



## CONTENTS

Letter of transmittal .....	3
1.0 Our organization .....	4
Message from the Board Chair.....	6
Message from the CEO.....	7
Who we are .....	8
What we do .....	9
Our work areas and partners.....	10
Our strategic priorities.....	11
2.0 Our governance .....	12
Our organizational structure.....	13
Our Board of Directors.....	14
Board of Directors profiles .....	15
Our Indigenous Cultural Advisors .....	20
Our leadership team.....	21
3.0 Our work.....	22
2023-24 Highlights .....	23
Alignment to provincial priorities .....	24
Skill-building.....	25
Collaborations.....	29
Measurement and analytics .....	32
4.0 Financials.....	36
5.0 Contact us.....	54
6.0 Appendix .....	56

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 honouring and respecting all people under all treaties in Saskatchewan.

# Letter of transmittal

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

Dear Minister Hindley,

I am pleased to submit the Saskatchewan Health Quality Council's annual report. This report is for the 2023-24 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 7

Who we are 8

What we do 9

Our work areas and partners 10

Our strategic priorities 11





# MESSAGE FROM THE BOARD CHAIR



As I reflect on the culmination of our 2019-2024 strategic plan, I am filled with a profound sense of gratitude and pride. Having had the privilege of serving as Board Chair for the past 12 years, I have witnessed the remarkable evolution of our organization and the enduring impact of our efforts. We have navigated challenges, celebrated successes, and remained steadfast in our commitment to fostering optimal health and health care for everyone.

The Saskatchewan Health Quality Council has played a vital role in building capacity for quality improvement, sparking connections, and spreading a passion for learning for over 20 years. By helping others develop the skills needed to drive change and innovation, we collectively build a culture of continuous improvement across our province.

Over the past five years, HQC continued to pursue areas of critical importance, initiatives aimed at addressing the social determinants of health and working alongside First Nations and Métis communities to enhance health and wellness. Given that much of what contributes to health are factors outside the health system, we explored the impact of community-based supports and services on overall wellness by deepening partnerships, collaborations, and relationships.

Through consultation with community partners, we discovered energy for change in the realm of children and youth mental health, sparking the formation of the Youth Mental Health and Wellness Sharing and Learning Community, which has since grown to 82 members and proven its value by becoming a self-sustaining collective. Through our learning programs, HQC equipped 23 community-based organizations with quality improvement and measurement capacity, assisting them in better supporting child and youth well-being.

Another milestone achievement was our partnership with the Federation of Sovereign Indigenous Nations, which led us to co-publishing the Self-Harm and Suicide in First Nations Communities in Saskatchewan report, shining a light on the alarming disparities of suicide rates among Indigenous and non-Indigenous youth in Saskatchewan. This work in community led to relationships with 28 First Nations communities, including Thunderchild First Nation, where in the last year, we assisted in identifying gaps and opportunities in health services to promote life, health, and wellness.

On behalf of the HQC Board of Directors, I am grateful for the unwavering support from our health system and community partners, not to mention the courage and dedication from the teams at HQC. Together, we have taken strides towards our shared vision of a healthier, more equitable future for all.

Looking ahead, we remain committed to building upon the foundation laid by our strategic plan, embracing new challenges, and seizing opportunities to cultivate real change for the people of Saskatchewan.

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

**Dr. Susan Shaw**

Chair, HQC Board of Directors

# MESSAGE FROM THE CEO

Throughout our 2019-2024 strategic plan, our work has shown us individuals, communities, and organizations are diverse and the nature of the challenges we face are more complex than ever.

While the COVID-19 pandemic and its aftermath magnified many of the challenges already present in our system, including access, equity, acute care, and surgical waits, it also showed us the art of what's possible when we apply a concerted effort. We can, in fact, rapidly design and introduce solutions to solve critical issues with the right resources, coordination, and collaboration.

From social care, health care, community-based groups, and provincial advocacy organizations, there are many of us actively working to test and implement solutions to our system. However, several of us are trying to do this independently, focused on one specific solution siloed from others.

Yet, we know the pathway to improvement is not linear in complex systems, and there may be multiple solutions to achieving optimal health and health care for everyone in Saskatchewan.

When it comes to transforming our health and social care systems, change at this scale won't happen overnight – nor can it be done in isolation. Building relationships rooted in trust and collaboration is paramount to achieving outcomes at scale in complex systems like ours.

At the Saskatchewan Health Quality Council, this is something we have been doing for decades. Acting as a system convener, we help foster the conditions to help multiple small-scale ideas emerge and flourish.

Even as we continue to adapt to an evolving health system and align with emerging provincial priorities, at our core, collaboration and convening, capacity building, and research remain at the heart of who we are and what we do.

Closing the chapter on our latest five-year strategic plan, I'm proud of all we have accomplished together. We have built trust and demonstrated our value to health system partners, as well as First Nations and Métis communities. We have built capacity for improvement in primary care clinics and community-based organizations across the province. We have conducted research and released reports that inform policymakers and health leaders on the realities facing Saskatchewan – milestones made possible by dedicated teams who recognize the power of collective action.

As we embark on the next leg of our journey, we're enthusiastic and optimistic about what lies ahead. Inch by inch, we are moving the needle and accelerating improvement in health and health care.

The future is bright for Saskatchewan and those who call our province home.



A handwritten signature in black ink, appearing to read 'Tracey Sherin'.

**Tracey Sherin**  
Chief Executive Officer



# WHO WE ARE

The Saskatchewan Health Quality Council is an independent organization, operating at arm's-length from the Government of Saskatchewan. Since 2002, we have been accelerating improvement in health and health care across the province through training and education, quality improvement initiatives, and research.

## OUR ROLE IN THE HEALTH CARE SYSTEM

We partner with and support health organizations, government, community organizations, and communities across Saskatchewan to strive towards optimal health and better care for all.

### 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

## 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; and,
- promote research and education leading to improvement in health and health care.

## HOW WE IMPROVE HEALTH

### • Providing independent and objective evidence

We've built a reputation for supporting the health care system with our analytic capability and expertise to enable evidence-informed decision making in policy and practice for high-quality care. As an independent agency removed from health care governance and service delivery, we're uniquely positioned to objectively assess program performance.

### • Establishing a focus on quality in the health system

For over 20 years, we've played a leading role in establishing the infrastructure for quality improvement, building capacity for quality improvement methodology, and supporting the health care system to "think and act as one system."

### • Leveraging our strengths to help accelerate improvements in health and health care

Much of what affects our health is not – in fact – related to our health care system or services, but rather how we live, work, and age. Working alongside our partners, we're committed to finding new ways to target the root cause of health and wellness, improving the quality of life in our community.

# WHAT WE DO

We help shape a brighter future for our province by:

- using measurement, evaluation, and analytics to present new innovations and identify improvement priorities;
- building capacity for quality improvement;
- promoting research and education to enhance quality of life in our communities; and,
- convening leaders and decision-makers to build commitment towards a collective goal.

## KEY SERVICE AREAS:

- **Measurement and analytics**

By asking difficult questions, challenging the status quo, and finding answers to the questions that matter, we put vital information into the hands of people who can make change happen.

- **Collaboration**

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

- **Skill-building**

We coach our partners in skill development so they can feel confident making change happen in their fields. This allows us to support the development of a province-wide mindset of quality improvement.



# OUR WORK AREAS AND PARTNERS

As a well-respected Saskatchewan-based organization, HQC has close, collaborative relationships with several organizations in health and health care. Our partners are more specifically defined as those with which we have a formal affiliation.

## 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.

### Our local partners include:

- Government of Saskatchewan, Ministry of Health
- Saskatchewan Health Authority
- Saskatchewan Medical Association
- College of Family Physicians of Saskatchewan
- College of Medicine, University of Saskatchewan
- Saskatchewan Centre for Patient-Oriented Research
- Saskatchewan Seniors Mechanism
- Rural and Remote Memory Clinic, Rural Dementia Action Research Group, University of Saskatchewan
- Thunderchild First Nation and Thunderchild First Nation Health
- Thunderchild First Nation Child and Family Services
- Ahtahkakoop Cree Nation
- Onion Lake Cree Nation
- James Smith Cree Nation
- Northern Inter-Tribal Health Authority
- Federation of Sovereign Indigenous Nations

## NATIONAL & INTERNATIONAL PARTNERS AND COLLABORATIONS

We partner and collaborate with organizations on a national and international level, including:

- Healthcare Excellence Canada
- Health Quality BC
- Canadian Institute for Healthcare Information
- Indigenous Services Canada, Government of Canada
- Pan Canadian Network of Quality Councils
- Canadian Mother-Child Cohort, Drug Safety and Effectiveness Network
- Canadian Network for Observational Drug Effect Studies
- NHS Horizons

# OUR STRATEGIC PRIORITIES

Our 2019-2024 strategic plan focused on supporting First Nations and Métis health and wellness, while addressing social determinants of health with a focus on child and youth mental health and wellness.

While there have been many efforts to improve the quality of Saskatchewan's health system, we are still seeing alarming trends related to mental health and substance use disorders and the significant health disparities between Indigenous Peoples and the non-Indigenous population. These trends point to the need to work and partner in new ways on social and economic factors that impact health.

Further, we recognize that three quarters of what affects our health is not related to the health care system, but rather social and economic influences, such as where we live, work, and age. Leveraging our strengths, we extended our work beyond the health care system to facilitate collaboration addressing the social determinants of health through the lens of child and youth mental health and wellness.

Achieving goals in these areas is a journey that will continue beyond 2024, to continue improving the quality of life for all Saskatchewan residents.

## ENHANCE FIRST NATIONS AND MÉTIS HEALTH AND WELLNESS

**Goal:** Enhance the health and wellness of five to seven First Nations and Métis communities through improved access to measurements that reflect community needs and where capability to act on the information is built, ensuring communities can make sustainable gains.

### Outcomes:

- supported seven First Nations and Métis communities with a focus on life promotion;
- built trust and demonstrated value to First Nations and Métis communities, shifting HQC from being relatively unknown to being sought out from communities seeking our expertise; and,
- adapted quality improvement tools and methodology to an Indigenous context.

## ADDRESS THE SOCIAL DETERMINANTS OF HEALTH — CHILD AND YOUTH MENTAL HEALTH AND WELLNESS

**Goal:** Lead three improvement collaboratives in communities across Saskatchewan to improve connections for coordinated support that promotes mental health and wellness for children and youth.

### Outcomes:

- built relationships and rapport with community-based organizations, non-profits, and other government ministries outside of the health care sector to expand influence and improve health;
- fostered connection, awareness, and learning by bringing organizations with shared interests together through participation in the Youth Mental Health and Wellness Sharing and Learning Community; and,
- facilitated four cohorts of the Community QI Collective to build quality improvement capacity across 19 community-based organizations and 53 individual learners supporting mental health and wellness in children and youth.



# 2.0 Our governance

Our organizational structure 13

Our Board of Directors 14

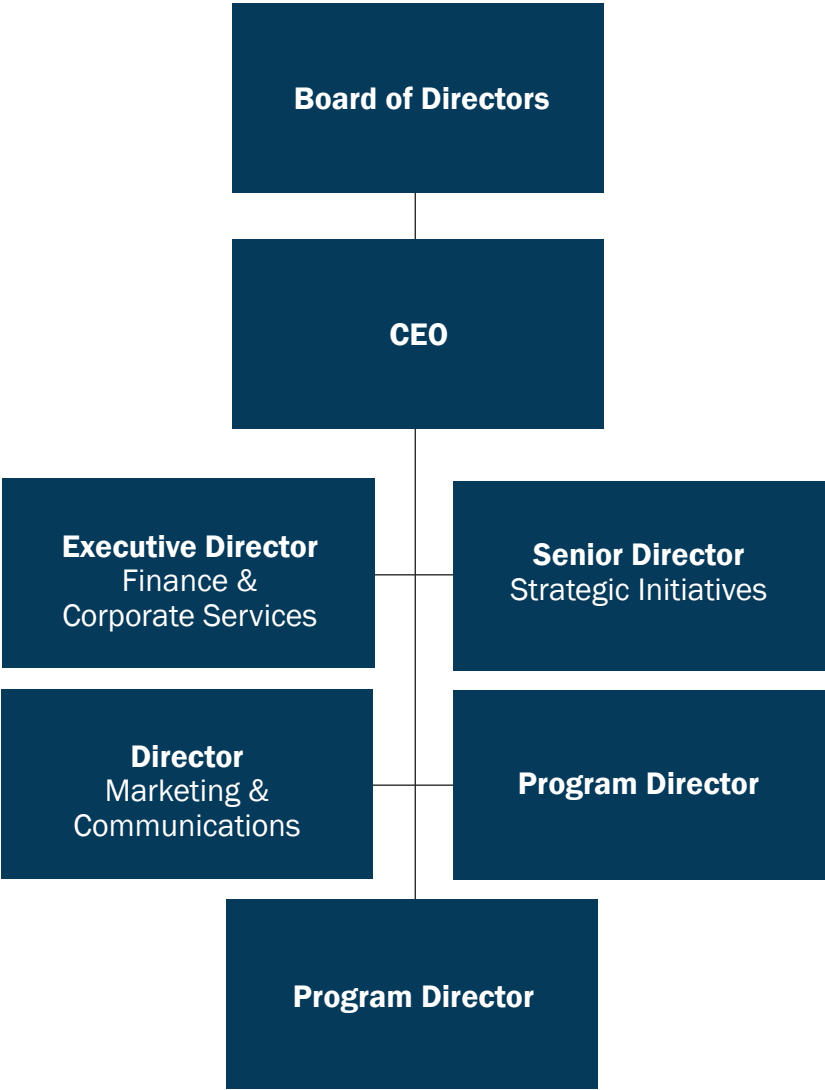
Board of Directors profiles 15

Our Indigenous Cultural Advisors 20

Our leadership team 21

# OUR ORGANIZATIONAL STRUCTURE

The following diagram depicts HQC’s high-level organizational structure for the 2023-24 fiscal year. We employed 34.6 full time equivalents in this time period.



# OUR BOARD OF DIRECTORS

HQC is led by a Board of Directors appointed by the Lieutenant Governor in Council. Our board is comprised 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.

HQC's board is called upon to lead, steer, monitor, support, nurture, and be accountable for the organization's ability to meet its mandate, mission, and strategic goals.

As part of its governance role, the board exercises several functions, including to:

- function with a system view rather than as a representative of a segment of the community;
- participate in formulating and adopting HQC's vision, mission, and principles;
- establish HQC's strategic plan in collaboration with the CEO and staff;
- evaluate HQC's performance and the board's performance;
- appoint and evaluate the CEO;
- exercise fiduciary stewardship;
- build and maintain thriving relationships with health system stakeholders; and,
- develop and foster healthy board relations.

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

# BOARD OF DIRECTORS PROFILES



## **Dr. Susan Shaw, Chair**

Susan balances a rewarding career in Critical Care Medicine with clinical and system level improvement work at the local, regional, and provincial level in Saskatchewan. She is currently the Chief Medical Officer for the Saskatchewan Health Authority and co-leads the Quality, Safety, and Information portfolio. She is also faculty at the University of Saskatchewan, teaching and learning as part of the College of Medicine. Susan is looked to as a leader in patient- and family-centered care, physician leadership, continuous improvement, and large-scale change, receiving the Canadian Society of Physician Leaders Excellence in Medical Leadership Award in 2019.



## **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 healthcare field.

# BOARD OF DIRECTORS PROFILES



## Elizabeth (Liz) 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. In 2016, she also co-authored *Transforming Memories: Sharing Spontaneous Writing Using Loaded Words*.



## Doug Moen

Doug joined the Johnson Shoyama Graduate School of Public Policy in November 2016. He is currently an Executive in Residence but has also served as the school's Executive Director and Director of Executive Education. He was 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**

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 health, health charities, and volunteer sectors dedicated to improving the lives of those living with disabilities, their families, and their 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**

Less than 2 per cent of technology companies are founded or led by women. Serese has successfully founded and led not one, but two companies, SolusGuard and ORA. Her exceptional contributions have earned her prestigious accolades, including being named a Top Women in Safety by the Canadian Occupational Safety in 2022 and 2023, receiving the 2023 Resilience Award from Women Entrepreneurs of Saskatchewan, and being honoured with the 2023 YWCA Women of Distinction Innovation and Research Award. As a charter member and ambassador for Women Entrepreneurs of Saskatchewan, she is a fierce advocate of women-owned businesses. She holds a Master of Business Administration (MBA) from the University of Saskatchewan.



### **Franki Stuart**

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 healthcare 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 Saskatchewan Health Authority. She was the CEO of the former Cypress Health Region from 2010 to 2018. Prior to that, she served in a variety of leadership positions within the former Cypress Health Region and the Swift Current Health District, including as a member of the senior leadership team. 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**

Darwin Whitfield grew up on a family farm established in 1908. He married his wife 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 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 12 years. He was also elected director of Division 6 at the Saskatchewan Association of Rural Municipalities Annual Convention 2019.

# OUR INDIGENOUS CULTURAL ADVISORS

To be authentic and grounded in the true meaning of reconciliation, we recognize the need to work in new ways that conscientiously support and promote cultural humility, safety, and responsiveness.

In the spirit of “Nothing about us without us,” we are committed to engaging with traditional Knowledge Keepers, Elders, and cultural advisors to help guide our work of enhancing First Nations and Métis health and wellness in Saskatchewan.

The Cultural Advisory Committee is comprised of representatives from Treaty territories across Saskatchewan, bringing invaluable expertise, wisdom, and learnings:

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

# OUR LEADERSHIP TEAM

The board delegates the operational functions of HQC to the leadership team, whose responsibilities are to:

- manage the performance of the organization in relation to its mission, mandate, and strategic priorities;
- provide strategic leadership and direction for the delivery of HQC's products and services;
- oversee a staff of employees with expertise in research, quality improvement, administration, communications, finance, information technology, and clinical care;
- ensure effective, efficient use of financial and human resources in the delivery of HQC's products and services;
- develop work plans, staffing strategies, and budgets; and,
- facilitate effective communication between the board and the organization.

**CEO:** Tracey Sherin

**Executive Director, Finance & Corporate Services:** Nancy Kulbida (as of July 10, 2023)

**Senior Director, Strategic Initiatives:** Tanya Verrall (as of October 1, 2023)

**Director, Marketing & Communications:** Colin McHattie (as of May 15, 2023)

**Program Directors:**

- Patrick Falastein
- Chelsea Schwartz

# 3.0 Our work

2023-24 Highlights 23

Alignment to provincial priorities 24

Skill-building 25

Collaborations 29

Measurement and analytics 32

# 2023-24 HIGHLIGHTS

## ✓ **TRAINED 13 PRIMARY CARE CLINICS IN QUALITY IMPROVEMENT**

Since its inception last year, QI in Clinics has trained 13 primary health clinics in Saskatchewan, including 25 physicians and 59 clinic staff, in quality improvement methodology, tools, and approaches. This program aims to build primary care clinic capacity to identify and implement improvements to better serve their patients.

## ✓ **GREW THE FOUR WINDS LIFE PROMOTION SHARING AND LEARNING SOCIETY**

We grew the Four Winds Life Promotion Sharing and Learning Society to 41 individuals, representing 28 First Nations communities across Saskatchewan. Together, we work to illuminate priorities and increase awareness of services, resources, and opportunities that promote life and well-being for children and youth in Saskatchewan.

## ✓ **SPONSORED 25 PARTICIPANTS FOR THE NUKA SYSTEM OF CARE CONFERENCE**

HQC sponsored 25 health system leaders to participate in the virtual Nuka System of Care Conference hosted by the Southcentral Foundation, recognized internationally as a world leader in health system redesign and primary care operations.

## ✓ **CONVENED OVER 150 LEADERS TO LEARN FROM A HIGH PERFORMING HEALTH SYSTEM**

Bringing together over 150 health system and community leaders, we hosted the Southcentral Foundation for a two-day in-person learning event to promote shared learning and provide inspiration for what might be possible within Saskatchewan's primary healthcare system.

## ✓ **COACHED 9 TEAMS THROUGH THE COMMUNITY QI COLLECTIVE**

Nine teams completed the Community QI Collective training program, designed to help teams understand their organization's current performance, map out the desired future state, and make incremental improvements to reach their goals using quality improvement methodology.

## ✓ **SUPPORTED THE PROVINCIAL DRUG TASK FORCE**

HQC shared key findings from our data analysis with stakeholders, highlighting demographic subgroups at higher risk of opioid-related harm and patterns of health system use prior to an opioid toxicity episode.

## ✓ **CO-AUTHORED 10 RESEARCH ARTICLES**

Leveraging our analytic experience and expertise, HQC collaborated with other health system partners to support research leading to improvements in health and health care.

## ✓ **PRESENTED 10 QI POWER HOUR SESSIONS TO A GLOBAL AUDIENCE**

We hosted 10 QI Power Hour webinars, with topics including quality improvement tools, data and measurement, youth mental health, and First Nations and Métis Wellness. On average, QI Power Hour webinars reach 238 participants each session, an increase of 75 per cent since last year.

# ALIGNMENT TO PROVINCIAL PRIORITIES

In 2023-24, HQC remained aligned with supporting Saskatchewan's health system in areas where we can add the most value:

- **Supported provincial Primary Health Care Renewal efforts:**
  - participated in the Provincial Oversight Committee for Primary Health Care Renewal;
  - sponsored 25 health system leaders to participate in the virtual Nuka System of Care Conference hosted by the Southcentral Foundation, identified by the Primary Health Care Renewal team as a world leader in health system redesign and operation;
  - hosted the Southcentral Foundation for a two-day in-person learning event, with over 150 health system and community leaders in attendance;
  - improved the accuracy of data provided in BestPractice Primary Care Panel Reports to assist physicians in understanding their patient panel; and,
  - evolved the QI in Clinics learning program to encompass whole primary care clinical teams, not only physicians, in learning the concepts, tools, and processes to establish a culture of continuous improvement within their clinic.
- **Advanced operational and strategic priorities of health system partners:**
  - reviewed and established a health system governing structure as part of the Committee Structure Working Group, led by the Ministry of Health;
  - co-chaired the Continuous Improvement Working Group with the Ministry of Health;
  - continued our partnership with the Saskatchewan Centre for Patient Oriented Research, focused on supporting Patient Reported Outcome Measures, Patient Reported Experience Measures, and the Saskatchewan Health Research Data Platform;
  - built learning and development frameworks to define maturity of competencies related to quality improvement capacity; and,
  - analysed data to highlight demographic subgroups at higher risk of opioid-related harm and patterns of health system use prior to an opioid toxicity episode, in partnership with the Provincial Drug Task Force.
- **Aligned with Saskatchewan's strategic priority around mental health to support life promotion initiatives geared towards First Nations and Métis health and wellness, as well as children and youth mental health and wellness:**
  - transitioned the Youth Mental Health and Wellness Sharing and Learning Community to its membership as a self-sustaining community of practice;
  - supported seven communities and two tribal councils on initiatives related to mental health and wellness for children and youth; and,
  - established relationships with First Nations communities to support them in their life promotion efforts.
- **Completed five queries for Post-Market Drug Evaluation, contributing to drug safety and effectiveness.**
- **Contributed to building improvement capability within community-based organizations by delivering quality improvement methodology training through two cohorts of the Community QI Collective.**
- **Demonstrated leadership in HQC's journey to reconciliation and cultural responsiveness by:**
  - seeking guidance from Indigenous Cultural Advisors;
  - reviewing internal policies; and,
  - training staff in Diversity, Equity, and Inclusion and Cultural Responsiveness.

# SKILL-BUILDING

## CLINICAL QI PROGRAM

Established in 2017, the Clinical QI Program was a 10-month applied learning program designed to equip physicians and other clinicians to lead quality improvement in the health system.

To adapt to Saskatchewan's evolving context, leverage lessons learned from past programming, and better align to health system priorities, we evolved the Clinical QI Program into QI in Clinics in continued partnership with the Saskatchewan Medical Association.

With the successful implementation of QI in Clinics, we decided to sunset the Clinical QI Program in 2023-24.

## QI IN CLINICS

QI in Clinics is a free, four-month learning program designed to build foundational skills in quality improvement methodology for physicians and primary care clinic teams in Saskatchewan.

Recognizing the value of training whole teams in addition to individual clinicians, QI in Clinics was designed to lead clinic teams, including physicians, office staff, and other allied health care team members, in learning the concepts, tools, and processes to establish a culture of continuous improvement within their clinic.

### QI in Clinics focuses on:

- building capacity within primary care, a key area of focus of the health system;
- extending the training program beyond individual clinicians to engage full teams and encourage a workplace culture of quality improvement;
- adapting to a virtual delivery model for increased accessibility and uptake from teams across the province; and,
- introducing relevant system contexts such as the Patient Medical Home Model.

Following two successful pilots, we partnered with the Saskatchewan Medical Association and a physician advisor to further enhance the curriculum and program approach for the first cohort of learners, released in August 2023.

Within the first two years of launching the program, QI in Clinics has trained 13 primary health clinics in Saskatchewan, including 25 physicians and 59 clinic staff, in quality improvement methodology. Post-program, participants feel confident applying the tools and concepts to improve their clinic independently.

To help guide, support, and promote the program, we convene a Quarterly Advisory Committee consisting of representatives from the Saskatchewan Medical Association, the Ministry of Health, the Saskatchewan Health Authority, and the College of Family Physicians of Saskatchewan.



QI in Clinics aims to build a foundation of quality improvement skills within primary health care clinics in Saskatchewan. By the end of the program, participants have the tools, techniques, and knowledge to continuously improve their clinic's operations and outcomes.



# LEARNING AND DEVELOPMENT FRAMEWORK

Throughout the 2023-24 fiscal year, HQC continued to co-chair the Continuous Quality Improvement Working Group alongside the Ministry of Health. This group leads various initiatives to re-energize and strengthen quality improvement capacity throughout the province.

HQC was tasked with leading the development of a provincial Learning and Development framework to support our health system focus on continuous quality improvement. The goal of the framework was to define a common frame of reference for core concepts, competencies, and the progression of learning from beginning to advanced.

In 2023-24, HQC finalized the Visual Management Learning and Development framework, providing a basis for assessing learning programs across the province as well as opportunities for future program development.

Visual management is a form of communication using visual cues and tools to convey information, progress, and insights in an accessible, easy-to-understand way. It's used to make work and performance visible, identify gaps and opportunities, and support effective communication to optimize daily work and encourage improvement over time.

Beyond this initiative, we re-ignited relationships between continuous improvement senior leaders across health system partner organizations.

# COMMUNITY QI COLLECTIVE

The Community QI Collective is a free, virtual six-month program that introduces teams to quality improvement methodology. This opportunity to learn about and apply quality improvement principles and tools provides community-based organizations with the confidence to continuously improve their processes and services.

In 2023-24, a total of nine teams from community-based organizations from across the province received training in quality improvement methodology, with a total of 23 teams completing the program since its inception. Feedback has been widely positive and re-iterates the value HQC provides to Saskatchewan.



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

## QI POWER HOUR

As part of HQC's ongoing commitment to sharing knowledge, best practices, and innovative ideas, we are pleased to offer QI Power Hour, a free monthly webinar series that delves into a variety of topics related to quality improvement.

Attracting learners from Saskatchewan and abroad, our webinars bring together improvers from a variety of sectors interested in learning about leading and supporting quality improvement efforts in health and health care.

In 2023-24, the team produced 10 webinars. Topics included:

- community-led approaches to improve health systems;
- data-driven tools to empower healthcare providers and enhance patient-centred care;
- improved patient satisfaction and health outcomes using the Patient's Medical Home Model;
- First Nations and Métis health and wellness;
- virtual reality technology to improve access to mental health supports; and,
- methods to define and measure impact on patient lives.

The QI Power Hour community grew by 39 per cent since last year. This includes participants from the health, education, justice, and social services sectors, as well as community-based organizations and First Nations and Métis organizations.

## INTRO TO QI COURSE

Intro to QI is a free online course designed to introduce quality improvement methodology and give learners the basic tools to get started.

The course is self-directed and delivered online, including a mix of reading, visuals, videos, and activities. Intro to QI was developed with a health system learner in mind, however, the principles and tools can be applied to any sector or industry.

In 2023-24, 230 participants completed the program, with uptake from Saskatchewan, Canada, and around the world.



Intro to QI provides basic tools, methods, and principles of quality improvement to individuals in and out of health care.

## HQC BLOG

HQC's blog features resources, stories, and tips on quality improvement, measurement, analytics, skill-building, and collaboration in health and health care to help accelerate improvement.

In the last year, HQC published eight blogs, with topics ranging from process mapping, driver diagrams, quality improvement learning programs, learner testimonials, and our journey to reconciliation.

The average time viewers spent reading the blogs was above the industry average reading time. Please see Appendix B to view the blogs published this year or visit [saskhealthquality.ca](https://saskhealthquality.ca).

## 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 2023-24, HQC published 239 editions of Health Clips, with a 33 per cent increase in click-through rates by the end of the fiscal year.

# COLLABORATIONS

For over 20 years, HQC has played a leading role in building capacity for quality improvement, bringing together key partners, and supporting our health care system to think and act as one system.

We offer our skills in quality improvement, research (measurement and analytics), and facilitation to help change happen faster in health and health care.

## FOUR WINDS LIFE PROMOTION

Bridging research, data analytics, and quality improvement with Indigenous worldviews, traditions, and ceremony, Four Winds aims to improve access to mental health and addictions services for children and youth, particularly within First Nations communities.

Named in ceremony by Ceremonial Elder Clifford Rabbitskin, the creation of Four Winds stems from a report we co-published in collaboration with the Federation of Sovereign Indigenous Nations on self-harm and suicide, studying the growing gap between First Nations peoples and communities compared to the rest of Saskatchewan's population.

In 2023-24, HQC furthered the work of Four Winds' three unique work streams:

### 1. Community-wide approach to quality improvement

- surveyed Thunderchild First Nation community members regarding their perceptions of their health status and the health services available to them and presented key findings to inform strategic community planning.
- deepened our relationship with Thunderchild First Nation, building confidence in quality improvement methodology to help meet the needs of the community.

### 2. Quality improvement for life promotion

- conducted five community needs-assessment surveys with James Smith Cree Nation to inform the design and development of a wellness centre for the community.
- established work standards for Thunderchild First Nation Child and Family Services through value stream mapping and staff training to help streamline processes and enhance care to the community.
- gathered community-wide data on safety and wellness in partnership with Thunderchild First Nation Health.
- provided data and accreditation support to Ahtahkakoop Cree Nation for health services based on the needs of the community.
- supported Onion Cree Nation obtain accreditation for group homes in the community.

### 3. Four Winds Life Promotion Sharing and Learning Society

- grew the Four Winds Life Promotion Sharing and Learning Society to 41 individuals, representing 28 nations across Saskatchewan. By bringing communities together, we learn from one another and remain informed on the meaningful work happening across nations.
- sponsored 13 First Nations and Métis powwows and community events, showing our support and growing our presence in the community.

## **MÉTIS NATION-SASKATCHEWAN**

Furthering our journey to reconciliation, HQC works in collaboration with Métis Nation-Saskatchewan to support Indigenous access and control over healthcare data. In partnership, we initiated a research project aimed at measuring and understanding the health trends among Métis citizens as it relates to chronic diseases, highlighting risk factors and areas for improvement. Upon completion, this work will support future life promotion initiatives and data sovereignty endeavors.

In 2023-24, HQC:

- supported the process of cultivating a health status report to aid in making informed decisions about the health and wellness of the Métis community;
- obtained ethics approval from the University of Saskatchewan Research Ethics regarding the research project aimed at measuring and understanding chronic disease trends among Métis citizens; and,
- partnered with Métis Nation-Saskatchewan leaders to identify health indicators to incorporate into the research project.

## **YOUTH MENTAL HEALTH AND WELLNESS SHARING AND LEARNING COMMUNITY**

The Youth Mental Health and Wellness Sharing and Learning Community was created with the intention of bringing people together from across the province with a shared interest in supporting youth mental health.

This year, HQC hosted monthly learning sessions with guest speakers and participants joining us from various community organizations to share updates about the work they are doing in the youth mental health space. Membership continued to increase this year, with several new organizations and participants joining the community.

At the end of the fiscal year, HQC successfully transitioned ownership of the initiative to the community, with two community leaders taking on the role of host and facilitator going forward.

## **BESTPRACTICE PRIMARY CARE PANEL REPORTS**

BestPractice Primary Care Panel Reports provide family physicians in Saskatchewan with annually updated data to better understand their practice patterns and patient population, so they may better serve their patients.

The reports are 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.

Over the years, we've had several family physicians who have dedicated their time to provide guidance on the development of the reports. In the past year, we're grateful for the contributions of four physicians who supported this work during our monthly meetings.

In 2023-24, physician requests for Primary Care Panel Reports grew by 46 per cent. To date, 515 family physicians have enrolled to receive annual data and insights into their practice patterns and patient population.

We closed the year working on adding new indicators and stratifications to the reports, as well as redesigning the overall look of the report. This work will continue into next fiscal year in anticipation of its release in the fall of 2024.

## IMPROVING QUALITY OF CARE FOR COMMUNITY-DWELLING OLDER ADULTS

According to Statistics Canada, older adults aged 65 years old and older are the fastest-growing population in the country. As seniors age, it's more important than ever to ensure they have access to the supports they need to thrive at home, wherever that may be.

At HQC, we acknowledge the potential significance this group has on our health system and initiated work to understand the health care utilization patterns of older adults across Saskatchewan.

Recognizing the complexity of improving community-based care and social supports for older adults, we began to work in new ways. In 2023-24, our team:

- explored innovations and promising practices to address the needs of community-dwelling older adults;
- shifted away from prescribed solutions to embracing emerging ideas as an approach to drive change;
- explored new tools and methodologies to support emerging ideas, including accelerated design events, system and actor mapping, asset-based community development, and networks;
- strengthened relationships and connections across health, social, and community sectors by acting as a system convener; and,
- established a guiding group, comprised of Ministry of Health, Ministry of Social Services, Saskatchewan Health Authority and affiliates, academia, and community-based organizations, to inform, shape, and support innovations in community-based care for older adults.

Recognizing change happens locally, we also partnered with several initiatives to support, accelerate, and amplify their efforts, including Healthcare Excellence Canada's Enabling Aging in Place pan-Canadian collaborative and Saskatchewan Seniors Mechanism's social prescribing initiative.

There is no one solution and no one individual, organization, or sector who owns the mandate of health and well-being for older adults. However, through collaboration, strategic alignment, and networks of opportunity, we are creating a brighter future for older adults in Saskatchewan.

# MEASUREMENT AND ANALYTICS

One of the ways we fulfill our mission of accelerating improvement in health and health care in Saskatchewan is through measurement and analytics.

Using state-of-the-art approaches, we ask the difficult questions and find answers to our province's most pressing challenges, in turn influencing improvements to how health care is delivered.

## DRUG TASK FORCE

As part of our work with the provincial and inter-sectoral Drug Task Force, HQC identifies areas with a high risk of drug overdose or death 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. Based on identified gaps in care we see in the data and evidence-based practices, we recommend actions and present key findings to stakeholders, including leaders from government, police, service providers, and the health system.

In 2023-24, HQC:

- shared key findings from our data analysis with key stakeholders, highlighting demographic subgroups at higher risk of opioid-related harm and patterns of health system use prior to an opioid toxicity episode;
- facilitated a planning session to refresh the Drug Task Force's overarching goals and actions, strengthen and align collaborative efforts, and determine next steps to achieving priority actions; and,
- evaluated the Overdose Outreach Teams' pilot projects in Regina and Saskatoon in collaboration with the Saskatchewan Health Authority and the Saskatchewan Drug Task Force Secretariat. Collecting feedback from clients and staff, we recommended actions to improve the effectiveness of the program.



## SASKATCHEWAN CENTRE FOR PATIENT-ORIENTED RESEARCH

The Saskatchewan Centre for Patient-Oriented Research is a collaboration of Saskatchewan organizations committed to building provincial and national capacity for patient-oriented research.

HQC plays a pivotal role in supporting learning projects and collecting patient-reported experiences and outcome measurements.

In 2023-24, HQC provided support for the national project investigating long-term effects of COVID-19, while aligning methodology identifying long-COVID patients and collecting outcome information across Canada. We also supported two learning projects to identify the most appropriate tools to collect patient experiences and patient outcomes.



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

## CANADIAN NETWORK FOR OBSERVATIONAL DRUG EFFECT STUDIES & POST-MARKET DRUG EVALUATION

The Canadian Network for Observational Drug Effect Studies (CNODES) is a core network partner of the Post-Market Drug Evaluation program and mobilizes researchers across Canada in response to new safety or effectiveness signals that emerge in drugs already on the market.

HQC is the home of the CNODES Saskatchewan site and contributed to queries from Canadian decision-makers in 2023-24, including:

- [Association Between Opioid Use and the Development of Diverticulitis](#)
- [The Use of Oral Fluoroquinolones in Canada: Drug Utilization Study Update](#)
- [Safety of Ozempic for Type II Diabetes](#)
- [Utilization Analysis of Tofacitinib and Other Drugs Among Individuals with Ulcerative Colitis: Feasibility Analysis](#)
- [Outpatient Nirmatrelvir-Ritonavir and Remdesivir Utilization in Canada](#)

Results of these studies are shared with Health Canada, the Canadian Agency for Drugs and Technologies in Health, and provincial health ministries who can implement policy changes necessary to ensure safe and effective medication use.

## PATIENT REPORTED EXPERIENCE/OUTCOME MEASUREMENT

We work alongside the Saskatchewan Health Authority, University of Saskatchewan, Saskatchewan Centre for Patient-Oriented Research, and patient partners to collect data about reported experiences of care and reported outcomes of care.

In 2023-24, HQC:

- consulted with 38 health system leaders from across Saskatchewan regarding data representation and analysis to inform the development of a strategic framework that meets the needs of physicians, patient partners, and health system leaders;
- facilitated a one-day planning session with Saskatchewan Health Authority leaders to gather diverse perspectives regarding data governance, needs assessment, and measurement tools; and,
- participated in the People-Centered Measurement Working Group, led by the Saskatchewan Health Authority's Patient-Family Experience Portfolio.

## SASKATCHEWAN HEALTH RESEARCH DATA PLATFORM

The Saskatchewan Health Research Data Platform is a multi-agency initiative by the Saskatchewan Centre for Patient-Oriented Research, with the purpose of streamlining health data sharing to promote health research in the province. Previously, health researchers did not have a reliable and efficient way to access provincial health data.



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

In 2023-24, HQC contributed project management support, privacy leadership, and data analysis knowledge to the continued development of the platform. The initiative has made good progress with providing data access support for patient-oriented research projects, expanding the types of data available by integrating new datasets, improving the technology and functionality of the platform, and advancing required privacy documentation.

To simplify coordination and implementation of the initiative, HQC transferred project management and privacy support to direct oversight by the Saskatchewan Centre for Patient-Oriented Research. We continue to provide data analysis expertise to support this vital platform.



# 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;
- assets of HQC are protected from loss and unauthorized use; and
- 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, HQC's Board of Directors discuss audit and financial reporting matters with representatives of management at regular meetings. Board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited 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 9, 2024



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, 2024, 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, 2024, 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, 2024

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	2024	2023
<b>Financial assets</b>		
Cash	\$ 2,028	\$ 1,755
Accounts receivable	60	119
Accrued interest receivable	120	86
Short-term investments (Note 3)	3,583	3,283
	<u>5,791</u>	<u>5,243</u>
<b>Liabilities</b>		
Accounts payable	620	157
Payroll liabilities (Note 6)	178	97
Deferred revenues (Note 7)	656	438
	<u>1,454</u>	<u>692</u>
<b>Net financial assets</b> (Statement 3)	<u>4,337</u>	<u>4,551</u>
<b>Non-financial assets</b>		
Tangible capital assets (Note 2c & Note 4)	41	92
Prepaid expenses (Note 5)	142	123
	<u>183</u>	<u>215</u>
<b>Accumulated surplus</b> (Statement 2)	<u>\$ 4,520</u>	<u>\$ 4,766</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	2024		2023
	Budget	Actual	Actual
	(Note 10)	(Note 15)	Restated
	(Note 15)		(Note 15)
Revenue			
Ministry of Health			
- Operating Grant	\$ 4,977	\$ 4,977	\$ 4,977
University of Saskatchewan			
- Saskatchewan Centre for Patient Oriented Research (Note 14)	176	58	61
- Drug Safety & Effectiveness Network			98
- Other	-	-	22
Post-Market Drug Evaluation	218	152	-
Saskatchewan Medical Association	46	10	80
Interest	200	282	157
	<u>5,617</u>	<u>5,479</u>	<u>5,395</u>
Expenses			
Project funding	523	458	291
Grants	54	33	48
Wages and benefits	4,622	4,412	4,306
Travel	72	57	41
Administrative and operating expenses	182	143	83
Honoraria and expenses of the board (Note 12)	50	48	35
Repayment of excess funding received	-	176	-
Amortization expense	100	86	80
Rent	322	312	304
	<u>5,925</u>	<u>5,725</u>	<u>5,188</u>
Annual Surplus/(Deficit) (Statement 3) (Statement 4)	<u>\$ (308)</u>	<u>(246)</u>	<u>207</u>
Accumulated surplus, beginning of year		<u>4,766</u>	<u>4,559</u>
Accumulated surplus, end of year (Statement 1)		\$ 4,520	\$ 4,766

(See accompanying notes to the financial statements)

### Statement 3

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

	2024		2023
	Budget (Note 10)	Actual	Actual
<b>For the year ended March 31</b>			
<b>Annual Surplus / (Deficit) (Statement 2)</b>	\$ (308)	\$ (246)	\$ 207
Acquisition of tangible capital assets	(32)	(35)	(45)
Amortization of tangible capital assets	100	86	80
	<u>68</u>	<u>51</u>	<u>35</u>
Acquisition of prepaid expense	-	(142)	(123)
Use of prepaid expense	-	123	90
	<u>-</u>	<u>(19)</u>	<u>(33)</u>
<b>Increase/(Decrease) in net financial assets</b>	(240)	(214)	209
Net financial assets, beginning of year	<u>4,551</u>	<u>4,551</u>	<u>4,342</u>
<b>Net financial assets, end of year (Statement 1)</b>	<u>\$ 4,311</u>	<u>\$ 4,337</u>	<u>\$ 4,551</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	<u>2024</u>	<u>2023</u>
<b>Operating transactions</b>		
Annual Surplus / (Deficit) (Statement 2)	\$ (246)	\$ 207
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	86	80
Net change in non-cash working capital items:		
Deferred revenues increase	218	236
Accrued interest receivable (increase)	(34)	(69)
Accounts receivable decrease	59	252
Prepaid expenses (increase)	(19)	(33)
Accounts payable increase	463	23
Payroll liabilities increase/(decrease)	81	(9)
Cash provided by operating transactions	608	687
<b>Capital transactions</b>		
Cash used to acquire tangible capital assets	(35)	(45)
Cash applied to capital transactions	(35)	(45)
<b>Investing Transactions</b>		
Purchases of investments	(3,583)	(4,538)
Proceeds from disposal/redemption of investments	3,283	4,505
Cash (used in) investing transactions	(300)	(33)
<b>Increase in cash</b>	273	609
Cash, beginning of year	1,755	1,146
<b>Cash, end of year (Statement 1)</b>	<u>\$ 2,028</u>	<u>\$ 1,755</u>

(See accompanying notes to the financial statements)

**HEALTH QUALITY COUNCIL**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**March 31, 2024**  
**(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

A number of Canadian public accounting standards became effective April 1, 2023. HQC's adoption of PSG-8 Intangible Assets and PS 3160 Public Private Partnerships did not impact its financial statements. The adoption of PS 3400 Revenue and its impact on the financial statements is addressed in Note 15.

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 follow standards will come into effect as follows:

- i) Conceptual Framework (effective April 1, 2026) replaces Financial Statement Concepts, Section PS 1000 and Financial Statement Objectives, Section PS 1100, which will be withdrawn.
- ii) PS 1202 Financial Statement Presentation (effective April 1, 2026) a new standard ensuring increased understanding of financial statements and the indicators within them and provides improved accountability information for users.

HQC plans to adopt these new standards on the effective date and is currently analyzing the impact this will have on its financial statements.

### 3. Short-term investments

HQC held investments in the amount of \$3,583 as described below at March 31, 2024. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2023 in the amount of \$3,283.

	2024	
	Carrying Value (000's)	Interest Rate
Canaccord Genuity	\$ 1,565	4.56%
Canaccord Genuity	1,000	5.60%
Canaccord Genuity	518	4.55%
Canaccord Genuity	500	5.45%
Total	<u>\$ 3,583</u>	

#### 4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2024 Totals	2023 Totals
	(thousands of dollars)				
Opening cost	\$ 92	\$ 629	\$ 24	\$ 745	\$ 709
Additions	5	30	-	35	45
Disposals	-	(14)	-	(14)	(9)
<b>Closing cost</b>	<b>97</b>	<b>645</b>	<b>24</b>	<b>766</b>	<b>745</b>
Opening accumulated amortization	86	545	22	653	582
Amortization	4	80	2	86	80
Disposals	-	(14)	-	(14)	(9)
<b>Closing accumulated amortization</b>	<b>90</b>	<b>611</b>	<b>24</b>	<b>725</b>	<b>653</b>
<b>Net book value of tangible capital assets</b>	<b>\$ 7</b>	<b>\$ 34</b>	<b>\$ -</b>	<b>\$ 41</b>	<b>\$ 92</b>

#### 5. Prepaid expenses

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

#### 6. Payroll liabilities

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees. The sick leave liability is determined using management's best estimate of sick leave usage of active employees. Sick leave liability is estimated to be \$1 (2023- \$1) of the total \$178 of payroll liabilities (2023 - \$97).



### 7. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatchewan Centre for Patient Oriented Research	\$ 255	\$ 292	\$ 58	\$ 489
Saskatchewan Medical Association	183	-	16	167
Total	<u>\$ 438</u>	<u>\$ 292</u>	<u>\$ 74</u>	<u>\$ 656</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.

	2024	2023
	(thousands of dollars)	
<b>Revenue</b>		
Ministry of Health – Grant Funding	\$ 4,977	\$ 4,977
<b>Expenses</b>		
3sHealth	\$ 16	\$ 8
eHealth Saskatchewan	1	1
Ministry of Finance	156	140
Public Employees Pension Plan	298	296
Innovation Saskatchewan	330	318
Saskatchewan Workers' Compensation	14	11
SaskTel	5	5



## 8. Related party transactions (continued)

	<u>2024</u>	<u>2023</u>
	(thousands of dollars)	
<b>Accounts payable</b>		
3sHealth	\$ -	\$ 7
eHealth Saskatchewan	-	1
Ministry of Finance	13	35
Public Employees Pension Plan	46	-
Innovation Saskatchewan	-	5
Saskatchewan Workers' Compensation	-	1

Also, HQC pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

## 9. Financial instruments

HQC has the following financial instruments: short-term investments, accounts receivable, accrued interest receivable, accounts payable, and payroll liabilities. The following paragraphs disclose the significant aspects of these financial instruments. HQC has policies and procedures in place to mitigate the associated risk.

### a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

### b) Interest rate risk

HQC is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. HQC does not have any long-term investments that may be affected by market pressures. HQC's receivables and payables are non-interest bearing.

### c) Credit risk

HQC is exposed to credit risk from potential non-payment of accounts receivable. Most of HQC's receivables are from provincial agencies and the federal government; therefore, the credit risk is minimal.

### 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 23, 2023.

### 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, 2023 to March 31, 2024. HQC's obligation to the plan is limited to its share of the contributions. HQC's contributions for this fiscal year were \$298 (2023 - \$296). 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, 2024. Amounts directly reimbursed to Board members by HQC are recorded in the statement of operations, are as follows:

	Travel and Meals	Honoraria	2024 Totals	2023 Totals
	(thousands of dollars)			
Shaw, Susan (Chair)	\$ 5	\$ -	\$ 5	\$ -
Craig, Cheryl (Vice-chair)	1	1	2	1
Crocker, Elizabeth	3	1	4	3
Moen, Doug	7	2	9	1
Paquin, Eugene	-	1	1	7
Selanders, Serese	-	1	1	1
Stuart, Franki	8	1	9	1
Vachon, Beth	9	2	11	3
Whitfield, Darwin	1	1	2	1
<b>Total Board Expenses</b>	<b>\$ 34</b>	<b>\$ 10</b>	<b>\$ 44</b>	<b>\$ 18</b>

## 13. Contractual obligations

As of March 31, 2024, HQC had the following commitments for future years:

### a) Office rent

HQC holds a lease for office space expiring December 31, 2026. The monthly rent and occupancy costs are \$26.3 per month until December 31, 2026.

Fiscal Year	Expenditures (000's)
2024/2025	\$ 316
2025/2026	316
2026/2027	237

### 13. Contractual obligations (continued)

#### b) Equipment and service

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

Fiscal Year	Expenditures (000's)
2024/2025	\$ 121
2025/2026	31
2026/2027	31
Total	\$ 183

### 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)
2024/2025	\$ 298
2025/2026	304
2026/2027	311
Total	\$ 913

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, \$578 has been received from the University of Saskatchewan.

**15. Revenue Recognition**

Adopting PSAS 3400 in the current fiscal year required HQC to evaluate revenue transactions on a principal versus agent basis. Through this evaluation, management determined that there were transactions with the Saskatchewan Medical Association where HQC acted as an agent.

As a result, these transactions must be presented on a net basis in both the revenue and expense categories that were impacted. HQC implemented this change retroactively by reporting these transactions on a net basis instead of gross. This resulted in a decrease in the total revenue and total expenses in the Statement of Operations (Statement 2) of \$63 (2023- \$25). There was also a corresponding \$451 reduction to the board approved budget.

The table below represents the gross revenues and expenses where HQC acted as an agent. The gross amounts were removed from the Statement of Operations (Statement 2).

	Budget	2024	2023
Revenue			
Saskatchewan Medical Association	\$ 451	\$ 63	\$ 25
Expenses			
Project Funding	451	63	25
Net Excess (Deficiency) of Agent Transactions Revenue over 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 the more we work together, the more we can achieve. From patient and research partners to 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 potentially work with us, here's how you can get in touch:

## GENERAL INQUIRIES

Phone: 306-668-8810  
Fax: 306-668-8820  
Email: [info@hqc.sk.ca](mailto:info@hqc.sk.ca)  
Website: [www.saskhealthquality.ca](http://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

If you would like to speak to someone about collaborating within one of our program areas, please visit our [website](#) for the most up-to-date contact information.

## MEDIA INQUIRIES

Colin McHattie  
Director, Marketing and Communications  
Phone: 639-398-8539  
Email: [cmchattie@hqc.sk.ca](mailto:cmchattie@hqc.sk.ca)

## PATIENTS AND PUBLIC

If you have questions or concerns about the care you or a loved one received, please contact the [Saskatchewan Health Authority](#).

# 6.0 Appendix



# APPENDIX A: RESEARCH PAPERS

In 2023-24, 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.

- Azoulay, L., St-Jean, A., Dahl, M., **Quail, J.**, Aibibula, W., Brophy, J. M., Chan, A.-W., Bresee, L., Carney, G., Eltonsy, S., Tamim, H., Paterson, J. M., & Platt, R. W. (2023). Hydrochlorothiazide use and risk of keratinocyte carcinoma and melanoma: A multisite population-based cohort study. *Journal of the American Academy of Dermatology*, 89(2), 243–253. <https://doi.org/10.1016/j.jaad.2023.04.035>
- Dormuth, C., Alessi-Severini, S., Bitton, A., Filion, K. B., **Janzen, D.**, Lix, L. M., Paterson, M., Dahl, M., **Lu, X.**, St-Jean, A., & Wu, F. (n.d.). Utilization Analysis of Tofacitinib and Other Drugs Among Individuals With Ulcerative Colitis: Feasibility Analysis. [https://www.cadth.ca/sites/default/files/hta-he/OS0003%20utilization\\_analysis\\_of\\_tofacitinib\\_and\\_other\\_drugs\\_for\\_ulcerative\\_colitis\\_summary%20report.pdf](https://www.cadth.ca/sites/default/files/hta-he/OS0003%20utilization_analysis_of_tofacitinib_and_other_drugs_for_ulcerative_colitis_summary%20report.pdf)
- Levy, A. R., Stock, D., Paterson, J. M., Tamim, H., Chateau, D., **Quail, J.**, Ronksley, P. E., Carney, G., Reynier, P., & Targownik, L. (2023). Prescription ranitidine use and population exposure in 6 Canadian provinces, 1996 to 2019: A serial cross-sectional analysis. *Canadian Medical Association Open Access Journal*, 11(6), E1033–E1040. <https://doi.org/10.9778/cmajo.20220131>
- Ng, H. S., Zhu, F., Zhao, Y., Yao, S., **Lu, X.**, Ekuma, O., Evans, C., Fisk, J. D., Marrie, R. A., & Tremlett, H. (2024). Adverse Events Associated With Disease-Modifying Drugs for Multiple Sclerosis. *Neurology*, 102(3), e208006. <https://doi.org/10.1212/WNL.0000000000208006>
- Reynolds, A., Keough, M. T., Blacklock, A., Tootoosis, C., Whelan, J., **Bomfim, E.**, Mushquash, C., Wendt, D. C., O'Connor, R. M., & Burack, J. A. (2023). The impact of cultural identity, parental communication, and peer influence on substance use among Indigenous youth in Canada. *Transcultural Psychiatry*, 13634615231191999. <https://doi.org/10.1177/13634615231191999>
- Tian, Y., Basran, J., Stempien, J., Danyliw, A., Fast, G., **Falastein, P.**, & Osgood, N. D. (2023). Participatory Modeling with Discrete-Event Simulation: A Hybrid Approach to Inform Policy Development to Reduce Emergency Department Wait Times. *Systems*, 11(7), Article 7. <https://doi.org/10.3390/systems11070362>
- Yasinian, M., Carr, T., Vanstone, J., Azizian, A., **Falastein, P.**, & Groot, G. (2024). Improving COVID-19 Vaccine Uptake in Saskatchewan, Canada: A Developmental Evaluation Approach. *The Open Public Health Journal*, 17(1). <https://doi.org/10.2174/0118749445288367240311101720>
- Azoulay, L., St-Jean, A., Dahl, M., **Quail, J.**, Aibibula, W., Brophy, J. M., Chan, A., Bresee, L., Carney, G., Eltonsy, S., Tamim, H., Paterson, J. M., & Platt, R. W. (2023). Hydrochlorothiazide use and risk of keratinocyte carcinoma and melanoma: A multisite population-based cohort study. *Journal of the American Academy of Dermatology*, 89(2), 243–253. <https://doi.org/10.1016/j.jaad.2023.04.035>
- Kosteniuk, J., **Osman, B. A.**, Osman, M., **Quail, J.**, Islam, N., O'Connell, M. E., Kirk, A., Stewart, N., Karunanayake, C., & Morgan, D. (2024). Rural-urban differences in use of health services before and after dementia diagnosis: a retrospective cohort study. *BMC Health Services Research*, 24(1). <https://doi.org/10.1186/s12913-024-10817-3>
- Kosteniuk, J., Morgan, D. G., **Osman, B. A.**, Islam, N., O'Connell, M. E., Kirk, A., **Quail, J. M.**, & Osman, M. (2023). Utilization of health services before and after diagnosis in a specialist rural and remote memory clinic. *Canadian Geriatrics Journal*, 26(3), 350–363. <https://doi.org/10.5770/cgj.26.653>

# APPENDIX B: BLOG POSTS

Our 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 quality improvement skills in our partners and increase the spread of best practices.

The following is a list of HQC blogs published in the last fiscal year. If you would like to be notified when blogs are posted, please [fill out the following form](#) to be added to our mailing list.

- [Process mapping: seeing the bigger picture](#)
- [Using driver diagrams to tackle wicked problems](#)
- [Caring for culture at HQC: second edition](#)
- [2022-23 in review: a message from HQC's Board Chair](#)
- [2022-23 in review: a message from HQC's CEO](#)
- [Join the Community QI Collective and enhance support for older adults](#)
- [One in five Canadians is retirement age. Is our healthcare system ready?](#)
- [Enhancing care through quality improvement: Debbie Barabash's journey](#)

# APPENDIX C: QI POWER HOUR

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

The following is a list of past QI Power Hour sessions from 2023-24. You can view past session recordings and accompanying resources on the [QI Power Hour section](#) of our website. If you would like to be notified of upcoming sessions, please [fill out this form](#) to be added to our mailing list.

- [The transformation of community wellness connections for Indigenous youth](#) | Lindsey Boechler, Research Manager, Saskatchewan Polytechnic
- [Embedding a customer focus: methods 3sHealth uses to define and measure impacts on patient lives](#) | Janice Reeves, Jill Forrester, and Jennifer Fetch, 3sHealth
- [Personal ethics and creating ethical space](#) | Willie J. Ermine, Emeritus Professor, First Nations University of Canada
- [Answering the call to Métis wellness in Saskatchewan](#) | Tegan Brock and Tanya Pruden, Métis Nation-Saskatchewan
- [The Patient's Medical Home: building the health care we want and need](#) | Dr. Ginger Ruddy, Assistant Dean, Office of Student Services, College of Medicine
- [Learning health systems in Canada: what do we know?](#) | Dr. Gary Groot, Medical Director of Clinical Quality Improvement, Saskatchewan Health Authority
- [Advancing the healthcare system using patient reported measures](#) | Alaa Aburub and Hammed Ejalonibu, Saskatchewan Health Quality Council
- [Leading change and change management: a synthesis of models](#) | Dave Broda, Saskatchewan Health Quality Council
- [Combating the primary care crisis: quality improvement lessons learned from the frontline](#) | Dr. Emmett Harrison, Family & Emergency Medicine Physician
- [Social Prescribing: exploring community-led approaches to improve health systems](#) | Yordanos Woldemariam, Senior Project Manager, Canadian Institute for Social Prescribing

# APPENDIX D: NEWSLETTERS

Our monthly newsletter features our latest blog posts, news items, and our upcoming QI Power Hour sessions to keep you up-to-date on 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. To subscribe to the newsletter, please [fill out this form](#).

The following is a list of HQC newsletter editions from 2023-24:

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



# APPENDIX E: 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	177,573
Novipro	50,000
Professional Computer Services	56,813
South Central Foundation	73,182

## TRANSFERS

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

Innovation Saskatchewan	330,244
Ministry of Finance	156,069
Public Employees Pension Plan	297,923

## APPENDIX F: PAYEE DISCLOSURE LIST: SALARIES

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

Aburub, Alaa	84,000	Leclerc, Elizabeth	84,000
Acan, Beliz	116,160	Lu, Xinya	93,010
Alimezelli, Hubert	98,149	Lysohirka, Shasta	99,114
Bomfim, Emiliana	95,302	Maldonado, Fernando	98,986
Broda, David	109,919	McHattie, Colin	108,650
Cleghorn, Justine	53,968	Meira Góes, Suelen	99,753
Cooper, Kathryn	54,014	Mueller, Diane	55,719
Ejalonibu, Hammed	94,256	Perrault, Brent	97,013
Falastein, Patrick	136,408	Ruiz, Alejandra	92,197
Feng, Xue	90,309	Schick, Courtney	62,209
Flegel, Catherine	97,553	Schwartz, Chelsea	124,435
Hudema, Nedeene	109,889	Sherin, Tracey	240,792
Hutton, Amanda	85,974	Sidhu, Nirmal	92,082
Janzen, Donica	110,673	Verrall, Tanya	141,864
Keller, Malori	122,290	Waldron, Tamara	102,193
Kulbida, Nancy	113,175	Wright, Jennifer	114,094



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