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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 2022-23 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

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Message from the Board Chair



It's been an honour to continue serving as the Health Quality Council (HQC) board chair. Over the past few years, I witnessed the agility and adaptability of this organization to support its health system partners during the COVID-19 pandemic. Team members rose to the occasion to assist where needed by providing not just talent and skills but heart and camaraderie. Now, as we return to our new normal, it's remarkable to watch the organization shift again and work toward its mission: optimal health and health care for everyone in Saskatchewan.

The 2019-24 strategic priorities for HQC dive deeper into areas of critical importance: First Nations and Métis health and wellness, and child and youth mental health and wellness. As a board member, it's been exciting to watch the growth in these areas since the strategy's launch just four years ago—the work completed so far is nothing short of amazing.

One milestone we reached in 2022-23 is creating a report, in partnership with the Federation of Sovereign Indigenous Nations, identifying health disparities and inequities in First Nations health. The data, though heartbreaking, highlights changes that need to be made within the health system to support First Nations life promotion efforts in Saskatchewan. HQC also ramped up work on its Four Winds life promotion project, establishing three work streams to support communities in their healing journeys using quality improvement (QI). HQC is building relationships with communities, engaging in a meaningful way, aiming to support the empowerment and healing of Indigenous Nations. This also creates a space for the power of cultural knowledge systems, strengthening mental health and resiliency within communities.

HQC furthered its work towards reconciliation with collaboration to support Indigenous access and control over health-care data. A memorandum of understanding was established with Métis Nation–Saskatchewan, establishing common priorities between the two organizations. This led to the development of a research project aimed at measuring and understanding the health trends among Métis citizens in regards to chronic diseases. This work helps us together to predict risk factors for chronic diseases and highlights areas for improvement. Once completed, this work will support future life promotion initiatives and data sovereignty endeavors.

I'm also delighted to see the expansion of the Youth Mental Health Sharing and Learning Community. This dramatic growth shows that the demand is there for this type of community-based learning in the youth mental health space. By spreading the magic of QI beyond the health sector, we can enable children, youth and their families to lead healthy lives.

We welcomed two new members, Franki Stuart and Darwin Whitfield, to our board this year. Franki is a retired intensive care nurse and passionate patient advocate. Darwin currently serves as the reeve of Oakdale and is active with the Saskatchewan Association of Rural Municipalities. Their experience working in health and with community is an asset to the board, providing new perspectives for our governance, and it is a privilege to work with them.

As a board, we've also had the privilege of welcoming guests into our meeting space this year, including the Honourable Everett Hindley, Minister of Mental Health and Addictions, Seniors, Rural and Remote Health, Deputy Minister of Health Tracey Smith, members of HQC's Cultural Advisory Committee, the Saskatchewan Seniors Mechanism and Métis Nation–Saskatchewan. Our partnerships define who we are as an organization. Building and fostering relationships—with government, health partners or community groups—is at the heart of HQC's work. After all, we achieve so much more together than we do as one.

Looking back on 20 years (and I count myself incredibly lucky to have been around for most of it!), HQC has demonstrated its value as a change-maker and advocate for continuous improvement in Saskatchewan. As board chair, and on behalf of every member of the HQC board of directors, I extend my gratitude to our team members, partners and stakeholders for your resilience and trust as we continue on our journey to better health for everyone.



Dr. Susan Shaw

Chair, HQC Board of Directors

Message from the CEO



After two years spent supporting our health system partners during the COVID-19 pandemic, 2022-23 saw HQC recommitting and reengaging to achieve the strategic priorities we created in 2019.

In partnership with the Federation of Sovereign Indigenous Nations, we released a report on the rates of suicide and self-harm in the province's First Nations communities. Analyzing two decades' worth of health data, the report shone light on the health disparities behind these statistics, including the lingering effects of colonization and trauma.

We initiated the Four Winds life promotion project to support communities along a healing journey. This project has three work streams and involves working with First Nations communities to help tackle the complex drivers of life promotion using quality improvement tools. We also signed a memorandum of understanding with Métis Nation-Saskatchewan and initiated projects to measure and report on health and wellness for Métis people in Saskatchewan.

We continued to grow our Youth Mental Health Sharing and Learning Community. Established in 2021, this interactive virtual space connects people in Saskatchewan around the topic of youth mental health. By creating a space to share and learn from others, this community of learners can build relationships, explore what is working and examine future collaboration opportunities to improve youth mental health.

HQC continued to support the provincial Drug Task Force, an intersectoral partnership examining substance use and addiction in Saskatchewan. This year, the group executed a data sharing agreement to include ambulance and coroner data in their analyses, to better identify who experienced drug overdose and who died from drug overdose without seeking care. Key findings were presented to stakeholders, including leaders from government, police, service providers and the health-care system.

We have also made significant progress on our operational initiatives. In 2022-23, we signed a master health data sharing agreement with our system partners to further the work on the Health Research Data Platform-Saskatchewan. This will allow multi-agency access to important health research data, building capacity for patient-oriented researchers and health system analysts.

After a successful pilot, we also launched our newest learning program, QI in Clinics. This program aims to build primary care clinic capacity to identify and implement improvements to better serve their patients. Within this, we have integrated the *BestPractice* Primary Care Panel Reports, to provide family doctors with insight on their patient panel that will enhance care. Another of our learning programs, the Community QI Collective, completed two cohorts in 2022-23. This program aims to build capacity for QI in the not-for-profit and human services sector, helping organizations learn the science of QI and make small tests of change.

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 and 57: Co-developed, with the Cultural Advisory Committee, the Honorarium and Expense Reimbursement for Cultural Advisors and Helpers Policy.
- Call to Action #18, 20, 22, 23, and 57: Created an Indigenous Cultural Advisory Committee to consult, inform and advise HQC on its work.
- Call to Action #18, 43, and 57: Created a list of current resources for staff related to Indigenous Peoples and health such as United Nations Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission, Missing and Murdered Indigenous Women and Girls, podcasts, books, documentaries, films, etc.
- Call to Action #18 and 23: With the Cultural Advisory Committee, reviewed and revised two HQC policies with an equity and reconciliation lens; and, co-developed an anti-racism policy and implemented anti-racism training for all staff.

Last but certainly not least, we celebrated our 20th birthday in 2022. HQC was vital in establishing QI infrastructure within the province, building capacity in QI science, sparking connections and spreading a passion for learning. Two decades later, it's remarkable to look back and see how we made an impact, knowing the best is yet to come.



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.

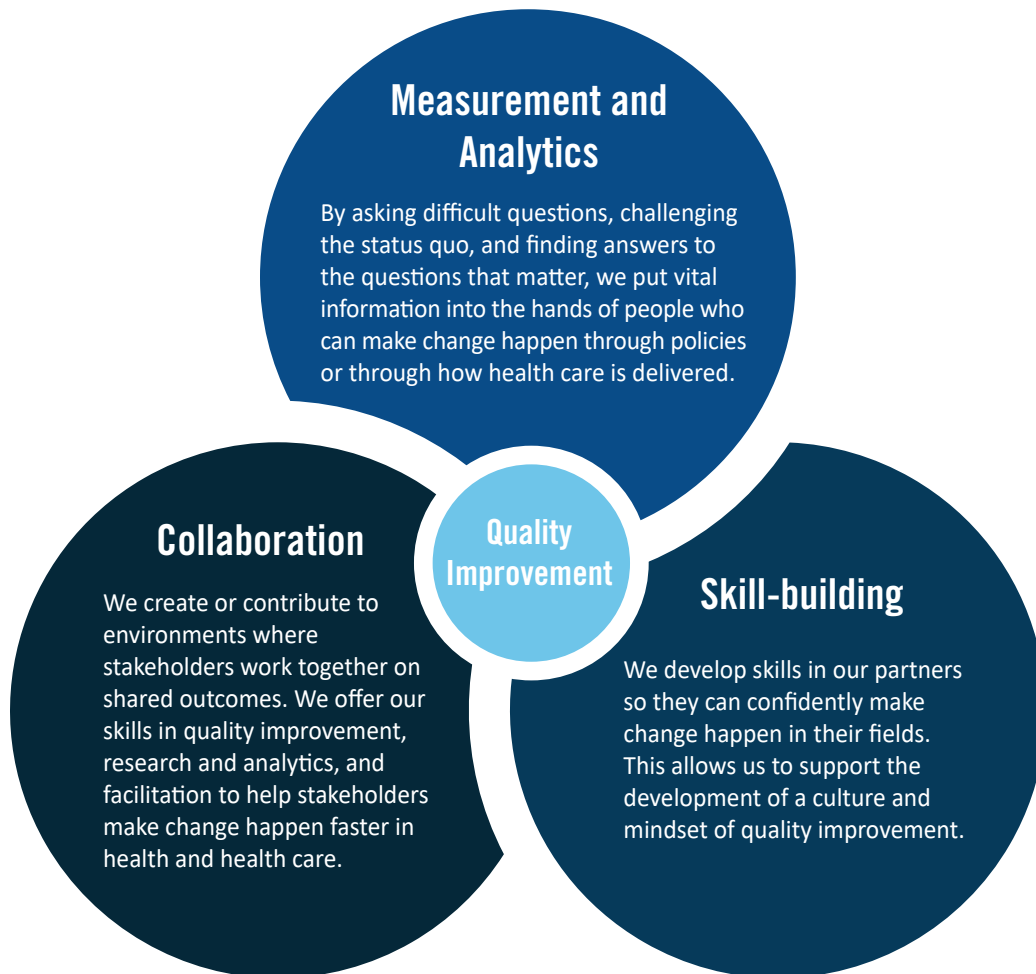
What we do

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, development opportunities and more. Partners in the health space include the Saskatchewan Alliance for Youth and Community Well-being (SAYCW), Federation of Sovereign Indigenous Nations, HQC's cultural advisors and others. Partners in the health care space include the Saskatchewan Health Authority, the Ministry of Health, eHealth Saskatchewan, 3sHealth, Saskatchewan Association of Health Organizations, Athabasca Health Authority, the Saskatchewan Medical Association and others.

NATIONAL PARTNERS AND COLLABORATIONS

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

SASKATCHEWAN CENTER FOR PATIENT ORIENTED RESEARCH

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

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.

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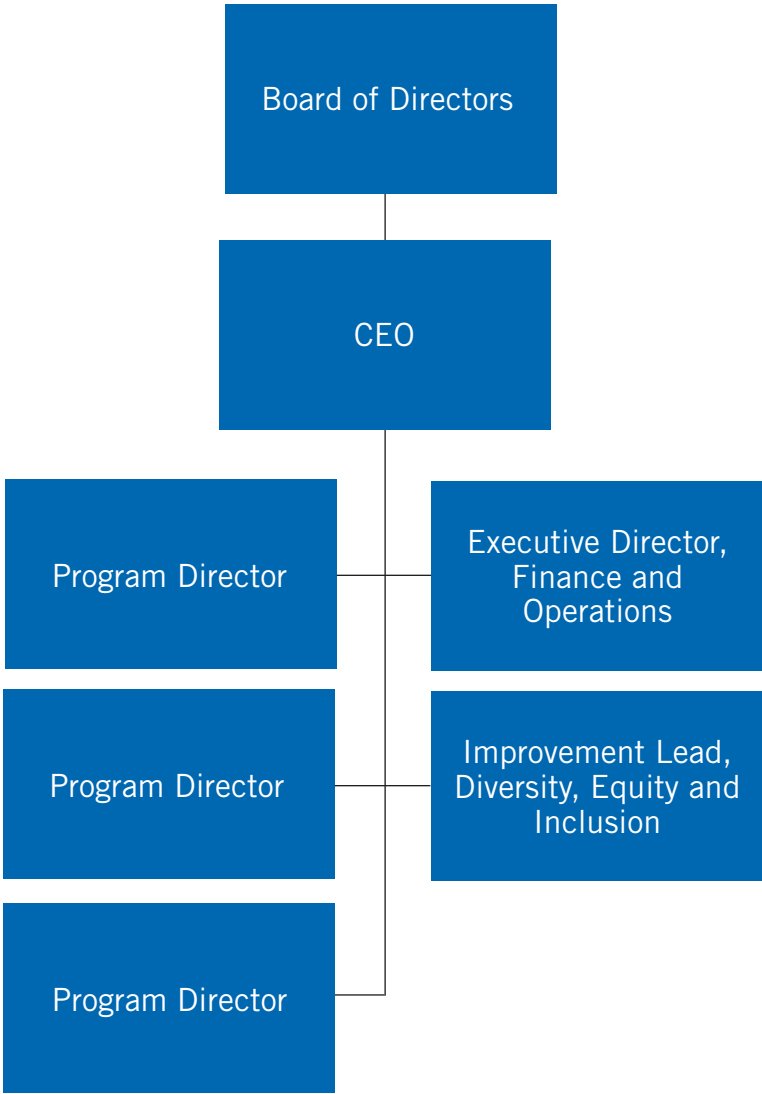
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Our organizational structure

The following diagram depicts HQC's high-level organizational structure for the 2022-23 fiscal year. HQC employed 33.5 full time equivalents in that time period.



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's 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.

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 Izaak Walton Killam Children's Hospital in Halifax and was the first chair of that hospital's 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 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 Multiple Sclerosis 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.



Franki Stuart (as of May 4, 2022)

Franki spent 17 years of her 25-year career in health care as an intensive and critical care nurse and team leader with Saskatoon District Health (now the Saskatchewan Health Authority). She left nursing in 2011 and spent a few years on the other side of the health-care equation. These experiences have given her a passion to give back to the very system she is so grateful for. As a patient advocate, she shares the vision of the Health Quality Council: optimal health and health care for everyone.



Beth Vachon

Beth recently retired from her role as 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 was employed in health care for more than 30 years as a registered psychiatric nurse and leader. She is an advocate for building effective community partnerships and engaging health providers in the provision of a patient-first health environment.



Darwin Whitfield (as of May 4, 2022)

Darwin Whitfield grew up on a family farm that was established in 1908. He married Michele in 1982 and they became fourth generation grain and cattle farmers. They were blessed with a daughter and son, and now have four grandchildren who they follow around to hockey and dance. A long-time hockey fan, Darwin has spent many hours coaching and refereeing over the years and can still be found on the ice. Darwin's commitment to his family and community has always been strong. Darwin has served on many boards and organizations in the area such as: Kinsmen Club of Coleville, Coleville Recreation, Regional Medical Arts Clinic, Western Regional Landfill, Regional and West Central Economics Development, Kindersley Regional Airport and Kindersley Health and Wellness Foundation. Darwin currently serves as the reeve of the rural municipality of Oakdale, a role he has held for 11 years. He was also elected director of Division 6 at the Saskatchewan Association of Rural Municipalities Annual Convention 2019.

Our Indigenous Cultural Advisors

In forming the 2019-24 strategy, HQC identified a strategic focus area to commit to working collaboratively to enhance First Nations and Métis health and wellness in Saskatchewan.

To be authentic and grounded in the true meaning of reconciliation, and to support the execution of this strategic focus area, HQC recognizes the need to commit to working in new ways that conscientiously support and promote cultural humility, safety and responsiveness. This includes providing culturally ethical space and the engagement of Traditional Knowledge Keepers, Elders and cultural advisors to help guide HQC activities.

HQC recognizes and offers appreciation for the invaluable expertise of the Cultural Advisors:

- Taylar Belanger
- Kristen Bergstrom
- Fred Champion
- Sheila Chaboyer
- Ivy Kennedy
- Sherry McLennan
- Herman Michel
- Norman Opekokew
- Terrance Pelletier
- Tori-Lynn Wanotch

Our leadership team

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

CEO: Tracey Sherin

Executive Director, Finance and Operations: Erin Brady

Program Directors:

- Patrick Falastein
- Laura Keegan (until Oct. 20, 2022)
- Chelsea Schwartz (as of Nov. 21, 2022)
- Tanya Verrall

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2022-23 highlights

- ✓ **CELEBRATED 20 YEARS OF QI IN SASKATCHEWAN**
Established in 2002, HQC has worked on establishing QI infrastructure and sparking connections to ensure better care for all.
- ✓ **RELEASED REPORT ON FIRST NATIONS HEALTH DISPARITIES**
Created in partnership with the Federation of Sovereign Indigenous Nations, the report analyzes 20 years' worth of data on self-harm and suicide in Saskatchewan First Nations communities.
- ✓ **LED DEVELOPMENT OF THE PROVINCIAL LEARNING AND DEVELOPMENT FRAMEWORK**
The framework will guide the development and delivery of continuous improvement learning programs in the health system.
- ✓ **DEVELOPED A RESEARCH PROJECT WITH MÉTIS NATION-SASKATCHEWAN**
This work helps our understanding of health inequities among Métis people in Saskatchewan.
- ✓ **SUPPORTED THE PROVINCIAL DRUG TASK FORCE**
HQC presented key findings from its hotspotting project to stakeholders and identified additional sources of data to help understand gaps in services.
- ✓ **LAUCHED QI IN CLINICS**
The program, designed for primary care physicians and clinic staff, builds a foundation of QI skills.
- ✓ **TRAINED TWO COHORTS OF COMMUNITY QI COLLECTIVE PARTICIPANTS**
The program helps teams understand their organization's current performance, map out the desired future state and make incremental improvements to reach their goals.
- ✓ **SIGNED A MASTER HEALTH DATA SHARING AGREEMENT**
This will enable more efficient sharing of Saskatchewan health data by researchers and system partners.
- ✓ **PRESENTED 10 QI POWER HOUR SESSIONS TO A GLOBAL AUDIENCE**
Topics included QI tools, data and measurement, youth mental health and Indigenous land-based education.

HQC's alignment to provincial priorities

In 2022-23, HQC remained committed to supporting Saskatchewan's health system in areas where we can add the most value:

- Supported provincial mental health and addictions efforts through positive life promotion initiatives covering First Nations and Métis health and wellness as well as child and youth mental health and wellness.
 - In conjunction with the Federation of Sovereign Indigenous Nations, released a report on the quality of care for First Nations people seeking care for self-harm.
 - Established relationships with First Nations communities to support them in their life promotion efforts.
 - Signed a memorandum of understanding with Métis Nation-Saskatchewan and provided research capacity to understand health trends among Métis citizens.
 - Built capacity with the Youth Mental Health Sharing and Learning Community, providing opportunities for reflection, collaboration and sharing of information and resources.
- Led the development of the provincial learning and development framework.
- Improved team-based care by resourcing and advancing key tools for collaboration in the health system.
- Provided hotspotting data analysis to the provincial drug task force secretariat. This work identifies areas of drug toxicity overdoses and deaths in the province.
- Continued to support the advancement of operational and strategic priorities by all health system partners:
 - Launched the QI in Clinics program to support continuous improvement in primary care.
 - Integrated the *BestPractice* Primary Care Panel Reports into the QI in Clinics program.
 - Completed its fifth cohort of Clinical QI Program graduates.
- HQC signed a Master Health Data-Sharing Agreement in partnership with Saskatchewan Association of Health Organizations, 3sHealth, the Ministry of Health, Saskatchewan Health Authority, the Saskatchewan Cancer Agency, and eHealth Saskatchewan. This agreement enabled the creation of the Health Research Data Platform- Saskatchewan, which is Saskatchewan's first fully integrated data sharing platform, enabling efficient access to health data for research.

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.

QI IN CLINICS

HQC has supported clinician training extensively and, along the way, has learned many lessons through these programs. One lesson is the need to train clinical teams, in addition to individual clinicians.

In 2022-23, HQC led the design and testing of our newest training program, QI in Clinics, with support from the Saskatchewan Health Authority, Saskatchewan Medical Association, College of Family Physicians of Saskatchewan and the Ministry of Health. HQC designed a program to lead clinic teams, including physicians and office staff, in learning the concepts, tools and processes to establish a culture of continuous improvement within their clinic. We formed the curriculum and tested the content through an initial pilot. This involved program analysis, design, and development, curating an online learning curriculum, workshop design and development and facilitation, and team coaching. We have further engaged three clinics into a second pilot expanding from one participant to 14 participants.

By training clinics in QI, we aim to establish a culture of continuous improvement with teams that can leverage their understanding of the concepts, tools and practices to continue to identify and work through improvement areas. The ultimate goal is to improve patient care by optimizing the processes that direct care to patients.

! QI in Clinics aims to build a foundation of QI skills within primary health-care clinics. By the end the program, participants will have the tools, techniques and knowledge to apply QI to future clinical work.

LEARNING AND DEVELOPMENT FRAMEWORK

In 2022-23, a provincial oversight group for QI was re-established, the Continuous Quality Improvement Working Group, of which HQC is co-chair. This group is leading various initiatives to reenergize and strengthen QI capacity throughout the province to help the health system meet its strategic and operational goals.

One of these initiatives is the provincial learning and development framework, an agreement across health system organizations of core competencies related to QI capacity development. The framework will serve as a shared underpinning for the development of standardized training program elements.

! A system that acts as one unit will have stronger supports and a more collaborative approach, ensuring better health for all residents.


COMMUNITY QI COLLECTIVE

The Community QI Collective is a virtual six-month program that introduces teams to QI. The program aims to broaden HQC's reputation and relationship within the human service sector outside of health care, supporting our strategic focus area of child and youth mental health.

There are no known local quality improvement learning programs available to community-based organizations supporting child and youth mental health in Saskatchewan. The Community QI Collective provides an opportunity for participating teams from community-based organizations to learn about—and apply—quality improvement principles and tools, offers approaches to lead and support change, and ultimately aims to support participants in making improvements to their processes/services for those they serve.

In 2022-23, ten organizations (23 participants) completed the program.

- Cohort 2 ran from April to September 2022 and was comprised of seven participants across four organizations.
- Cohort 3 ran from October 2022 to March 2023 and was comprised of 16 participants across six organizations.

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

QI POWER HOUR

QI Power Hour is a monthly QI webinar that attracts learners from Saskatchewan and abroad. In 2022-23:

- The team produced 10 webinars. Topics included QI tools (driver diagrams, process mapping, standard work), data and measurement around older adults, mental health and addictions for children and youth, local QI work and Indigenous land-based education.
- The QI Power Hour community grew by 15 per cent. This includes participants from the health, education, justice and social services sectors, as well as community-based organizations and First Nation and Métis organizations.

CLINICAL QUALITY IMPROVEMENT PROGRAM

The Clinical QI Program is a 10-month applied learning program that equips physicians and other clinicians to lead quality improvement in the health system. The program is a partnership between HQC, the Saskatchewan Medical Association, the Saskatchewan Health Authority and the Saskatchewan Ministry of Health.

2022-23 saw the completion of the fifth cohort, with 12 graduates from the program.

INTRO TO QI COURSE

HQC's introduction to QI course is a free tool designed to introduce the fundamentals of quality improvement. The online, self-directed course takes about two hours to complete and provides basic tools, methods and principles of QI to individuals both in and out of a health-care setting. The course allows anyone to self-register and gain basic understanding of QI when they need it.

In 2022-23, 82 individuals completed the course. Participants are spread across Canada, working in the health sector and beyond. Visit saskhealthquality.ca for more information or to register.

! The course provides basic tools, methods and principles of QI to individuals in and out of the health-care setting.

HQC BLOG

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

In 2022-23, HQC published 13 blogs. Topics included quality improvement as well as measurement and leadership skills. The average time viewers spent on reading the blogs was more than double the average industry read times. Please see Appendix B to view the blogs published in the year, or visit saskhealthquality.ca.

! The HQC blog keeps readers versed on issues and content related to the factors that contribute to health.

HEALTH CLIPS

Health Clips is a daily email digest featuring the latest news, blog posts and research about quality improvement and health care. Content also includes articles and resources in alignment with our strategic priorities: First Nations and Métis health and wellness as well as child and youth mental health and wellness.

In 2022-23, HQC published 244 editions of Health Clips, including themed issues for major holidays. Click-through rates continue to be above the industry average.

! Health Clips provides subscribers with relevant news, blogs, events and other resources in QI, five days a week.

QI LEARNING COLLABORATIVE

The QI Learning Collaborative was a learning collaborative focused on improving access and flow with the physicians of the Unified Medical Group in the Prince Albert-Shellbrook area. Teams participating in the learning collaborative attended virtual learning workshops to learn about QI science and applied their learnings to a project within their clinic. The initiative was sponsored by the Saskatchewan Medical Association.

The program wrapped up in June 2022.

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.

FOUR WINDS LIFE PROMOTION

HQC's Four Winds life promotion initiative has three unique work streams:

1. A community-wide approach to QI: Working with Thunderchild First Nation, we surveyed band members on their perceptions of their own health and the services available to them to support their health. This involved coordination with every department within Thunderchild. The results are being used to develop a multi-year plan to make improvements to the services available to Thunderchild members.
2. Focused QI on community: This work's focus is also on supporting First Nations communities in their life promotion efforts. The distinction is that this work stream is more narrowly focused to one process or service, as opposed to across multiple services. We are currently working with several First Nation communities on community-led QI initiatives and we are looking to engage with more communities.
3. Sharing and Learning Society: With the recognition that every First Nation community is facing similar issues related to health, mental health and life promotion, HQC is forming a society to share learnings of what is being implemented and how it's working across organizations. We have a working group, consisting of representatives from three communities, helping us build the society.

In 2022-23, HQC:

- Hosted the Life Promotion Forum. This provided space for all six linguistic First Nation groups in Saskatchewan to share their concerns of the mental health and suicide crisis and how to implement a First Nations approach to healing their communities.
- Learned and practiced protocols with First Nations community by hosting a pipe ceremony, showing that we are sincere in working together in a good way.
- Provided resources for a naming ceremony, showing that the project work is protected and promotes total well-being.

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)

LIFE PROMOTION REPORT LAUNCH

In partnership with the Federation of Sovereign Indigenous Nations, HQC completed a study on First Nations health data in Saskatchewan. This research highlighted the disparity in health outcomes, identifying that First Nations individuals attempt and complete suicide at rates significantly higher than the rest of the population.

There was a significant qualitative aspect to this study. First Nations directors, community health representatives and members were involved in interpreting the data and sharing their lived experiences. This approach was deliberate to empower those who participated to have their voice and experience heard. HQC also engaged First Nations communities/representatives through a technical advisory committee established by the Federation of Sovereign Indigenous Nations and through the HQC Cultural Advisory Committee.

The report, titled *Self-harm and suicide in First Nations communities in Saskatchewan*, was released in October 2022. It garnered significant local and national media coverage for both organizations.

! 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.



From left to right: Chief Margaret Bear of Ochapowace First Nation, Chief Ronald Mitsuing of Makwa Sahgaiehan First Nation, First Vice Chief David Pratt, Headwoman Audrey Isaac and HQC CEO Tracey Sherin spoke at the launch of the life promotion report, produced in partnership with the Federation of Sovereign Indigenous Nations.

MÉTIS NATION-SASKATCHEWAN

HQC is working with Métis Nation-Saskatchewan to measure and understand the health trends among Métis citizens. This work is foundational to supporting Métis communities on life promotion and data sovereignty efforts.

In 2022-23, HQC:

- Executed a memorandum of understanding to identify and formalize common priorities between the two organizations.
- Provided project design, privacy and data analysis knowledge to develop a research project aimed at measuring and understanding chronic disease trends among Métis citizens.
- Co-led the development of three surveys in partnership with Métis Nation-Saskatchewan, which included considerations for primary data collection, logic branching, dissemination and analysis.
- Supported the development of a data sovereignty strategy for Métis Nation-Saskatchewan based on nationally established models and alignment with OCAP®/OCAS principles (see below).

The First Nations principles of ownership, control, access and possession (OCAP®) establish how First Nations' data and information will be collected, protected, used or shared. OCAP® is a tool to support strong information governance on the path to First Nations data sovereignty. Learn more at fnigc.ca.

Some Métis communities follow the similar principles of OCAS (ownership, control, access and stewardship) with respect to their data governance. For more information, visit cihi.ca.

YOUTH MENTAL HEALTH SHARING AND LEARNING COMMUNITY

HQC's Child and Youth Mental Health Sharing and Learning Community promotes awareness and sparks connections between human service and community-based organizations working to support children, youth and their families. This online community, which offers monthly sessions, advances efforts promoting youth mental health and wellness in Saskatchewan by creating opportunities for practitioners to share information about their work, as well as the lessons they are learning in practice.

In 2022-23, HQC:

- Launched its Child and Youth Mental Health Sharing and Learning Community, which has over 70 members from more than 40 organizations throughout the province.
- Hosted 11 monthly sessions and facilitated various discussions with community members to provide collective opportunities for reflection, collaboration and sharing of information/resources.

! By creating a space to share and learn from others, community members build relationships, explore what is working, and examine future collaboration opportunities to improve youth mental health in Saskatchewan.

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. HQC is responsible for program management, indicator development, report design, education program development and delivery, and program evaluation.

In 2022-23, HQC integrated the panel reports into the QI in Clinics learning program. This promotes the provincial focus on strengthening primary care by supporting family physicians.

! 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.

SASKATCHEWAN ALLIANCE FOR YOUTH AND COMMUNITY WELLBEING

The Saskatchewan Alliance for Youth and Community Wellbeing was a health, education and community partnership aimed at improving the health and well-being of Saskatchewan youth. Sponsorship of the program shifted from the Saskatchewan Cancer Agency to HQC in 2021.

2022-23 saw the release of 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.


In January 2023, under the advice of its steering committee, the program was dissolved. Materials, including surveys, reports and toolkits, will be archived on the HQC website until 2028.

DRUG TASK FORCE

The HQC drug task force team identifies hotspots of drug overdoses and deaths by linking data from multiple sources: ambulance, emergency department, hospital, provincial health registry, physician visits, prescription drug claims and the Saskatchewan Coroner's Service. We work closely with the provincial Drug Task Force secretariat and the Ministry of Health, providing weekly updates on our progress and adapting our analysis plan based on their feedback. We recommend actions based on the gaps in care that we see in the data and rooted in evidence-based practices.

In 2022-23, HQC:

- Executed a data-sharing agreement to include coroner and ambulance data. By linking all these data sources, we can better identify who experienced drug overdose and who died from drug overdose without seeking care. We can also describe how Saskatchewan residents sought health care for drug overdoses and identify health system touch points prior to an overdose that may have been missed opportunities to intervene.
- Shared key findings from our analyses directly with leaders from government, police, service providers and the health-care system. Results emphasized the impact of overdose on the health-care system and risk factors for fatal overdose identified in Saskatchewan data.

 This work shows who is most at risk of overdose and where additional resources should be directed to reduce harm in people who use drugs.


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

The Saskatchewan Centre for Patient-Oriented Research is evolving to focus on building knowledge and processes to support a learning health system, which can best be described as a long-term series of incremental improvements. With that in mind, HQC is supporting educating/enabling the learning health system projects in understanding and collecting patient-reported experience and outcome measurements, and will support processes to move the data collected into action.

In 2022-23, HQC developed a training program for learning health system research teams. With this shared understanding, the training helps show how data can support various functions across the system. HQC also supported two learning health system projects focusing on identifying appropriate patient measurement tools.

 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.

POST-MARKET DRUG EVALUATION/CANADIAN NETWORK FOR OBSERVATIONAL DRUG EFFECT STUDIES

The Post-Market Drug Evaluation program launched in September 2022, replacing the former Drug Safety and Effectiveness Network. Canadian Network for Observational Drug Effect Studies is a core network partner and mobilizes researchers across Canada in response to new safety or effectiveness signals that emerge in drugs already on the market. HQC contributes research findings from Saskatchewan's population to this network, where results from up to seven provinces are combined. This helps detect rare side effects and new uses for medications.

In 2022-23, HQC was awarded a three-year contract as a core network partner of the evaluation program. This funding allows the Canadian Network for Observational Drug Effect Studies to retain expert researchers and analysts on stand-by, ready to design and conduct a study as quickly as possible. The results are shared with Health Canada, the Canadian Agency for Drugs and Technologies in Health, and provincial health ministries to implement policy changes necessary to ensure safe and effective medication use. Additionally, HQC researchers contributed two research publications within this network (see Appendix A for a full list).

IMPROVING QUALITY OF CARE FOR COMMUNITY-DWELLING OLDER ADULTS

In 2022-23, HQC began work on the topic of quality of health and health care in community-dwelling older adults with complex needs. We analyzed health administrative data to understand the gaps in health quality for community-dwelling seniors (65 and older) in Saskatchewan. We completed a rapid e-scan of innovations and promising practices from local, national and international health and social systems that have potential to address these gaps in Saskatchewan. The information was shared with key stakeholders in the system, including the Ministry of Health and Saskatchewan Seniors Mechanism, to inform decision-making or planning aimed at improvements for this population.

PATIENT REPORTED EXPERIENCE/OUTCOME MEASUREMENT

HQC is working with the Saskatchewan Health Authority, University of Saskatchewan, Saskatchewan Centre for Patient Oriented Research and patient partners to collect data about patient reported experience of care and patient reported outcomes of care.

In 2022-23, HQC co-developed the provincial patient-reported experiences and outcomes plan to help Saskatchewan Health Authority align on the purpose, plan, collection, analysis, reporting and storage of the data.

! Once implemented, this will provide the mechanism for patients and families to have a consistent voice in the health system.

HEALTH RESEARCH DATA PLATFORM-SASKATCHEWAN

Provincial researchers do not have a reliable, consistent, or efficient way to access provincial health data. To alleviate this, the Health Research Data Platform-Saskatchewan is the province's first integrated and streamlined multi-agency health data access platform for health research. This data platform was created to support researchers to independently access health data and conduct their analysis in a secure remote environment. The data housed within the platform will strictly be used within Saskatchewan and will ultimately build capacity in the health and health research areas.

The HQC team provided project management, privacy leadership and data analysis knowledge to the development of the platform, in alignment with health partners including the Ministry of Health, the Saskatchewan Health Authority, eHealth Saskatchewan, 3sHealth, the Saskatchewan Cancer Agency and the Saskatchewan Association of Health Organizations.

In 2022-23, HQC signed a master health data sharing agreement with its health system partners, ensuring the sharing of data for secondary purposes including research. This also eliminates the need for one-off data sharing agreements for each research project. We further worked to pilot and test the platform. This consisted of:

- Testing processes and work standards to support the data access request process for researchers;
- Coordinating the integration of five administrative datasets into the platform;
- Developing training materials for research team members to understand what data is available and how it can be used in alignment with the *Health Information Protection Act*; and
- Supporting the development of a standardized data dictionary tools which establishes consistent information about each data set to help research teams use the data effectively.

For more information, visit hrdp-sk.wishpondpages.com/home.

! The platform benefits all partner organizations by streamlining sharing of health data in Saskatchewan.

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 27, 2023



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, 2023, and the statement of operations, statement of change in net financial assets and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2023, 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
July 10, 2023

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	<u>2023</u>	<u>2022</u> Restated (Note 15)
Financial assets		
Cash	\$ 1,755	\$ 1,146
Accounts receivable	119	371
Accrued interest receivable	86	17
Short-term investments (Note 3)	<u>3,283</u>	<u>3,250</u>
	<u>5,243</u>	<u>4,784</u>
Liabilities		
Accounts payable	157	134
Payroll liabilities (Note 6)	97	106
Deferred revenues (Note 7)	<u>438</u>	<u>202</u>
	<u>692</u>	<u>442</u>
Net financial assets (Statement 3)	<u>4,551</u>	<u>4,342</u>
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	92	127
Prepaid expenses (Note 5)	<u>123</u>	<u>90</u>
	<u>215</u>	<u>217</u>
Accumulated surplus (Statement 2)	<u>\$ 4,766</u>	<u>\$ 4,559</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

	<u>2023</u>		<u>2022</u>
			Restated (Note 15)
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
	(Note 10)		
Revenue			
Ministry of Health			
- Operating Grant	\$ 4,977	\$ 4,977	\$ 4,856
University of Saskatchewan			
- Cost of Pain in Long Term Care	-	-	7
- Drug Safety & Effectiveness Network	110	98	147
- Saskatchewan Centre for Patient Oriented Research (Note 14)	311	61	297
- Other	-	22	90
Saskatchewan Cancer Agency	-	-	31
Saskatchewan Medical Association	900	105	351
Other	-	-	7
Interest	30	157	35
	<u>6,328</u>	<u>5,420</u>	<u>5,821</u>
Expenses			
Project funding	1,030	316	426
Grants	54	48	48
Wages and benefits	4,975	4,306	4,100
Travel	134	41	1
Administrative and operating expenses	267	83	91
Honoraria and expenses of the board (Note 12)	50	35	13
Repayment of excess funding received	-	-	7
Amortization expense	75	80	77
Rent	312	304	302
	<u>6,897</u>	<u>5,213</u>	<u>5,065</u>
Annual Surplus/(Deficit) (Statement 3) (Statement 4)	<u>\$ (569)</u>	<u>207</u>	<u>756</u>
Accumulated surplus, beginning of year		<u>4,559</u>	<u>3,803</u>
Accumulated surplus, end of year (Statement 1)		<u>\$ 4,766</u>	<u>\$ 4,559</u>

(See accompanying notes to the financial statements)

Statement 3

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

	2023		2022
	Budget (Note 10)	Actual	Restated (Note 15)
For the year ended March 31			
Annual Surplus / (Deficit) (Statement 2)	\$ (569)	\$ 207	\$ 756
Acquisition of tangible capital assets	(72)	(45)	(173)
Amortization of tangible capital assets	75	80	77
	<u>3</u>	<u>35</u>	<u>(96)</u>
Acquisition of prepaid expense	-	(123)	(90)
Use of prepaid expense	-	90	63
	<u>-</u>	<u>(33)</u>	<u>(27)</u>
Increase/(Decrease) in net financial assets	(566)	209	633
Net financial assets, beginning of year	<u>4,342</u>	<u>4,342</u>	<u>3,709</u>
Net financial assets, end of year (Statement 1)	<u>\$ 3,776</u>	<u>\$ 4,551</u>	<u>\$ 4,342</u>

(See accompanying notes to the financial statements)

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

For the year ended March 31	<u>2023</u>	<u>2022</u> Restated (Note 15)
Operating transactions		
Annual Surplus (Statement 2)	\$ 207	\$ 756
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	80	77
Net change in non-cash working capital items:		
Deferred revenues increase/(decrease)	236	(89)
Accrued interest receivable (increase)	(69)	(16)
Accounts receivable decrease	252	8
Prepaid expenses (increase)	(33)	(27)
Accounts payable increase	23	11
Payroll liabilities (decrease)	(9)	(38)
Cash provided by operating transactions	<u>687</u>	<u>682</u>
Capital transactions		
Cash used to acquire tangible capital assets	<u>(45)</u>	<u>(173)</u>
Cash applied to capital transactions	<u>(45)</u>	<u>(173)</u>
Investing Transactions		
Purchases of investments	(4,538)	(3,250)
Proceeds from disposal/redemption of investments	<u>4,505</u>	<u>250</u>
Cash (used in) investing transactions	<u>(33)</u>	<u>(3,000)</u>
Increase/(decrease) in cash	609	(2,491)
Cash, beginning of year	<u>1,146</u>	<u>3,637</u>
Cash, end of year (Statement 1)	<u>\$ 1,755</u>	<u>\$ 1,146</u>

(See accompanying notes to the financial statements)

**HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2023
(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.

2. Summary of significant accounting policies (continued)

b) Measurement uncertainty

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

c) Tangible capital assets

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

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

Normal maintenance and repairs are expensed as incurred.

d) Investments

Investments are valued at amortized cost.

e) Sick leave benefits

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

2. Summary of significant accounting policies (continued)

f) New accounting standards in effect

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 standard 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.

Canadian Public Sector Accounting Standard, PS 3280, Asset Retirement obligations became effective April 1, 2022. Adoption of this standard has no impact on HQC's Financial statements.

3. Short-term investments

HQC held investments in the amount of \$3,283 as described below at March 31, 2023. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2022 in the amount of \$3,250.

	2023	
	Carrying Value (000's)	Interest Rate
Canaccord Genuity	\$ 1,515	3.29%
Canaccord Genuity	1,266	4.80%
Canaccord Genuity	<u>502</u>	3.25%
Total	<u>\$ 3,283</u>	

4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2023 Totals	2022 Totals
	(thousands of dollars)				
Opening cost	\$ 92	\$ 593	\$ 24	\$ 709	\$ 656
Additions	-	45	-	45	173
Disposals	-	(9)	-	(9)	(120)
Closing cost	92	629	24	745	709
Opening accumulated amortization	84	477	21	582	625
Amortization	2	77	1	80	77
Disposals	-	(9)	-	(9)	(120)
Closing accumulated amortization	86	545	22	653	582
Net book value of tangible capital assets	\$ 6	\$ 84	\$ 2	\$ 92	\$ 127

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 \$1 (2022 - \$12) of the total \$97 of payroll liabilities (2022 - \$106).

7. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatchewan Centre for Patient Oriented Research	\$ -	\$ 286	\$ 31	\$ 255
Saskatchewan Medical Association	202	-	19	183
Total	<u>\$ 202</u>	<u>\$ 286</u>	<u>\$ 50</u>	<u>\$ 438</u>

The Saskatchewan Centre for Patient-Oriented Research provided funding to HQC to support Data Services and Learning Health System.

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>2023</u>	<u>2022</u>
	(thousands of dollars)	
Revenue		
Ministry of Health – Grant Funding	\$ 4,977	\$ 4,856
Saskatchewan Cancer Agency	-	31
Saskatchewan Health Authority	-	7
Expenses		
3sHealth	\$ 8	\$ 1
eHealth Saskatchewan	1	1
Ministry of Finance	140	135
Public Employees Pension Plan	296	307
Innovation Saskatchewan	318	306
Saskatchewan Workers' Compensation	11	9
SaskTel	5	5

8. Related party transactions (continued)

	<u>2023</u>	<u>2022</u>
	(thousands of dollars)	
Accounts payable		
3sHealth	\$ 7	\$ -
eHealth Saskatchewan	1	1
Ministry of Finance	35	11
Public Employees Pension Plan	-	2
Innovation Saskatchewan	5	2
Saskatchewan Workers' Compensation	1	2

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.

9. Financial instruments (continued)

d) Fair value

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

- Short-term investments
- Accrued interest receivable
- Accounts receivable
- Accounts payable
- Payroll liabilities

10. Budget

These amounts represent the operating budget that was approved by the Board of Directors on March 31, 2022.

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, 2022 to March 31, 2023. HQC's obligation to the plan is limited to its share of the contributions. HQC's contributions for this fiscal year were \$296 (2022 - \$307). 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, 2023. Amounts directly reimbursed to Board members by HQC are recorded in the statement of operations, are as follows:

	Travel and Meals	Honoraria	2023 Totals	2022 Totals
	(thousands of dollars)			
Shaw, Susan (Chair)	\$ -	\$ -	\$ -	\$ -
Craig, Cheryl (Vice-chair)	-	1	1	2
Bourassa, Carrie	-	-	-	1
Crocker, Elizabeth	1	2	3	4
Moen, Doug	-	1	1	2
Paquin, Eugene	4	3	7	-
Selanders, Serese	-	1	1	2
Stuart, Franki	-	1	1	-
Vachon, Beth	2	1	3	-
Whitfield, Darwin	-	1	1	-
Total Board Expenses	\$ 7	\$ 11	\$ 18	\$ 11

13. Contractual obligations

As of March 31, 2023, 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 \$26.3 per month until December 31, 2023.

Fiscal Year	Expenditures (000's)
2023/2024	\$ 237

13. Contractual obligations (continued)

b) Equipment and service

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

Fiscal Year	Expenditures (000's)
2023/2024	\$ 53
2024/2025	32
2025/2026	30
2026/2027	31
2027/2028	-
Total	\$ 146

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	Funding (000's)
2023/2024	\$ 292
2024/2025	298
2025/2026	304
2026/2027	311
2027/2028	-
Total	\$ 1,205

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, 2028. To date, \$286 has been received from the University of Saskatchewan.

15. Prior period adjustment

Subsequent to the year ended March 31, 2022, an error was identified for previously unrecorded receivables and payables related to uncollected goods and services tax (GST). HQC has adjusted this error retrospectively. The effect on the comparative figures is an increase of \$69 to Accounts Receivable, \$63 to Accounts Payable, and \$4 to opening contributed surplus. It also resulted in a decrease of \$2 to project funding expenses.

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 the 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) | [@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:

To speak to someone about our program areas, 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).

MEDIA

Media inquiries:

Colin McHattie

Director, Marketing and Communications

Phone: 639-398-8539

Email: cmchattie@hqc.sk.ca

6.0 Appendix

Appendix A: Research papers

RESEARCH PAPERS PUBLISHED IN 2022-23

In 2022-23, 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. Articles without HQC authors were products of HQC collaborations.

- Juan Nicolás Peña-Sánchez, Jessica Amankwah Osei, Noelle Rohatinsky, **Xinya Lu**, Tracie Risling, Ian Boyd, Kendall Wicks, Mike Wicks, Carol-Lynne Quintin, Alyssa Dickson, Sharyle A Fowler. “Inequities in Rural and Urban Health Care Utilization Among Individuals Diagnosed With Inflammatory Bowel Disease: A Retrospective Population-Based Cohort Study From Saskatchewan, Canada.” *Journal of the Canadian Association of Gastroenterology* (2022). <https://academic.oup.com/jcag/article/6/2/55/6585931>
- Samuel Kwaku Essien, Audrey Zucker-Levin. “The impact of the demographic shift on limb amputation incidence in Saskatchewan, Canada, 2006–2019.” *PLoS ONE Journal* (2022). <https://doi.org/10.1371/journal.pone.0274037>
- Lingyi Li, J. Antonio Avina-Zubieta, Charles N. Bernstein, Gilaad G. Kaplan, Helen Tremlett, Hui Xie, Juan Nicolás Peña-Sánchez, Ruth Ann Marrie, Mahyar Etminan. “The Risk of Multiple Sclerosis Among Users of Anti-tumor Necrosis Factor Alpha in four Canadian provinces: A Population-Based Study.” *Neurology* (2022). <https://doi.org/10.1212/WNL.0000000000201472>
- Jose Diego Marques Santos, Sharyle Fowler, Derek Jennings, Colten Brass, Linda Porter, Robert Porter, Rhonda Sanderson, Juan Nicolás Peña-Sánchez. “Health care utilization differences between First Nations people and the general population with inflammatory bowel disease: a retrospective cohort study from Saskatchewan, Canada.” *CMAJ open* (2022). <https://doi.org/10.9778/cmajo.20220118>
- Erika Dianne Penz, Benjamin John Fenton, **Nianping Hu**, Darcy Marciniuk. “Economic Burden of Chronic Obstructive Pulmonary Disease and Lung Cancer Between 2000 and 2015 in Saskatchewan: Study Protocol.” *JMIR Research Protocols* (2022). <https://www.researchprotocols.org/2022/3/e31350>
- Julie Kosteniuk, **Beliz Acan Osman**, Meric Osman, **Jacqueline M Quail**, Naorin Islam, Megan E O’Connell, Andrew Kirk, Norma J Stewart, Debra Morgan. “Health service use before and after dementia diagnosis: a retrospective matched case–control study.” *BMJ Open* (2022). DOI:10.1136/bmjopen-2022-067363
- Anat Fisher, J Michael Paterson, Brandace Winquist, 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, Colin R Dormuth. “Patterns of antiemetic medication use during pregnancy: A multi-country retrospective cohort study.” *PLoS ONE Journal*. <https://pubmed.ncbi.nlm.nih.gov/36454900/>
- Vanessa C Brunetti, Audray St-Jean, Sophie Dell’Aniello, Anat Fisher, Oriana H Y Yu, Shawn C Bugden, Jean-Marc Daigle, **Nianping Hu**, Silvia Alessi-Severini, Baiju R Shah, Paul E Ronksley, Lisa M Lix, Pierre Ernst, Kristian B Fillion. “Characteristics of new users of recent antidiabetic drugs in Canada and the United Kingdom.” *BMC Endocr Disord* (2022). <https://pubmed.ncbi.nlm.nih.gov/36175881/>

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 2022-23. 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.

1. [Sharing the wisdom of quality improvement: 11 tips and tricks from HQC's in-house](#) QI experts | Christine Booth, Junior Marketing and Communications Consultant
2. [The benefits of working across sectors to solve complex health problems](#) | Lesley Porter, Senior Marketing and Communications Consultant
3. [Ten reasons why Saskatchewan physicians and clinicians should enroll in CQIP](#) | Lesley Porter, Senior Marketing and Communications Consultant
4. [2021-22 in review: A message from HQC's board chair](#) | Dr. Susan Shaw, Board Chair
5. [2021-22 in review: A message from HQC's CEO](#) | Tracey Sherin, CEO
6. [From Saskatchewan to Scandinavia: Best practice learnings in quality improvement and senior care from Sweden and Denmark](#) | Tracey Sherin, CEO and Suelen Meira Góes, Researcher
7. [Caring for culture at HQC](#) | Tracey Sherin, CEO
8. [More than just a paper size: The A3 as a powerful problem-solving tool](#) | Andrea Mackay, Improvement Lead
9. [Fishbone diagrams: Finding cause and effect](#) | Lesley Porter, Senior Marketing and Communications Consultant
10. [Best of 2022: QI Power Hour sessions](#) | HQC staff
11. [Reflections on QI learnings from CQIP's fifth cohort](#) | HQC staff
12. [Cultural Advisors: An important role in reconciliation](#) | Terrance Pelletier, Cultural Advisor
13. [Lots to love about quality improvement after 20 years](#) | HQC staff

Appendix C: QI Power Hour Sessions

QI POWER HOUR

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

The following is a list of past QI Power Hour sessions from 2022-23. 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. [Breaking Down Wicked Problems – The Driver Diagram](#) | Doug Campbell, Director, Strategy and Innovation – Performance Measurement, Saskatchewan Health Authority
2. [Introduction to Program Evaluation](#) | Alvin Yapp, Improvement Lead, Health Quality Council
3. [Land-Based Education: Embracing the Rhythms of the Earth](#) | Dr. Herman Michell, Health Quality Council Cultural Advisor and Prince Albert Grand Council consultant
4. [What Matters to Older Adults? Rethinking Care in Aging and Older Adults](#) | Holly Schick and Linda Anderson, Saskatchewan Seniors Mechanism; Candace Skrapek and Kelly Corrine (KC) Hall, Saskatoon Council on Aging
5. [Desperately Waiting: Advocate’s Review of Mental Health & Addictions Services for Young People in Saskatchewan](#) | Lisa Broda and Marci Macomber, Saskatchewan Advocate for Children and Youth
6. [Back to Basics: Standard work – A Foundational Starting Point for Continuous Improvement](#) | Jennifer Wright, Senior Improvement Lead, Health Quality Council
7. [QI in Practice: Engaging youth through mentorship, programming, and partnerships](#) | Danielle Williams, Executive Director, Battlefords Concern For Youth Inc
8. [Informed Planning within the Saskatchewan Health Authority – Health System Measurement, Driver Diagrams, and Knowledge Translation](#) | Josh Marko, Epidemiologist and Brad Boutilier, Nicole Ferguson, and Laura Schwartz, Strategy and Innovation Specialists, Saskatchewan Health Authority
9. [Men of the North – A Male Mental Health Support Program](#) | Christopher Merasty, President, Men of the North
10. [Leading a Team through Process Mapping](#) | Tami Waldron, Senior Improvement Lead, Health Quality Council

Appendix D: HQC's news stories

HQC'S NEWS STORIES

The following is a list of HQC's news stories released 2022-23.

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 to view these news stories and more.

1. [Youth-focused Mental Health Action Report shines light on challenges and ignites movement for solutions](#)
2. [Mapping out asthma control in children](#)
3. [Latest CQIP graduates to present learnings at virtual capstone event on May 27](#)
4. [Registration open for next cohort of quality improvement course aimed at clinicians](#)
5. [The power of partnerships: HQC outlines year of successes in 2021-22 annual report](#)
6. [Health Quality Council to launch third cohort of Community Quality Improvement Collective program](#)
7. [Latest Community QI Collective graduates present learnings at virtual capstone](#)
8. [Third cohort of community learning program underway](#)
9. [Saskatchewan Health Quality Council celebrates milestone birthday](#)
10. [HQC seeks applications for community-based quality improvement training program](#)

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 2022-23:

- [April](#)
- [May](#)
- [June](#)
- [August](#)
- [September](#)
- [October](#)
- [November](#)
- [Special edition: 20th birthday \(November\)](#)
- [January](#)
- [February](#)
- [March](#)

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.

Canada Life Assurance Company	158,376
NOVIPRO	53,102
Professional Computer Services	64,450

TRANSFERS

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

Innovation Saskatchewan	318,301
Ministry of Finance	140,231
Public Employees Pension Plan	296,358

Appendix G: Payee Disclosure List: Salaries

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

Abramyk, Heidi	145,033	Lyshirka, Shasta	96,746
Acan, Beliz	107,460	MacKay, Andrea	52,851
Alimezelli, Hubert	95,789	Maldonado, Fernando	91,879
Bear, Rhonda	88,098	Meira Góes, Suelen	97,338
Beauchamp, Glenda	71,401	Mueller, Diane	51,795
Bomfim, Emiliana	86,216	Ogaick, Charlsie	64,133
Brady, Erin	165,823	Perrault, Brent	97,903
Ejalonibu, Hammed	62,003	Porter, Lesley	77,020
Falastein, Patrick	136,654	Quail, Jacqueline	60,501
Feng, Xue	88,363	Ruiz, Alejandra	73,975
Flegel, Catherine	98,005	Schwartz, Chelsea	113,522
Hudema, Nedeene	125,119	Sherin, Tracey	244,995
Hutton, Amanda	83,540	Sidhu, Nirmal	89,927
Janzen, Donica	68,149	Verrall, Tanya	136,002
Keegan, Laura	90,886	Waldron, Tamara	92,876
Keller, Malori	110,866	Wright, Jennifer	103,315
Klyne, Lisa	64,705	Yapp, Alvin	52,612
Lu, Xinya	89,927		



Connecting people.
Igniting ideas.
Accelerating improvement.

saskhealthquality.ca

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