 8</u>	<u>\$ 116</u>	<u>\$ 3</u>	<u>\$ 127</u>	<u>\$ 31</u>

5. Prepaid expenses

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

6. Payroll liabilities

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees. The sick leave liability is determined using management's best estimate of sick leave usage of active employees. Sick leave liability is estimated to be \$12 (2021 - \$29) of the total \$106 of payroll liabilities (2021 - \$144).

7. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatchewan Medical Association	\$ <u>291</u>	\$ <u>-</u>	\$ <u>89</u>	\$ <u>202</u>

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.

8. Related party transactions (continued)

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

	<u>2022</u>	<u>2021</u>
	(thousands of dollars)	
Revenue		
Ministry of Health – Grant Funding	\$ 4,856	\$ 4,796
Ministry of Health – Other	-	200
Saskatchewan Cancer Agency	31	-
Saskatchewan Health Authority	7	3
Expenses		
3sHealth	\$ 1	\$ 1
eHealth Saskatchewan	1	-
Ministry of Finance	135	13
Public Employees Pension Plan	307	274
Saskatchewan Cancer Agency	-	4
Saskatchewan Health Research Foundation	-	1
Saskatchewan Opportunities Corporation (operating as Innovation Place)	306	358
Saskatchewan Workers' Compensation	9	8
SaskTel	5	5
Accounts payable		
eHealth Saskatchewan	\$ 1	\$ -
Ministry of Finance	11	12
Public Employees Pension Plan	2	6
Saskatchewan Opportunities Corporation (operating as Innovation Place)	2	1
Saskatchewan Workers' Compensation	2	-
Accounts receivable		
Ministry of Health – Other	\$ -	\$ 200
Saskatchewan Health Authority	-	3
Saskatchewan Opportunities Corporation (operating as Innovation Place)	-	6

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 May 11, 2021.

11. Pension plan

HQC is a participating employer in the Public Employees Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary. HQC contributed 8.6% of gross salary for the period April 1, 2021 to March 31, 2022. HQC's obligation to the plan is limited to its share of the contributions. HQC's contributions for this fiscal year were \$307 (2021 - \$274). This is recorded in wages and benefits.

12. Board expenses

HQC Board Members incurred the following travel and honoraria expenses for the year ended March 31, 2022. Amounts directly reimbursed to Board members by HQC are recorded in the statement of operations, are as follows:

	Travel and Meals	Honoraria	2022 Totals	2021 Totals
	(thousands of dollars)			
Craig, Cheryl (Vice-chair)	\$ -	\$ 2	\$ 2	\$ 2
Bourassa, Carrie	-	1	1	-
Crocker, Elizabeth	1	3	4	2
Moen, Doug	-	2	2	2
Selanders, Serese	-	2	2	2
Total Board Expenses	\$ 1	\$ 10	\$ 11	\$ 8

13. Contractual obligations

As of March 31, 2022, HQC had the following commitments for future years:

a) Office rent

HQC holds a lease for office space expiring December 31, 2023. The monthly rent and occupancy costs are \$24.6 per month until December 31, 2023.

Fiscal Year	Expenditures (000's)
2022/2023	\$ 303
2023/2024	227
Total	\$ 530

13. Contractual obligations (continued)

b) Equipment and service

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

Fiscal Year	Expenditures (000's)
2022/2023	\$ 49
2023/2024	32
2024/2025	30
2025/2026	30
2026/2027	31
Total	\$ 172

14. Contractual rights

Research revenue

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

Fiscal Year	Expenditures (000's)
2022/2023	\$ 440
2023/2024	292
2024/2025	298
2025/2026	304
2026/2027	311
Total	\$ 1,645

HQC entered into a contract with the University of Saskatchewan for Saskatchewan Centre for Patient-Oriented Research (SCPOR). The contract will result in \$1,491 of economic resources being transferred to HQC from the University of Saskatchewan. This amount is included in the above total. The contract requires HQC to contribute \$1,640 over the term of the agreement (\$149 in cash and \$1,491 in kind). Any amount received, related to SCPOR, that is not utilized for the agreement must be returned to the University of Saskatchewan. The agreement runs from April 1, 2022 to March 31, 2027. To date, no money has been received from the University of Saskatchewan.

15. Significant event

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

5.0 Contact us

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

GENERAL

General contact information:

Phone: 306-668-8810

Fax: 306-668-8820

Email: info@hqc.sk.ca

Website: www.saskhealthquality.ca

Social media:

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

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

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

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

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

PROGRAM-SPECIFIC INQUIRIES

Current and prospective partners:

If you would like to speak to someone about one of our program areas, please visit SaskHealthQuality.ca for the most up-to-date contact information.

PATIENTS AND PUBLIC

Patients or clients:

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

MEDIA

Media inquiries:

Lesley Porter

Senior Consultant, Marketing and Communications

Phone: 639-638-0566

Email: lporter@hqc.sk.ca

6.0 Appendix

Appendix A: Research papers

RESEARCH PAPERS PUBLISHED IN 2021-22

In 2021-22, we published the following research papers in collaboration with researchers within Saskatchewan and across Canada. Names of HQC staff and board members are in bold. For articles without HQC authors, papers were products of HQC collaborations.

- Colin R Dormuth, Brandace Winkvist, Anat Fisher, Fangyun Wu, Pauline Reynier, Samy Suissa, Matthew Dahl, Zhihai Ma, **Xinya Lu**, Jianguo Zhang, Colette B Raymond, Kristian B Fillion, Robert W Platt, Carolina Moriello, J Michal Paterson, Canadian Network for Observational Drug Effect Studies (CNODES) Investigators. “Comparison of Pregnancy Outcomes of Patients Treated With Ondansetron vs Alternative Antiemetic Medications in a Multinational, Population-Based Cohort.” JAMA Network Open (2021). <https://doi.org/10.1001/jamanetworkopen.2021.5329>
- Juan Nicolas Peña-Sánchez, Jessica Amankwah Osei, Jose Diego Marques Santos, Derek Jennings, Mustafa Andkhoie, Colten Brass, Germain Bukassa-Kazadi, **Xinya Lu**, Michelle Johnson-Jennings, Linda Porter, Rob Porter, Carol-Lynne Quintin, Rhonda Sanderson, Ulrich Teucher, Sharyle Fowler. “Increasing Prevalence and Stable Incidence Rates of Inflammatory Bowel Disease Among First Nations: Population-Based Evidence From a Western Canadian Province.” Inflammatory Bowel Diseases Journal (2021). <https://doi.org/10.1093/ibd/izab096>
- Julie G. Kosteniuk, Debra G. Morgan, Valerie Elliot, Amanda Froehlich Chow, Melanie Bayly, Erin Watson, **Meric Osman**, **Beliz Acan Osman**, Megan E. O’Connell, Andrew Kirk, Norma Stewart, Allison Cammer, Anthea Innes. “A Scoping Review of Care Trajectories across Multiple Settings for Persons with Dementia.” Canadian Journal on Aging (2021). <http://dx.doi.org/10.1017/S0714980821000167>
- Jessalyn K Holodinsky, Vivian N Onaemo, Ruth Whelan, Gary Hunter, Brett R Graham, **Jessica Hamilton**, **Laura Schwartz**, Lori Latta, Lissa Peeling, Michael E Kelly. “Implementation of a provincial acute stroke pathway and its impact on access to advanced stroke care in Saskatchewan.” BMJ Open Quality (2021). <http://dx.doi.org/10.1136/bmjopen-2020-001214>
- Scott J Adams, **Shenzhen Yao**, Prosanta Mondal, Hyun Lim, Ivar Mendez, Paul Babyn. “Sociodemographic and Geographic Disparities in Obstetrical Ultrasound Imaging Utilization: A Population-Based Study.” Academic Radiology (2021). <https://doi.org/10.1016/j.acra.2021.07.012>
- Bashir Daud Shah, Chung-Chun Tyan, Masud Rana, Donna Goodridge, Christopher A. Hergott, Nathaniel D. Osgood, Braden Manns, Erika D. Penz. “Rural vs urban inequalities in stage at diagnosis for lung cancer.” Cancer Treatment and Research Communications (2021). <https://doi.org/10.1016/j.ctarc.2021.100495>

- **Shenzhen Yao**, Lisa Lix, Gary Teare, Charity Evans, David Blackburn. “The Impact of Age and Sex Concordance Between Patients and Physicians on Medication Adherence: A Population-Based Study.” Patient Prefer Adherence (2022). <https://dx.doi.org/10.2147%2FPPA.S340573>
- **Shenzhen Yao**, Lisa Lix, Gary Teare, Charity Evans, David Blackburn. “An integrated continuity of care measure improves performance in models predicting medication adherence using population-based administrative data.” PLoS One (2022). <https://doi.org/10.1371/journal.pone.0264170>
- Cristina Longo, Lucie Blais, Marni Brownell, **Jacqueline M Quail**, Mohsen Sadatsafavi, Amelie Forget, Marc-Andre Turcot, **Wenbin Li**, **Nirmal Sidhu**, Hamid Tavakoli, Qier Tan, Robert W Platt, Francine M Ducharme. “Association Between Asthma Control Trajectories in Preschoolers and Long-Term Asthma Control.” The Journal of Allergy and Clinical Immunology: In Practice (2022). <https://doi.org/10.1016/j.jaip.2021.12.033>

Appendix B: HQC's blogs

THE HQC BLOG

The HQC blog features resources from HQC and partners about health and health care, patient and family-centred care, measurement, learning for improvement, and more to build QI skills in our partners and increase the spread of best practices.

The following is a list of HQC blogs from 2021-22. 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.

[Visit our website at saskhealthquality.ca](https://www.saskhealthquality.ca) to view these blogs and more.

1. [Nine tips for measurement for improvement in health and health care](#) | HQC staff
2. [HQC-recommended quality improvement podcasts for on-the-go improvement leaders](#) | HQC staff
3. [What is quality improvement, anyway?](#) | Chelsea Schwartz, Manager of Learning Programs
4. [Navigating the evidence on essential care partners during COVID-19 and beyond](#) | Malori Keller, Improvement Lead, and Mallory Clarkson, Communications Consultant
5. [2020-2021 in review: A message from the Health Quality Council's Board Chair](#) | Dr. Susan Shaw, Board Chair
6. [2020-2021 in review: A message from the Health Quality Council CEO](#) | Tracey Sherin, CEO
7. [Reflections on QI learning from CQIP's fourth cohort](#) | HQC staff
8. [The top 4 QI Power Hour sessions of 2021](#) | HQC staff
9. [Best Practice: All about panel reports in Saskatchewan](#) | Lesley Porter, Senior Marketing and Communications Consultant
10. [Workplace drama got you down lately? Flipping the Drama Triangle might be the solution](#) | HQC staff

Appendix C: QI Power Hour Sessions

QI POWER HOUR

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

The following is a list of past QI Power Hour sessions from 2021-22. You can view past session recordings and accompanying resources on the QI Power Hour website at saskhealthquality.ca. 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 also follow QI Power Hour on Twitter at [@QIPowerHour](https://twitter.com/QIPowerHour).

1. [April 2021 - Research and Development During a Pandemic](#) | Dr. Volker Gerdt, Director and CEO, Vaccine and Infectious Disease Organization (VIDO)
2. [May 2021 - The Problem with Problems: Getting Clear When Things Are Complex](#) | Glenda Beauchamp, Carla Flogan and Jocelyn Watson, Improvement Leads, Health Quality Council
3. [June 2021 – Strengthening Indigenous and Non-Indigenous Relationships Through Dialogue](#) | Brad Bellegarde, Cultural Diversity and Indigenous Relations Advisor, City of Regina
4. [July 2021 – The Indigenous Patient Journey Projects: Cycles of Trauma and Crisis](#) | Randal Bell, Senior Advisor-Indigenous Populations, Provincial Addictions and Mental Health, Alberta Health Services
5. [September 2021 – Learning Through a Pandemic: Developmental Evaluation and Vaccine Delivery](#) | Dr. Gary Groot, Clinical Professor, Department of Surgery, University of Saskatchewan and Patrick Falastein, Program Director, HQC
6. [October 2021 – Back to Basics: The Model for Improvement](#) | Glenda Beauchamp and Carla Flogan, Improvement Leads, HQC, and Ian Shaw, Youth Program Manager, Family Service Saskatoon
7. [November 2021 – Data For Good: Empowering Communities Through Data](#) | Kevin Hayes and Scott Wells, Co-Leads, Data for Good Regina
8. [January 2022 – Connecting Measurement and Improvement](#) | Brandon Bennett, Principal Advisor, Improvement Science Consulting
9. [March 2022 – Understanding Indigenous Wisdom and Social Innovation](#) | Diane Roussin, Project Director, The Winnipeg Boldness Project

Appendix D: HQC's news stories

HQC'S NEWS STORIES

The following is a list of HQC's news stories released 2021-22.

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.

[Visit our website at saskhealthquality.ca](https://www.saskhealthquality.ca) to view these news stories and more.

1. [Updated BestPractice panel reports launch](#) (June 22, 2021)
2. [HQC's progress on strategic priorities highlighted in annual report](#) (July 30, 2021)
3. [Fifth cohort of quality improvement leaders to begin CQIP learning program](#) (Sept. 9, 2021)
4. [HQC to commemorate Sept. 30 as National Day for Truth and Reconciliation](#) (Sept. 13, 2021)
5. [HQC wraps up new QI program for human services field](#) (Sept. 20, 2021)
6. [Quality improvement researchers contribute towards, co-author journal article on provincial stroke pathway](#) (Dec. 15, 2021)
7. [Collaboration to build on youth health and wellness initiative](#) (Jan. 19, 2022)
8. [HQC invites human services organizations for second wave of quality improvement program](#) (Feb. 28, 2022)
9. [Health Quality Council welcomes new board member](#) (March 28, 2022)

Appendix E: Newsletters

HQC NEWSLETTER

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

The following is a list of HQC newsletter editions from 2021-22:

- [April 2021](#)
- [May 2021](#)
- [June 2021](#)
- [July 2021](#)
- [August 2021](#)
- [October 2021](#)
- [November 2021](#)
- [January 2022](#)
- [February 2022](#)
- [March 2022](#)

DETERMINING HEALTH NEWSLETTER

Determining Health was a monthly newsletter focused on promoting learnings about the social determinants of health, or factors that contribute to health. It featured curated content from local champions and thought leaders from around the world including articles, case studies on promising practices, research, and ways to collaborate.

The following is a list of Determining Health editions from 2021-22:

- [April 2021](#)
- [May 2021](#)
- [June 2021](#)
- [July 2021](#)

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.

Engineered Code Consulting	69,264
Great West Life Assurance Company	146,957
Professional Computer Services	184,012

TRANSFERS

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

Innovation Place	306,406
Public Employees Pension Plan	306,650

Appendix G: Payee Disclosure List: Salaries

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

Abramyk, Heidi	99,139	Lu, Xinya	85,854
Acan, Beliz	99,127	Lysohirka, Shasta	84,820
Alimezelli, Hubert	76,863	Maldonado, Fernando	52,903
Bajwa, Jagmeet	85,855	Meira Goes, Suelen	92,937
Beauchamp, Glenda	103,616	Perrault, Brent	94,134
Booth, Christine	51,027	Quail, Jacqueline	110,299
Brady, Erin	156,417	Schwartz, Chelsea	110,828
Falastein, Patrick	133,419	Sherin, Tracey	233,614
Flegel, Catherine	95,695	Sidhu, Nirmal	85,855
Flett, Ryan	50,424	Vanderby, Sonya	90,033
Flogan, Carla	80,429	Verrall, Tanya	132,726
Hudema, Nedeene	122,201	Woodman, Riley	72,586
Hutton, Amanda	79,628	Wright, Jennifer	94,345
Keegan, Laura	79,982	Yao, Shenzhen	70,504
Keller, Malori	106,328	Yapp, Alvin	95,933





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Igniting ideas.
Accelerating improvement.
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