

Rising to THE CHALLENGE

Annual
Report

2024 / 2025

Optimal health and health care for everyone

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HQC acknowledges that we are located on Treaty 6 territory, and the traditional lands of the Dakota, Nakota, Lakota, 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 Jeremy Cockrill
Minister of Health
Room 204, Legislative Building
2405 Legislative Drive
Regina, Saskatchewan
S4S 0B3

The Honourable Lori Carr
Minister of Mental Health and
Addictions, Seniors, and Rural and
Remote Health
Room 208, Legislative Building
2405 Legislative Drive
Regina, Saskatchewan
S4S 0B3

Dear Minister Cockrill and Minister Carr,

I'm pleased to submit the Saskatchewan Health Quality Council's (HQC) annual report. This report is for the 2024-25 fiscal year and is submitted in accordance with the requirements of *The Health Quality Council Act* and *The Executive Government Administration Act*.



Beth Vachon

Board Chair
Saskatchewan Health Quality Council

A NEW AGE OF HQC

It's an exciting time for HQC.

Having been a member of the Board of Directors for over a decade, I've had the privilege of watching HQC grow and evolve into the health system leader it is today.

For over 20 years, HQC has brought people together to ask the critical question: “How can we do this better?” The challenges we face are complex, and there is no one-size-fits-all solution. To tackle this, we tap into our greatest strengths – our ability to facilitate, build relationships, and foster collaboration.

By bringing people together, we create real opportunities for connection and shared learning, spaces where innovation can take shape and flourish. This grassroots approach is helping enhance the health and well-being of our communities in powerful ways.

Over the past year, we saw this first-hand within our community-led initiatives: Thrive at Home, supporting healthy aging among older adults, and Four Winds, an initiative dedicated to improving mental health supports for First Nations youth. These projects, rooted in collaboration and community, provide the foundation for sustainable, long-term improvements in health care delivery.

While health system priorities may evolve over time, one constant remains: our unwavering commitment to driving system-wide improvement. Whether it's addressing social determinants of health, advancing community-based care, or enhancing support for First Nations communities, we're dedicated to improving health across Saskatchewan.

As we look ahead to the next five years, I'm excited to see our strategic focus areas come to life and witness the impact of our collective work unfold. Above all, I'm proud to be part of HQC's journey – working alongside so many passionate individuals to optimize the health of our province.

Together, we're accelerating learning across Saskatchewan's health system and paving the way for more effective, data-driven care.

Wachon

MESSAGE
**From
the
Board
Chair**

Beth VACHON
BOARD CHAIR





MESSAGE
**From
the
CEO**

Tracey SHERIN
CEO

DRIVING ACTION, MEASURING RESULTS

Reflecting on the past year, one takeaway stands out among the rest: the complexities of our health system present both challenges and opportunities. Through extensive surveys and interviews with our partners, we've gained invaluable insights into the pressing issues facing our system today. What we've realized is our health system needs HQC.

Continuous improvement is not only what we do at HQC, but who we are. For over 20 years, we've been looked to as a leader in quality improvement. Yet, we continually ask ourselves, "How can we adapt and innovate to help our partners solve problems faster and more efficiently?"

Guided by this foundational question, we've taken the best of health improvement research and combined it with our extensive experience implementing large-scale change in Saskatchewan. The result is a refined four-staged approach that ensures we drive measurable improvements across the health system, creating synergies that contribute to a brighter, healthier future for our province.

A major milestone in our journey this year was the launch of our new five-year strategic plan, which builds on our longstanding commitment to improving health outcomes and enhancing the delivery of care. Among our key priorities, we're focusing on:

- **Strengthening community-based support for older adults** through our Thrive at Home initiative, empowering individuals to live independently and with dignity in their own communities for as long as possible
- **Improving access to mental health and addictions services** for children and youth, particularly within First Nations communities, through our Four Winds initiative
- **Supporting primary care through quality improvement**, helping our partners deliver more efficient, effective, and patient-centered services

In addition, we celebrated the remarkable legacy of Dr. Susan Shaw, who stepped down after 13 years of service as our Board Chair. Dr. Shaw's leadership has been instrumental in shaping HQC into the organization it is today, and we're grateful for her years of dedicated service. While she transitions from this role, we're fortunate she will remain an invaluable member of our Board of Directors, ensuring her expertise continues to benefit our work and the health system.

Moving to the helm, Beth Vachon stepped into the role of Board Chair. With over 30 years of experience in Saskatchewan-based care, Beth brings an incredible depth of knowledge and leadership to the position. Under her guidance, our organization is in good hands.

Together, with our dedicated partners, leadership team, and staff, we're poised to continue driving change, solving problems, and improving the health and well-being of all who call Saskatchewan home.



ABOUT HQC

WHO WE ARE

As an independent provincial agency, operating at arms-length from the Government of Saskatchewan, we play a vital role in accelerating improvement throughout health and health care across the province.

Established in 2002 as the first organization of its kind in Canada, HQC is the result of the Saskatchewan Commission on Medicare's [Caring for Medicare – Sustaining a Quality System Report](#), led by Kenneth J. Fyke. Among the recommendations, the report identified the need for a council to monitor the quality of health care in the province.

As a result, Canada's first health quality council was born!



MISSION



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



VISION



Optimal health and health care for everyone



VALUES



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

WHAT WE DO

Bridging our skills in quality improvement, measurement and analytics, collaboration, and skill-building, we support government, health organizations, and community organizations across Saskatchewan drive progress towards a future of better health and care for all.

ANALYTICS

By examining difficult subject matter, challenging the status quo, and finding answers to the questions that matter, we're able to provide vital information to the people and organizations who can implement change through policy and the delivery of care.

COLLABORATION

We create, encourage, and support environments for people to work together for shared outcomes. With our expertise in quality improvement and facilitation, we're able to accelerate change in health and health care.

SKILL-BUILDING

Alongside our partners, we help others identify and develop the skills needed to confidently implement change within their fields, contributing to a growing culture of continuous quality improvement across Saskatchewan.

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 accelerate improvements in health and health care

Much of what affects our health is not 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 of our communities.

OUR APPROACH

How we accelerate improvement across the health system

In 2024, we refined our strategic approach, combining the latest evidence from health improvement research with decades of our own experience implementing large-scale change throughout Saskatchewan.

Our recipe for meaningful, sustainable improvement involves four key attributes:



Applying this four-staged approach to every project and initiative we undertake as an organization helps create synergies throughout our health system and contribute to a brighter future for our province.

Understand the system

In complex systems such as ours, the pathway to improvement is far from linear. There is no singular solution, no clear understanding of what will work, for whom, and in what context. Given this, we cannot simply start by implementing “the solution.”

Instead, we start by creating a shared understanding of the factors that contribute to the challenge we’re facing.

Build shared commitment

In any improvement initiative, it’s tempting to jump from idea generation straight into execution – that is, to move quickly to implement the ideas we think will be the solution. However, it’s worth spending the time and effort ensuring you have the framework to sustain improvement.

Before we mobilize for action, we develop a collective commitment with our partners, identifying where we’ll focus our efforts to address the challenge we’re facing.

By convening our partners in facilitated sessions, we collectively define our goals, share ideas, and prioritize actions to advance system-wide change. Most importantly, this work involves time and intention dedicated to developing trusting relationships with system partners.

Create conditions for mobilization

All improvement requires change – and mobilizing change in a large system is a big undertaking. Before we dive into execution, we first lay the foundation for effective, sustainable system-wide change.

At HQC, we generate motivation for improvement by:

- convening key partners to facilitate connections and coordinate collective action
- facilitating activities by working together rather than in silos
- communicating to inspire motivation for innovation
- building capability for change through training in improvement methodology
- designing and implementing evaluation tools to measure successful change initiatives
- developing structures to foster system-wide adoption

Organize for action

Finally, we organize for action. This is where the rubber hits the road – where we learn what’s working and what’s not, when improvements are rapidly tested and implemented, and how innovation takes shape across the system.

During this stage of our strategic approach, we facilitate emerging innovations, evaluate system-wide results, communicate progress to sustain momentum, and onboard new partners to spread system-wide improvement.



Always learning, always evolving

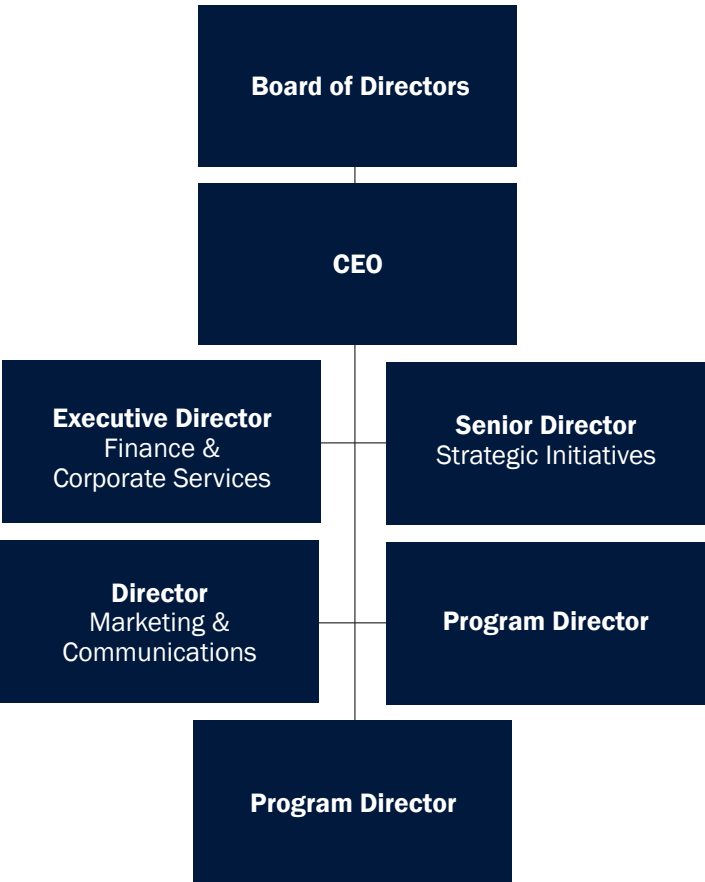
In a perfect world, this would be a straightforward, linear process, shifting from one stage to the next with clearly defined parameters. In reality, we know large-scale change is rarely that simple.

By virtue of this, we’re continually seeking to understand the system, build a shared commitment, create conditions for mobilization, and organize for action. In this way, our strategic approach acts as a continuum, always in motion and always innovating.

Each stage of our strategic approach offers an opportunity to learn from our successes while gaining new perspectives and insights into where to adjust our tactics. As a result, we’re always honing our approach to accelerate improvement in health and health care for all who call Saskatchewan home, now and into the future.

ORGANIZATIONAL
Structure

At HQC, we’re governed by a Board of Directors and led by our CEO and senior leadership team. In the 2024-25 fiscal year, we employed 34.6 full time equivalents, helping us strive towards optimal health for everyone in Saskatchewan.



BOARD OF Directors

Beth VACHON

Board Chair



Beth has been a dedicated member of our board since February 2015, stepping into the role of Board Chair as of October 2024.

With over 30 years in the field, she brings a wealth of experience as both a registered psychiatric nurse and a senior leader. Most recently, she served as Vice-President of Quality, Safety, and Strategy at the Saskatchewan Health Authority. Prior to that, she made a significant impact as the CEO of the former Cypress Health Region from 2010 to 2018. Her extensive career also includes various leadership positions within the Cypress Health Region and the Swift Current Health District, where she contributed as a member of the senior leadership team and executive director of Community Health Services.

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 as well as a senior leader at the district and regional level. She capped off her career 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. She is committed to improving the health experience for patients, families, and all who serve in the healthcare field.

Elizabeth (Liz) CROCKER

Board Member



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 (IWK) Children's Hospital in Halifax and was the first Chair of their Children's Miracle Network Telethon.

A life-long advocate for children and youth, Liz has served as Chair of the Canadian Institute of Child Health, President of the Association for the Care of Children's Health, and the Co-Chair of the Chester Playhouse. In 2006, she co-authored *Privileged Presence*, a collection of stories about experiences in health care with a focus on communication, collaboration, and compassion. Currently, she is Vice-Chair of the Institute for Patient- and Family-Centered Care and an honorary trustee of the IWK Hospital Foundation.

Appointed by the Lieutenant Governor in Council, our Board of Directors is comprised of local and national leaders in clinical care, system administration and management, health system research, health policy, and quality improvement. We look to these experts to lead, monitor, and nurture our journey to meet our mandate, mission, and strategic goals.

Doug MOEN

Board Member



Doug joined the Johnson Shoyama Graduate School of Public Policy in November 2016 as an Executive in Residence and has served as the school's Director of Executive Education as well as Executive Director.

From June 2009 to July 2016, Doug served as Deputy Minister to the Premier of Saskatchewan 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

Board Member



Eugene has over 30 years of experience in senior school division and provincial government administration and leadership.

With decades of provincial and national leadership experience with health, health charities, and volunteer sectors, Eugene is 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. Additionally, he provides human resources consultation, focusing on proposal development, board and organizational development, and strategic planning.

Serese SELANDERS
Board Member



Less than two per cent of technology companies are founded or led by women. Serese Selanders has successfully founded and led not one, but two companies, SolusGuard and ORA.

She has two passions: saving lives and advocating for women entrepreneurs. Her exceptional contributions have earned her prestigious accolades, including being named one of the Top Women in Safety by the Canadian Occupational Safety in 2022, 2023 and 2024; receiving the 2023 Resilience Award from Women Entrepreneurs of Saskatchewan; and being honoured with the 2023 YWCA Women of Distinction Innovation and Research Award.

Dr. Susan SHAW
Board Member



Dr. Susan Shaw balances a rewarding career in Critical Care Medicine with clinical and system improvement work at the local and provincial level in Saskatchewan.

For the past seven years, she served as the inaugural Chief Medical Officer with the Saskatchewan Health Authority with accountabilities including executive and physician leadership, quality improvement, patient safety, engagement and experience, and population health. She has been a successful department head, a physician leader with the Saskatchewan Surgical Initiative, and co-leader of the Saskatoon Health Region Safer Every Day Breakthrough Initiative. Susan served as the Board Chair for HQC for 13 years and is looked to as a leader in patient-centred care, physician leadership, continuous improvement, and large-scale change.

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’re committed to engaging with traditional Knowledge Keepers, Elders, and cultural advisors to help guide our work of enhancing First Nation 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.



ADVISORS

- › Taylor Belanger
- › Sheila Chaboyer
- › Dr. Herman Michel
- › Kristen Bergstrom
- › Ivy Kennedy
- › Norman Opekokew
- › Stacey Buffalo
- › Sherry McLennan
- › Marcel Petit

LEADERSHIP Team

Under the guidance of our Board of Directors, our leadership team oversees the operational functions of HQC, ensuring our programs and services align with our mission of accelerating improvement in health and health care throughout Saskatchewan.

Tracey SHERIN
Chief Executive Officer



Nancy KULBIDA
Exec. Director, Finance
& Corporate Services



Tanya VERRALL
Senior Director,
Strategic Initiatives



Patrick FALASTEIN
Program Director



Colin MCHATTIE
Director, Marketing &
Communications



Chelsea SCHWARTZ
Program Director



OUR WORK

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, and facilitation to help change happen faster in health and health care.

QUALITY Improvement

ENHANCING QUALITY CARE IN SASKATCHEWAN

To address issues facing our provincial health care system, we must cultivate a culture of continuous improvement, collaboration, and accountability — that's where we step in.

Quality improvement (QI) in healthcare focuses on optimizing processes to improve patient outcomes, expand access, and enhance care coordination. For over two decades, HQC has been recognized as a leader in quality improvement strategies, training, and facilitation.

In partnership with health and community organizations, we empower individuals and teams to elevate health system quality through customized curriculum, evidence-based best practices, hands-on learning, and personalized coaching.

Together, we're transforming our health system, one process improvement at a time.

KEY STATS

166 Graduates

of the Introduction to Quality Improvement self-directed, online course, now a prerequisite of the University of Saskatchewan's College of Medicine's Family Medicine curriculum

39 Participants

from primary care clinics completed the four-month QI in Clinics training program, focused primarily on improving access to care

1,336 Registrants

for QI Power Hour, our free monthly webinar series sharing knowledge, best practices, and innovative ideas related to quality improvement

SUPPORTING INNOVATION THROUGH QUALITY IMPROVEMENT

Following the Throne Speech in November 2024, Premier Scott Moe reignited efforts to improve access to health care. By 2028, the goal is for every resident to have access to high-quality, team-based primary care in their communities.

Central to this vision is the **Patient Medical Home (PMH)** model – a proven, team-based approach to family medicine that improves patient and provider satisfaction, enhances the quality of care, and reduces hospitalizations. As part of broader efforts to renew primary healthcare, the Ministry of Health has launched several initiatives, including the creation of a **\$10 million Innovation Fund**.

Administered through the Saskatchewan Medical Association (SMA), the Innovation Fund is designed to support a shift towards team-based primary care and improve access to patient care. Quality improvement is essential for driving the effective integration of team-based care across our health system.

This is where HQC plays a pivotal role. Over the next year, we'll work closely with primary care providers working to establish aspects of the PMH model through the Innovation Fund. Our expertise will help teams scope their change initiatives, create viable project plans, and provide tailored coaching as they implement their improvement projects. This hands-on support will be instrumental in ensuring their success in delivering better care for patients and communities.

In March 2025, we celebrated the kick-off of the Innovation Fund with a dynamic, two-day workshop. Organized and hosted by HQC in partnership with SMA, this immersive course focused on the foundations of quality improvement, equipping primary care teams with the tools they need to tackle problems

and achieve measurable improvements within their clinics.

By embedding quality improvement into the heart of primary care, we're helping shape a healthcare system that prioritizes innovation, collaboration, and most importantly, the well-being of every resident in Saskatchewan.

What is quality improvement?

Quality improvement is the art of combining tools, techniques, and frameworks to systematically streamline and improve processes.

In health care, quality improvement efforts are geared towards improving care for patients and finding innovative ways to transform our health system as a whole.



USING QI TO SUPPORT PHYSICIAN RECRUITMENT TO SASKATCHEWAN

At the start of 2024, physicians applying to the Saskatchewan International Physician Practice Assessment (SIPPA) were experiencing an average **two-year delay** from the initiation of their medical registration application to its review.

Over the last four years, the number of applicants grew from 89 in 2021 to 187 in 2024, representing an 110% increase in workload for the College of Physicians and Surgeons of Saskatchewan (CPSS), the licensure of SIPPA.

When international family medicine graduates apply to practice in Canada, they must verify their clinical knowledge meets the requirements for quality patient care in Canada. The Therapeutics Decision Making (TDM) Examination is a necessary precursor for physicians to be chosen for the SIPPA program. If selected, the physician is assessed over 12-weeks to determine if they have the knowledge, skill, and suitability to enter into practice under supervision in Saskatchewan.

Many agencies play an important role in this process, including CPSS, the College of Medicine with the University of Saskatchewan, the Saskatchewan Health Authority, and the Saskatchewan Healthcare Recruitment Agency.

As a trusted partner in quality improvement, HQC conducted a comprehensive analysis of the selection process and identified key opportunities to streamline and improve efficiency. By applying QI principles, we helped implement a **priority queue system** for candidates who had already completed the TDM exam, enabling faster review and progression through the SIPPA application process.

Saskatchewan International Physician Practice Assessment

Wanting to practice family medicine in Saskatchewan?

For family physicians trained outside of Canada, the United States, Ireland, the United Kingdom, and Australia, the only path to licensure is the province's family medicine practice ready program, the Saskatchewan International Physician Practice Assessment (SIPPA).

This assessment is designed to ensure international physicians possess the appropriate clinical skills and knowledge to provide quality patient care in Canada.

Additionally, through the collection and review of data, we helped identify the need for additional resourcing to manage the significant increase in application volume and a 0.8 full-time equivalent position was added as of May 2024 to support the application process.

The results were transformative – **reducing the time required to complete the initial application intake, from 34 weeks to just 1 week.**

By expediting this process, we're helping enhance physician recruitment efforts, ultimately improving access to quality care for all Saskatchewan residents.

FOUR Winds

SUPPORTING LIFE PROMOTION EFFORTS IN PARTNERSHIP WITH INDIGENOUS COMMUNITIES

Indigenous peoples in Saskatchewan continue to lead transformative approaches to health and wellness. Even so, disproportionately high rates of suicide and self-harm among youth highlight an urgent need for solutions rooted in cultural safety and community.

Guided by Indigenous partnerships, we're honoured to support community-led, culturally responsive life promotion efforts that address health inequities through Reconciliation, sovereignty, and self-determination.

Bridging research, data analytics, and quality improvement with Indigenous knowledges, traditions, ceremony, and strengths, **Four Winds** aims to improve access to mental health and



Suicide is the leading cause of death among First Nations youth in Canada.

– Centre for Suicide Prevention, [mental health and suicide in Indigenous communities in Canada](#), 2018.

Suicide rates among First Nations youth aged 15-24 years old are at least **five times higher** than non-First Nations people.

– Saskatchewan Health Quality Council, [Self-Harm and Suicide in First Nations Communities in Saskatchewan: Full Report](#), October 2022.

addictions services for children and youth, particularly within First Nations communities.

By building trust, strengthening partnerships, and supporting community-led Indigenous initiatives, we are supporting a future that supports long-term, sustainable health system improvement.

KEY STATS:

5

new collaborations
with First
Nations and
Métis partners

10

community
engagements, building
respectful relations
with our partners

8

community visits
to strengthen
relationships and
enhance trust

Four Winds aims to:



AMPLIFY

community-led life promotion efforts, programs, and services that restore belonging



IDENTIFY

and address gaps in community care



BUILD

data literacy capacity so Indigenous communities can make informed decisions about their health

EMPOWERING COMMUNITIES THROUGH DATA-DRIVEN WELLNESS STRATEGIES

Data, far beyond just numbers, serves as a powerful tool for transforming our health. In many respects, data *is* medicine.

Health insights allow communities to monitor and proactively address pressing challenges, including mental health concerns and suicide prevention. Leveraging health data, Indigenous peoples can create more personalized, culturally responsive preventative care strategies, helping foster hope, healing, and resilience for future generations.

Moreover, access to health data enables communities to evaluate the effectiveness of their existing programs, identify areas for improvement, and allocate resources where they are needed most.

HEALTH QUALITY REPORTS: A SNAPSHOT OF COMMUNITY HEALTH

Acting as the bridge to provincial health data, we've partnered with the Saskatoon Tribal Council (STC) and its eight member First Nations to support the co-development of community-led health quality reports.

Health Quality Reports are a useful tool to help communities better understand how their people use the health system, while providing insight into health trends and gaps in care. Whitecap First Nation became the first community to embark on this journey with us by selecting custom data indicators to suit their unique needs to provide a clear picture of the health within their community.

As a result, health quality reports will enable our partners to better understand the health of their people, guide decision-making, and deliver meaningful health services.

BUILDING TRUST AND COLLABORATION THROUGH DATA LITERACY

Many First Nations communities are actively advancing their own health initiatives, seeking tools to further strengthen their capacity to interpret and apply local health insights.

With this in mind, we partnered with the Federation of Sovereign Indigenous Nations (FSIN) to co-design and deliver data literacy training modules, equipping leaders with tools and resources to interpret their metrics and validate their experiences with measurable data.

In collaboration with Beardy's & Okemasis' Cree Nation and local health centres, we developed tailored workshops for health professionals to analyze and refine their referral processes, care pathways, and case management strategies – ultimately strengthening support for both community members and frontline workers.

As well, we worked on-site with the Saskatoon Tribal Council (STC) including Saweyihtotan, the Emergency Wellness Centre, and the

STC Health Centre, to assess their current data collection processes, make recommendations for improvements, and ultimately improve data outputs to drive informed decision-making.

By focusing on data analytics and literacy, Four Winds is helping create a more equitable, responsive, and community-driven health system in Saskatchewan.



THRIVE AT Home

ENHANCING COMMUNITY- BASED CARE AND SUPPORTS FOR OLDER ADULTS

Around the world, people are living longer, healthier lives than ever before. While growing older is a blessing, it comes with its own set of challenges.

Up to 97 per cent of older adults in Saskatchewan want to age independently at home, according to the National Institute of Aging. How can we make this happen?

While many groups across the province are working tirelessly to improve the health and well-being of older adults, their efforts are often operating in isolation, lacking the collective power needed to drive large-scale change.

That's where we come in.

Thrive at Home is a strategic initiative born out of a desire to understand and address the complexities facing older adults, particularly when it comes to accessing the care and services they need to age well in their communities.

Through collaboration and network-building, we've set out to foster a new way of working — one that emphasizes learning from each other, co-creating solutions, and driving coordinated action across the province.

KEY STATS

119 Members

joined the Thrive at Home Action Community, co-creating a future where everyone can grow older with dignity, choice, safety, and a true sense of belonging

3 Action Hubs

formed to improve transportation, navigation, and home supports services to support healthy aging

145 Individuals

attended at least one of our in-person and virtual learning events

NETWORKS SPARK INNOVATION

You may be familiar with the concept of a network as a group of interconnected people – you are likely connected to many different networks such as your family, your friends, your professional contacts, and community.

However, what we've learned is not all networks are created equal. Some networks focus on connection while others emphasize learning.

The **Thrive at Home Action Community** takes the purpose of a network one step further – to action.

United, the Action Community is co-creating a future where everyone can grow older with dignity, choice, safety, and a true sense of belonging.

Acting as a catalyst for change, HQC is strengthening connections between those supporting older adults across multiple sectors and creating a community of shared practices, innovations, and support.

Since embarking on this journey of change, we've hosted a variety of initiatives including facilitated networking to build relationships, system mapping to build a shared understanding of the current system, and learning circles to shine a light on promising initiatives happening across the province.

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 future where older adults can thrive at home in Saskatchewan.

ORGANIZING FOR COLLECTIVE ACTION

When we launched Thrive at Home, we quickly learned there is, not surprisingly, a plethora of innovative work underway to support older adults in Saskatchewan. Communities are rising to the challenge and setting up programs and services to meet their evolving needs.

Given our unique position in the health system, we saw an opportunity to link these independent initiatives with others doing similar work to help coordinate and mobilize toward collective action. After all, we can do more together than we can in isolation.

Using the infrastructure of the Thrive at Home Action Community, we're holding space to cultivate strategic relationships, learn about promising practices, and discover new possibilities for healthy aging in Saskatchewan. As a result, independent groups are now working together to leverage existing resources, prevent duplicate efforts, and bring care closer to home.

THRIVE AT HOME Action Community

aims to:



STRENGTHEN CONNECTIONS

to enhance collaboration
among those supporting
older adults



SHARE LEARNINGS

to adapt what we
know to local contexts



ADDRESS CHALLENGES

to spark innovation, generate
action, and advocate for the
needs of older adults

SOCIAL PRESCRIBING: BRIDGING THE GAP BETWEEN HEALTH AND COMMUNITY SERVICES

Not everyone has the option of relying on family or friends as they age, which is why community-based programs and services for older adults are crucial to ensuring quality of life as we get older.

Contrary to popular belief, what affects our health the most is not necessarily related to health system delivery, but rather non-medical factors, including living conditions, food security, and social connections.

Social prescribing plays a key role in addressing these factors by bridging the gap between the doctor's office and acute care, improving overall quality of life by addressing the social determinants of health.

In partnership with HQC and an anonymous donor, the Saskatchewan Seniors Mechanism (SSM) launched a \$4 million initiative to establish social prescribing in 14 Saskatchewan communities over four years. As a trusted ally in analytics and evaluation, we support the pilot project through rigorous data collection and evaluation efforts to track sustainable progress and lessons learned across multiple sites.



CONNECTING PARTNERS FOR GREATER IMPACT

Given our unique position in the health system, we often offer our analytical and measurement capacity to support health initiatives across Saskatchewan.

In March 2024, the Ministry of Health connected us with the Candle Lake Health Services Committee to provide analytical support and guidance on measurement for the **Candle Lake Alive & Well Project**. Together, we're identifying the community-led changes that will lead to enhanced health and wellness in the resort village, comprised primarily of older adults.

Even in the early days of this budding new relationship, we recognized the potential for synergies between the common goals of social prescribing led by SSM and the Candle Lake community. Convening these two groups through the Thrive at Home network, we facilitated the start of a mutually beneficial partnership.

Thanks to our intervention, Candle Lake has become one of five pilot social prescribing sites established so far, alongside Shaunavon, Moose Jaw, Yorkton, and Regina.

MEASUREMENT & Analytics

THE POWER OF DATA AND ANALYTICS

In health care, data isn't just numbers on a page — it's a catalyst for positive change.

In today's health care landscape, data and analytics are transforming the way we approach patient care, treatment, and health outcomes. By harnessing the power of research, data, and measurement, we can unlock valuable insights that drive meaningful change in the health system.

Real-time data allows for proactive interventions, ensuring the people of Saskatchewan receive the right care at the right time. By leveraging analytics, health care providers and policymakers can make informed, evidence-based decisions, in turn influencing how health care is delivered.

Prioritizing data and analytics, we are paving the way for a healthier, more informed future.



KEY STATS

63

on-going research projects, 10 of which were initiated this year, leveraging our analytical expertise in collaboration with health system partners

197

family physicians harnessing *BestPractice* Primary Care Panel Reports to better understand their practice patterns

8

published research articles in partnership with the Canadian Network for Observational Drug Effect Studies and other research

SHAPING THE FUTURE OF HEALTHCARE

For millions of Canadians living with Type 2 diabetes, pharmaceutical solutions like Ozempic are quickly becoming an essential tool in managing the fight against this chronic disease. By helping lower blood sugar levels and improving overall glycemic control, Ozempic represents a significant advancement in public health, helping people better manage their blood sugar, reduce complications, and even improve their quality of life.

Despite its sudden rise in popularity, there's still much to learn about the use of blood sugar regulating drugs. As the use of Ozempic increases in Canada, there is a need for real-world monitoring of its safety outcomes in people with Type 2 diabetes.

As we continue to see Ozempic's widespread use and positive impact, it's equally important to focus on ensuring its safety and long-term benefits for patients.

PAVING THE WAY FORWARD

Semaglutide, a glucagon-like peptide 1 receptor agonist, is available in Canada under the brand names Ozempic, Rybelsus, and Wegovy. This injectable medication works by mimicking a natural hormone to regulate blood sugar and is showing promising results in helping control blood sugar levels in adults with Type 2 diabetes.

At HQC, we conducted a cohort study in British Columbia, Manitoba, Ontario, and Saskatchewan to demonstrate the feasibility of replicating the U.S. Food and Drug Administration (FDA) Sentinel's tree-based signal-detection analysis (TreeScan) using Ozempic as the case study – the first of its kind in Canada.

The objective of this query was to determine whether there are potential safety signals among adults with Type 2 diabetes using Ozempic, compared to similar patients using a similar anti-diabetic medication called sitagliptin.

Using administrative data supplied by the CNODES network, we demonstrated it's possible to convert Canadian health data into the Sentinel Common Data Model, along with a modified version of the FDA's original analytical program, to replicate the FDA's study methods.

While the study identified potential safety considerations for the use of Ozempic in adults with Type 2 diabetes, this analysis alone won't establish safety signals for its use. Further focused studies are necessary to better understand the impacts and effects of long-term use of glucose controlling medications, such as Ozempic.

That being said, our study provides valuable insights and important lessons for the future

UNDERSTANDING THE SAFETY OF OZEMPIC

To support the ongoing use of Ozempic, we contributed to an [in-depth study](#) assessing the safety of this groundbreaking medication, in partnership with the Canadian Network for Observational Drug Effect Studies (CNODES).

CNODES is a national network of researchers and data centres that provide rapid, evidence-based responses to questions about the safety and effectiveness of medications prescribed in Canada.

As the Saskatchewan site of the CNODES network, we regularly lend our expertise to evaluate and monitor prescription drug usage, safety, and effectiveness.

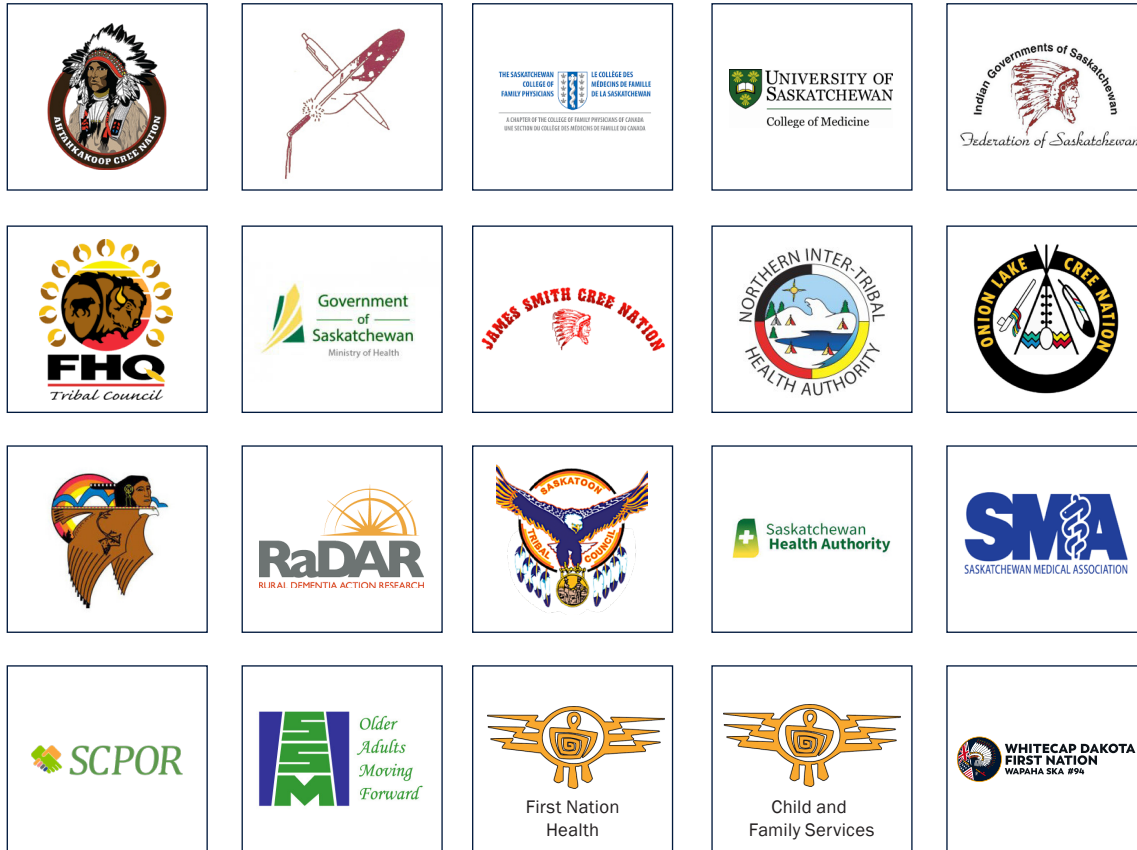
use of Canadian data in TreeScan-based analyses, a model that will enable more effective safety and monitoring of this popular drug.

As with all CNODES studies, the results are shared with Health Canada, the Canadian Drug Agency, and provincial health ministries to provide healthcare providers and policymakers with valuable insights to ensure safe and effective medication use and inform health policy.

Through data and analytics, we are contributing to safer, more effective healthcare solutions for all Canadians.

OUR Partners

LOCAL COLLABORATIONS



NATIONAL & INTERNATIONAL COLLABORATIONS





PARTNER Spotlight

JOINT EFFORTS, LASTING RESULTS

United Kingdom's National Health Service

Since our inception, we've played a vital role in building capacity for quality improvement, sparking connections, and spreading a passion for learning across our health system. While recognized as a leader in this space, we value looking outside ourselves to the collective wisdom of others making strides in health care delivery.

In 2024, we partnered with the United Kingdom's National Health Service (NHS), a pioneer of integrated, community-based care with decades of experience and advice to offer other countries, like Canada, looking to improve patient outcomes.

Joining forces with **Helen Bevan**, Strategic Advisor for NHS Horizons, we tested a new approach to convening people and mobilizing ideas towards coordinated action. Together, we co-hosted an Accelerated Design Event, a unique approach using strategic facilitation and rapid synthesis of discussions to accomplish what typically takes months in mere hours.

As the first in Canada to adopt this innovative approach, we gathered a multi-sectoral group of people interested in healthy aging

for a one-day event to create a collective understanding of the realities facing older adults, cultivate a shared purpose, and mobilize actionable next steps. Inspired by the energy behind this initiative, we launched the Thrive at Home Action Community, a virtual network dedicated to enhancing community-based care and supports for older adults.

In addition, we welcomed **Dr. Amar Shah**, National Clinical Health Director for Improvement in England and the Chief Quality Officer for East London NHS Foundation Trust, as a strategic advisor for our organization. With his extensive experience leading large-scale improvement initiatives, Dr. Shah has provided us with valuable insights and practical lessons from his decades of work in driving change. This has introduced us to fresh, innovative ideas that we can adapt to fit Saskatchewan.

Given the similarities between our health systems and our own 20+ years of experience, this relationship has also allowed us to highlight the groundbreaking work happening in Saskatchewan and contribute to global improvements in health and healthcare.



Saskatoon Tribal Council

To get the right answers, you've got to ask the right questions – in the right way. As seasoned data experts, we bring decades of experience in collecting meaningful data and analyzing trends to help tell the story of the incredible work happening across Saskatchewan.

When the **Saskatoon Tribal Council** (STC) approached us to facilitate a strategic planning session, they quickly realized we could offer much more than that.

Over the past year, we've built a deeper partnership with the STC and its eight member First Nations. Guided by their priorities and protocols, we provide support on various improvement initiatives aimed at advancing health and well-being within their communities.

As part of this budding partnership, we collaborate alongside the team at STC on-site. Honouring Indigenous peoples' understandings of gathering, interpreting, and sharing data, we offer valuable insights into data collection, analysis, and process improvement to create even more impactful outputs. Pairing our technical expertise with STC's community-driven leadership, we're co-developing culturally relevant tools STC can use to further understand and advocate for their communities.

Learning side-by-side, we're uncovering new ways of collaborating, building trust, and visualizing community outcomes through the lens of Indigenous experiences and values.

OUR Financials

REPORT OF MANAGEMENT

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

The accounting system we use 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
- accounts and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information

To ensure we meet our responsibilities for financial reporting and internal control, our Board discusses audit and financial reporting matters with representatives of our leadership team at regularly scheduled meetings. Our Board has 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.



Beth Vachon

Board Chair
Swift Current, Saskatchewan
July 7, 2025

INDEPENDENT AUDITOR'S REPORT



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, 2025, 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, 2025, 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 26, 2025

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

FINANCIAL STATEMENTS

Statement 1

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

As at March 31	2025	2024
Financial assets		
Cash	\$ 1,812	\$ 2,028
Accounts receivable	113	60
Accrued interest receivable	97	120
Short-term investments (Note 3)	3,549	3,583
	<u>5,571</u>	<u>5,791</u>
Liabilities		
Accounts payable	173	620
Payroll liabilities (Note 6)	316	178
Deferred revenues (Note 7)	659	656
	<u>1,148</u>	<u>1,454</u>
Net financial assets (Statement 3)	<u>4,423</u>	<u>4,337</u>
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	145	41
Prepaid expenses (Note 5)	127	142
	<u>272</u>	<u>183</u>
Accumulated surplus (Statement 2)	<u>\$ 4,695</u>	<u>\$ 4,520</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

For the year ended March 31	2025		2024
	(Note 15)		(Note 15)
	Budget	Actual	Actual
	(Note 10)		
Revenue			
Ministry of Health			
- Operating Grant	\$ 4,977	\$ 4,977	\$ 4,977
University of Saskatchewan			
- Saskatchewan Centre for Patient Oriented Research (Note 14)	358	48	58
- Other	-	149	-
Drug Safety & Effectiveness Network	152	107	152
Saskatchewan Medical Association	-	-	10
Interest	225	268	282
Other	-	126	-
	<u>5,712</u>	<u>5,675</u>	<u>5,479</u>
Expenses			
Project funding	598	539	458
Grants	45	35	33
Wages and benefits	4,400	4,266	4,412
Travel	165	74	57
Administrative and operating expenses	168	124	143
Honoraria and expenses of the board (Note 12)	75	40	48
Repayment of excess funding received	-	-	176
Amortization expense	100	102	86
Rent	320	320	312
	<u>5,871</u>	<u>5,500</u>	<u>5,725</u>
Annual Surplus/(Deficit) (Statement 3) (Statement 4)	<u>\$ (159)</u>	175	(246)
Accumulated surplus, beginning of year		<u>4,520</u>	<u>4,766</u>
Accumulated surplus, end of year (Statement 1)		\$ 4,695	\$ 4,520

(See accompanying notes to the financial statements)

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

	<u>2025</u>	<u>2024</u>
For the year ended March 31	<u>Budget</u> <u>(Note 10)</u>	<u>Actual</u> <u>Actual</u>
Annual Surplus / (Deficit) (Statement 2)	\$ (159)	\$ 175
Acquisition of tangible capital assets	(243)	(206)
Amortization of tangible capital assets	100	102
	<u>(143)</u>	<u>51</u>
Acquisition of prepaid expense	-	(127)
Use of prepaid expense	<u>-</u>	<u>142</u>
	<u>-</u>	<u>(19)</u>
Increase/(Decrease) in net financial assets	(302)	86
Net financial assets, beginning of year	<u>4,337</u>	<u>4,337</u>
Net financial assets, end of year (Statement 1)	<u>\$ 4,035</u>	<u>\$ 4,423</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>2025</u>	<u>2024</u>
Operating transactions		
Annual Surplus/(Deficit) (Statement 2)	\$ 175	\$ (246)
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	102	86
Net change in non-cash working capital items:		
Deferred revenues (decrease)/increase	3	218
Accrued interest receivable (decrease)/increase	23	(34)
Accounts receivable (increase)/decrease	(53)	59
Prepaid expenses decrease/(increase)	15	(19)
Accounts payable (decrease)/increase	(447)	463
Payroll liabilities increase	138	81
Cash (Used)/provided by operating transactions	(44)	608
Capital transactions		
Cash used to acquire tangible capital assets	(206)	(35)
Cash applied to capital transactions	(206)	(35)
Investing Transactions		
Purchases of investments	(5,050)	(3,583)
Proceeds from disposal/redemption of investments	5,084	3,283
Cash Provided/(used in) investing transactions	34	(300)
(Decrease)/increase in cash	(216)	273
Cash, beginning of year	2,028	1,755
Cash, end of year (Statement 1)	<u>\$ 1,812</u>	<u>\$ 2,028</u>

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2025
(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 are 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 new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will come into effect as follows:

- 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 \$3,549 as described below at March 31, 2025. The current investments are short-term, held for a period of one year or less. HQC held investments as at March 31, 2024 in the amount of \$3,583.

	2025	
	Carrying Value (000's)	Interest Rate
DUCA Financial	\$ 1,750	5.40%
Coast Capital Savings	539	3.30%
Windsor Family CU	510	3.80%
Coast Capital Savings	500	3.10%
Haventree Bank	250	3.95%
Total	<u>\$ 3,549</u>	

4. Tangible capital assets

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2025 Totals	2024 Totals
(thousands of dollars)					
Opening cost	\$ 97	\$ 645	\$ 24	\$ 766	\$ 745
Additions	8	114	84	206	35
Disposals	-	(94)	-	(94)	(14)
Closing cost	105	665	108	878	766
Opening accumulated amortization	90	611	24	725	653
Amortization	3	62	37	102	86
Disposals	-	(94)	-	(94)	(14)
Closing accumulated amortization	93	579	61	733	725
Net book value of tangible capital assets	\$ 12	\$ 86	\$ 47	\$ 145	\$ 41

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 (2024 - \$1) PY of the total \$316 of payroll liabilities (2024 - \$178).

HQC participates in the Public Employees' Pension Plan (PEPP), a defined contribution plan – see Note 11 for further details. Accrued contributions payable are estimated based on accrued salaries of \$80 (2024 - \$0) and the employer contribution rate of 8.6% (2024-8.6%). HQC's pension liability is estimated to be \$7 (2024 - \$0).

7. Deferred revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Canadian Agency for Drugs and Technologies in Health	\$ -	\$ 158	\$ 107	\$ 51
Saskatchewan Centre for Patient Oriented Research	489	-	48	441
Saskatchewan Medical Association	167	-	-	167
Total	<u>\$ 656</u>	<u>\$ 158</u>	<u>\$ 155</u>	<u>\$ 659</u>

The Canadian Agency for Drugs and Technologies in Health administered funding to provide support for projects including those related to the Drug Safety & Effectiveness Network program.

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.

8. Related party transactions (continued)

	<u>2025</u>	<u>2024</u>
	(thousands of dollars)	
Revenue		
Ministry of Health – Grant Funding	\$ 4,977	\$ 4,977
Expenses		
3sHealth	\$ 1	\$ 16
eHealth Saskatchewan	-	1
Ministry of Finance	13	156
Public Employees Pension Plan	289	298
Innovation Saskatchewan	419	330
Saskatchewan Workers' Compensation	2	14
SaskTel	5	5
Accounts payable		
3sHealth	\$ 1	\$ -
Ministry of Finance	-	13
Public Employees Pension Plan	25	46

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.

9. Financial instruments (continued)

b) Interest rate risk

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

c) Credit risk

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

d) Fair value

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

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

10. Budget

These amounts represent the operating budget that was approved by the Board of Directors on April 25, 2024.

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, 2024 to March 31, 2025. HQC's obligation to the plan is limited to its share of the contributions. HQC's contributions for this fiscal year were \$289 (2024 - \$298). 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, 2025. Amounts directly reimbursed to Board members by HQC are recorded in the statement of operations, are as follows:

	Travel and Meals	Honoraria	2025 Totals	2024 Totals
	(thousands of dollars)			
Vachon, Beth (Chair)	\$ 5	5	10	\$ 11
Craig, Cheryl (Vice-Chair)	1	3	4	2
Crocker, Liz	4	3	7	4
Moen, Doug	2	2	4	9
Paquin, Eugene	-	1	1	1
Selanders, Serese	4	2	6	1
Shaw, Susan	-	-	-	5
Stuart, Franki	-	-	-	9
Whitfield, Darwin	-	-	-	2
Total Board Expenses	\$ 16	\$ 16	\$ 32	\$ 44

13. Contractual obligations

As of March 31, 2025, 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)
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. Three agreements will expire in the upcoming year. The future payments, in each fiscal year, total as follows:

Fiscal Year	Expenditures (000's)
2025/2026	\$ 80
2026/2027	43
2027/2028	12
2028/2029	12
2029/2030	1
Total	\$ 148

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)
2025/2026	\$ 304
2026/2027	311
Total	\$ 615

HQC entered into a contract with the University of Saskatchewan for Saskatchewan Centre for Patient-Oriented Research (SCPOR). The contract will result in \$1,241 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 \$1,390 over the term of the agreement (\$149 in cash and \$1,241 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, \$626 has been received from the University of Saskatchewan.

15. Revenue Recognition

PSAS 3400 requires HQC to evaluate revenue transactions on a principal versus agent basis. Agent transactions must be presented on a net basis in both the revenue and expense categories that are impacted.

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		2025		2024	
Revenue						
Saskatchewan Medical Association	\$	-	\$	68	\$	63
Expenses						
Project Funding		-		47		63
Travel		-		21		-
Net Excess (Deficiency) of Agent Transactions Revenue over Expenses	\$	-	\$	-	\$	-

THE Appendix

APPENDIX A: RESEARCH ARTICLES

Kuwornu JP, **Maldonado F**, Groot G, Cooper EJ, Penz E, Sommer L, et al. (2024) An economic evaluation of chronic obstructive pulmonary disease clinical pathway in Saskatchewan, Canada: Data-driven techniques to identify cost-effectiveness among patient subgroups. *PLoS ONE* 19(4): e0301334. <https://doi.org/10.1371/journal.pone.0301334>

Coward S, Benchimol EI, Bernstein CN, Avina-Zubieta A, Bitton A, Carroll MW, Cui Y, Hoentjen F, Hracs L, Jacobson K, Jones JL, King J, Kuenzig ME, Lu N, El-Matary W, Murthy SK, Nugent Z, Otley AR, Panaccione R, Peña-Sánchez JN, Singh H, Targownik LE, White D, Windsor JW, Kaplan GG, the Canadian Gastro-Intestinal Epidemiology Consortium (CanGIEC) (2024). Forecasting the Incidence and Prevalence of Inflammatory Bowel Disease: A Canadian nationwide analysis. *American Journal of Gastroenterology*. 119(8): 1563-1570. <https://doi.org/10.14309/ajg.0000000000002687>

Paterson, JM, Dormuth, C, **Janzen, D**, Katz, A, Ronksley, P, Aponte-Hao, S, Dahl, M, Dawn-Scory, T, Missaoui, H, **Lu, X**, et al. (2024) Outpatient Nirmatrelvir-Ritonavir and Remdesivir Utilization in Canada. <https://www.cda-amc.ca/outpatient-nirmatrelvir-ritonavir-and-remdesivir-utilization-canada>

Paterson, JM, Wu, F, Shah, B, Eltonsy, S, Dahl, M, Burnett, S, Dormuth, C, **Janzen, D**, **Lu, X**, Moriello, C, Platt, R (2024). Safety Monitoring During Use of Ozempic in People With Diabetes. <https://www.cda-amc.ca/safety-ozempic-type-ii-diabetes>

Ernst, P, Lix, LM, Carney, G, Daneman, N, Dahl, M, Dawn-Scory, T, Dutton, D, Feng, X, **Janzen, D** et al. (2024) Use of Oral Fluoroquinolones in Canada: A Drug Utilization Study Update. <https://www.cda-amc.ca/use-oral-fluoroquinolones-canada-drug-utilization-study-update>

Dormuth, C, Alessi-Severini, S, Bitton, A, Filion, KB, **Janzen, D**, Lix, LM, Paterson, JM, Dahl, M, **Lu, X**, St-Jean, A, Wu, F (2024) Utilization Analysis of Tofacitinib and Other Drugs Among Individuals with Ulcerative Colitis: Feasibility Analysis. <https://www.cda-amc.ca/sites/default/files/hta-he/OS0003-Tofacitinib-Utilization-Report.pdf>

Ejalonibu, H, Amah, A, **Aburub, A**, Kumar, P, Frederick, DE, & Groot, G (2024). A review of Patient Reported Outcome Measures (PROMs) for characterizing Long COVID (LC)—merits, gaps, and recommendations. *Journal of Patient-Reported Outcomes*, 8:101. <https://jpro.springeropen.com/articles/10.1186/s41687-024-00773-1>

Amah, A, Kumar, P, **Ejalonibu, H**, Chavda, B, **Aburub, A**, Greene, R, Kemp, D, Frederick DE, Mazurik K, Slagerman S, Dumitrescu D.I, Groot, G (2024). Development of a minimum data set for long COVID: a Delphi study protocol. *BMJ Open*, 14(11): e090304. <https://bmjopen.bmj.com/content/14/11/e090304>

In 2024-25, we published the following research papers in collaboration with researchers within Saskatchewan and across Canada. The names of HQC staff and board members are in bold. For articles without HQC authors, papers were products of HQC collaborations.



APPENDIX B: 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.

University of Saskatchewan	425,206
Canada Life	227,340
Professional Computer Services	150,671
Charles River Associates	93,619
Novipro	50,200

Transfers

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

Innovation Saskatchewan	418,777
Public Employees Pension Plan	289,336

APPENDIX C: PAYEE DISCLOSURE LIST: SALARIES

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

Aburub, Alaa	85,990	Leclerc, Elizabeth	72,579
Acan, Beliz	119,266	Lu, Xinya	102,056
Beattie, Krystelle	70,727	Lysohirka, Shasta	101,763
Bomfim, Emiliana	96,818	Maldonado, Fernando	99,865
Broda, David	54,380	McGinnis, Chelsea	55,615
Cleghorn, Justine	103,348	McHattie, Colin	119,707
Cooper, Kathryn	79,289	Meira Goes, Suelen	102,420
Ejalonibu, Hammed	96,534	Mueller, Diane	59,044
Falastein, Patrick	135,883	Ruiz, Alejandra	99,167
Feng, Xue	92,726	Schwartz, Chelsea	127,764
Flegel, Catherine	107,157	Sherin, Tracey	255,874
Hudema, Nedeene	124,334	Sidhu, Nirmal	94,544
Hutton, Amanda	93,902	Thomas, Ian	96,304
Janzen, Donica	77,911	Verrall, Tanya	152,252
Keller, Malori	129,327	Waldron, Tamara	105,124
Kulbida, Nancy	160,186	Wright, Jennifer	118,606



**Contact
us!**

The more we work together,
the more we can achieve.

▼

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