Health Quality Council Annual Report 2013-2014

SASKATCHEWAN HEALTH QUALITY COUNCIL

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in the province, promotes improvement and engages its partners in building a better health system.

Created in 2002 by an act of legislation, The Health Quality Council Act, HQC is governed by a board of directors comprising provincial, national, and international leaders in quality improvement science, health policy, and health care delivery.

Our vision

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

Our mission

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

Our definition of quality

Quality health care is care that is safe, effective, responsive, patient-centred, equitable, and efficient.

Our work is guided by these principles:

Responsiveness

In a dynamic and ever-changing environment, we respond to system needs and identify emerging opportunities to support our customers in making care better and safer.

Innovation

To achieve our mission, we must challenge the status quo, question from a base of evidence and work with those ready to fundamentally redesign the system.

Collaboration

Partnerships among those committed to transformative change are critical. We believe open communication and collaboration nurtures relationships and produces results. We encourage full participation, different perspectives, constructive dialogue, and people building the skills to help themselves.

Focus on Improvement

The pursuit of excellence is relentless. Continuous improvement is at the core of the work we do and the way we work; this includes managing in and learning from uncertainty.

Knowledge for Action

Evidence informs and measurement drives all of our activities. We are driven to gather, synthesize and exchange knowledge, to continually learn and to put what we learn into practice in a way that engages our key customers.

Transparency

Transparency in processes and outcomes builds trust and respect, and is the foundation for learning and improvement.

Integrity

Our morals and character guide us to act ethically at all times in service of the public good.

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Letter of Transmittal

The Honourable Dustin Duncan
Minister of Health
Room 204, Legislative Building
REGINA SK S4S 0B3

Dear Mr. Duncan:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2013-2014 fiscal year and is submitted in accordance with the requirements of *The Health Quality Council Act* and *The Tabling of Documents Act*.

Dr. Susan Shaw
Board Chair
Health Quality Council

Message from the Board Chair

The Health Quality Council (HQC) has had an eventful year. Much time and effort went into getting the Provincial Kaizen Promotion Office (PKPO) up and running, our researchers made several valuable contributions to patient-centred research, we delivered the Health Care Quality Summit, and began preparing for the first Saskatchewan Change Day.

When the Health Quality Council assumed the role of the PKPO on April 1, 2013 we did so with eyes wide open. We knew that there were many unknowns about what a PKPO is and how it would function within our health system, and yet we believed that it was a good fit for our organization. HQC's role has been evolving over the last 10 years and we saw taking on the operations of the PKPO as the next logical step in that evolution.

Our confidence in taking on this new responsibility was largely founded on the relationships we have nurtured over the years. We interact daily with people in all health regions and health care organizations and this perspective has helped us to serve as an integrator of people and ideas. Whether it is bringing our experience and expertise in measurement and reporting to support system-wide strategic planning or measuring the impact of Lean events, or applying our coaching, facilitation, and change management skills to the implementation of Lean, it is the relationships we have with our partners in the health system that make us well-positioned to support our health system through the PKPO.

HQC's measurement and analysis team continues to provide data to support clinical and policy decision-making, and it collaborates with other researchers in the province and nationally on projects that help improve patient safety. For example, we are part of the Canadian Network for Observational Drug Effect Studies that recently published in the British Medical Journal its findings about the increased risk of developing diabetes among those who take potent cholesterol-lowering drugs.

We know from the experience of the National Health Service in the UK that we must engage the hearts as well as the minds of the people across our health system if we are to sustain energy for the large-scale improvement we seek in our province. HQC is uniquely positioned to share a vision of what is possible, bring to Saskatchewan ideas from high-performing health systems elsewhere, and offer forums where we can come together to learn and support one another. Over 600 people attended the annual Health Care Quality Summit in April 2013. The forum inspires, energizes, and motivates people across our health system to continue with their improvement work.

Plans are well underway for the first Saskatchewan Change Day. Modeled on Change Day in the UK, HQC is facilitating this social-media driven campaign that encourages people in all roles in our health system to pledge to try one small thing that will make a difference for patients and families, co-workers, or themselves. While health system transformation requires large improvement initiatives, the small actions we take and the things we say each and every day do matter, and combined they can make a huge difference.

I want to sincerely thank Cecile Hunt and Don Hoium for their contributions to the HQC board of directors. Cecile stepped down in October 2013 after having served since HQC's inception in 2002; she was vice-chair of the Council for her last two years on our board. Don resigned in December 2013 after nearly five years of service.

The Health Quality Council continues to be a very active partner in preparing our health system for transformative change that will see patients and families at the centre of everything we do. I can't wait to see what we can achieve together in the coming year.

Dr. Susan Shaw
Board Chair

Message from the CEO

"Learning to see, learning to do" is the essence of the Lean Management System our health system has adopted for making care better and safer in Saskatchewan. Learning to see is about making your work visible to enable you to see opportunities for improvement. Learning to do refers to acting upon improvement ideas – using small tests of change – to make care better and safer.

Since taking on the operations of the Provincial Kaizen Promotion Office (PKPO) on April 1, 2013, the Health Quality Council (HQC) has been immersed in learning to see and do, and in supporting our partners in the health system to do the same.

Having good data about the current state of health care quality, and the impact of improvement work, helps us to see our work. Over the past year, we have had the privilege of working on several measurement fronts. We are applying our expertise in measurement and analysis to help create a system of measurement that meets the needs of Hoshin Kanri system-wide planning and that supports the visual display of data – a key principle of Lean – at all levels of our health system. Working with our health system partners, we also generate provincial-level data and produce graphs and charts for the display of data for provincial wall walks. The effective use of visibility walls by the Provincial Leadership Team (PLT) enables better planning and management of health care improvement in Saskatchewan.

In the October 2013 Speech from the Throne, the provincial government spoke to the need for innovative approaches to better support those individuals with complex needs who presently use health care services at a very high rate. HQC has been supporting the "hot spotting" initiative by assembling and analyzing data on high-cost/high-use patients via the linkage of provincial administrative health data sources. This and future analyzes will inform the design of interventions in the pilots to be launched in Saskatoon and Regina later in 2014, along with developing predictive models to identify groups of patients at high risk of becoming high-cost/high-users in the future.

Our researchers are also an integral part of initiatives such as the Variation and Appropriateness Working Group which is exploring data on variation in frequently performed procedures; this important work will help clinical teams in their patient care and design of their work.

Measuring the impact of hundreds of Kaizen events across the province, and tracking who has received Lean training, is an important part of the work we do as the Provincial Kaizen Promotion Office. We responded to this system need by developing an electronic repository that allows us, and Kaizen leaders in the province, to have readily available information to inform decision-making and future improvement efforts. Information from improvement events provides the rich fodder for inspiring stories across the province on how care is becoming better and safer. A key way to share what's happening across the province is through the public website, www.betterhealthcare.ca, which we manage on behalf of the health system. Health regions, the Saskatchewan Cancer Agency, 3S Health, HQC, eHealth Saskatchewan, and the Ministry have each contributed stories and videos about making care better and safer for patients. The site is also home to a blog called *Qreview* that nurtures lively debate about health care quality.

Within HQC we have embraced *learning to see* and *learning to do*. We applied Lean principles and tools to our own workplace to enable us to work in an office that is 16% smaller. On pretty much every available wall within our office you will see visibility boards; and on any given day a team will be huddling around the boards discussing the work they do and how to improve it.

Alongside those in the health system we are learning about Lean. I, along with three other HQC colleagues, earned my Lean Leader Certificate in 2013-14. More than twenty other staff are currently taking the training. Our Kaizen Specialists are also learning by doing, by coaching others in Lean at Kaizen events around the province.

Along with our focus on learning the technical aspects of Lean management, we remain committed to playing a leadership role in generating energy and enthusiasm in our health system for achieving better health, better care, better value, and better teams. Our annual Quality Summit continues to be highly anticipated by those working in and outside of the province as a premier event to network and learn from patients, providers, managers, and leaders about how they are improving the quality of care in Saskatchewan. It's incredibly rewarding to see the abundance of the inspiring improvement efforts happening throughout the province.

Transforming a health system is not easy, nor is it for the faint of heart. We have learned a lot this past year through the opportunities we have embraced; both from our successes and our failures. As always, I remain ever thankful for having the privilege of working with a community of colleagues whose enthusiasm, curiosity, and commitment to making care safer and better for Saskatchewan residents inspires me every day.

Bonnie Brossart
Chief Executive Officer

Board of directors


Susan Shaw (Chair)


Cecile Hunt (Vice-Chair)


Ross Baker


Charlyn Black


Elizabeth Crocker


Maura Davies


Daniel Fox


Eber Hampton


Don Hoium


Dennis Kendel


Yvonne Shevchuk

Health Quality Council staff

Highlights of our Activities

On April 1, 2013 the Health Quality Council (HQC) took on the operations of the Provincial Kaizen Promotion Office (PKPO). The PKPO's role is to support the implementation of Lean province-wide as the primary improvement approach for making care safer and better for the citizens of our province. Its mission statement: *To promote a system of compassionate health care delivery that is patient- and family-centred, defect-free, and has no waiting.*

The five key functions of the PKPO are managed by the Learning and Implementation and Measurement and Analysis service lines at HQC.

- **Build Capacity in Kaizen -** Monitor provincial progress with certification, manage provincial internship and fellowship, and deliver training.
- **Establish a Provincial Infrastructure** - Build and nurture networks, establish systems to manage resources (i.e., master calendars) and be in regular contact with the Guiding Coalition.
- **Coordinate Provincial Kaizen Activity** - Identify and spread leading practices and coordinate a pool of provincial resources to support the application of Lean provincially.
- **Set Direction** - *Note*: Currently the implementation of the Saskatchewan Healthcare Management System is being led by the Strategic and Innovation Branch at the Ministry of Health, with support provided by staff at HQC.
- **Report on Performance** - Collect, collate and report on the impact of Lean in the province and make data visual and transparent for our system leaders.

This annual report is structured around the two major service lines that encompass our work: Learning and Implementation Services, and Measurement and Analysis Services. A third service line, Corporate Services, is an integral part of everything we do at HQC and provides accounting, human resources, IT support, communications, and administrative support for the organization and is reported on briefly.

Learning and Implementation Services

As its name implies, this service line is responsible for developing and growing leaders for change by coordinating training opportunities and working alongside others in the health system to implement Lean.

Assuming the operations of the PKPO consumed the majority of attention and effort of this service line as did the focused attention around ensuring those working within the PKPO were acquiring the additional skills and knowledge via the Lean Leader Certification program.

Our work this past year primarily focused on understanding and executing the PKPO functions to support the implementation of Lean throughout our health system.

Build Capacity in Kaizen

Coordination and tracking of Lean Leader Certification training in Saskatchewan:

- 673 leaders (CEOs, vice-presidents, physicians, and improvement staff-including Kaizen Specialists at the Health Quality Council) were enrolled in Lean Leader training as of March 31, 2014.
- 83 people across the province were certified as of March 31, 2014.

Tracking and reporting on progress toward provincial goal of having 44,186 people in Saskatchewan's health care system complete the Kaizen Basics course by 2017:

- We are on track toward that goal, with 16,963 staff having taken the course as of March 31, 2014. This represents 38% of the workforce.
- HQC has worked with John Black and Associates (JBA) to add Saskatchewan content to the course.

***Kaizen** means gradual, unending improvement, doing little things better, setting and achieving ever higher standards.*

***Kaizen Specialists** work with health care leaders and providers to improve the quality and delivery of health services in Saskatchewan.*

While still learning about Lean themselves, Kaizen Specialists at HQC were able to respond to 85% of the requests for Kaizen support from health regions across the province. Support included the following:

- Coordinate Kanban in regions;
- Coordinate regions' participation in North American Tour;
- Support visioning sessions focussed around provincial priorities;
- Support 3P events in regions;
- Deliver Kaizen Basics course;
- Deliver Kaizen Basics Train the Trainer course;
- Support 5S activities in regions;
- Delivery of Kaizen Basics program and coaching about Daily Visual Management, and 5S in long-term care sites;
- Provide Training Within Industry support in health regions;
- Attend Kaizen Events and Semi-Annual and Quarterly Reviews in health regions;
- Support regions and health care organizations in conducting Rapid Process Improvement Workshops; and,
- Assist regions with Kaizen planning.

***5S** is a set of concepts that help organizations ensure a clean and organized workplace.*

***Kanban** is a visible record for controlling production and inventory.*

***Rapid Process Improvement Workshop (RPIW)** is a disciplined and rigorous five-day process where an engaged team of senior leaders, frontline staff, and patients work together to eliminate waste in a defined process.*

Tracking Kaizen events across the province through an online repository built for those leading and supporting Kaizen activities in our province. From January 2012-March 2014 thousands of staff participated in more than 300 improvement events that included:

- 207 Rapid Process Improvement Workshops;
- 15 3P events for planning new facilities;
- Dozens of 5S events;
- 28 Kanban teams; and,
- 88 Mistake Proofing projects.

__3P__ is short for Production Preparation Process. This method can be used, for example, to involve staff and patients who will be working/using a new facility in the design of the facility.

Mistake Proofing is a defect prevention system that builds into a design or production process devices that make mistakes impossible

In addition, we collaborated with John Black and Associates and Sun Country and Saskatoon health regions to design and pilot a Lean management training program for front line leaders. We also helped shape a provincial strategy for improving primary health care and provided support to primary health care innovation sites in the province.

Kaizen Specialists at HQC are now qualified to deliver Kaizen Basics, Daily Visual Management, and 5S training to others; we have three Certified Lean Leaders as of March 31, 2014.

Establish a Provincial Infrastructure

Communicating about Lean within our health system

- We created and manage a website, www.betterhealthcare.ca, where health regions, the Saskatchewan Cancer Agency, 3S Health, HQC, eHealth Saskatchewan, and the provincial team working to improve patient flow in emergency departments can share stories and videos about making care better and safer for patients. The site also offers a blog called *Qreview* that nurtures lively debate about health care quality, and a section of media items about Lean in health care in Saskatchewan and beyond.
- We redesigned the Lean Sharepoint website, a provincial resource that houses Lean tools and resources.
- The PKPO established biweekly Kaizen Network teleconferences for sharing information among the PKPO and the Kaizen Promotion Offices in the health regions, Ministry of Health, Saskatchewan Cancer Agency, 3S Health, and eHealth Saskatchewan.
- We published two regular newsletters, Nemawashi News (to share what was covered and decided upon at the Kaizen Network teleconferences), and Takt Times (information about Lean training and certification).
- We set up a Communications Working Group to identify how communicators in the health regions, provincial health care agencies, and the PKPO can work together to communicate, primarily with those who work in our health system, about Lean principles and methods, and the role of Lean in making care better and safer for patients.

- We meet biweekly by phone with a representative of JBA to discuss questions and ideas that have arisen in the previous week.

Coordinate provincial Kaizen activity

We work closely with health regions to schedule and plan Kanban events that take place in their regions and to determine who will take part in the monthly North American Tours. Participants tour AutoLiv Lean Manufacturing in Utah, Seattle Children's Hospital in Bellevue, Washington, and Virginia Mason Institute in Seattle, all of which are successfully using Lean to improve the safety and experiences of their customers and patients. Following the tour, all participants must take part in a Mistake Proofing (MP) project. The PKPO works with JBA to coordinate the projects and provide coaching to the MP teams.

The Health Care Quality Summit is a provincial forum for sharing leading practices in quality improvement, and for energizing and inspiring providers and leaders in our health system to press on with their efforts to make care better and safer. HQC organized and delivered the Summit, held April 10 and 11, 2013 in Regina.

- The event attracted 600 people, including 60 patient and family advisors from around the province.

- The keynote speakers were very well received. They were:
  - Helen Bevan, Chief of Service Transformation at the UK's National Health Service (English NHS), Institute for Innovation and Improvement. Bevan also delivered a pre-conference workshop entitled, *Building contagious commitment for change*.
  - Dave deBronkart, aka e-Patient Dave, who is a cancer patient and blogger who, in 2009, became a noted activist for healthcare transformation through participatory medicine and personal health data rights; and,
  - Dr. Brent James, Executive Director, Institute for Health Care Delivery Research and Vice President, Medical Research and Continuing Medical Education, Intermountain Healthcare.
- Ten individuals and teams were presented with Pursuing Excellence Awards, in recognition of their efforts to make care better and safer for patients.
- Five speakers participated in a 20/20 session, where each presenter has 20 slides and 20 seconds/slide to answer the question, "What is possible in health care?"
- The concurrent sessions offered 23 Saskatchewan improvement stories.
- Videos of the keynote addresses and the 20/20 speakers are available on HQC's YouTube channel.

Measurement and Analysis Services

The Health Quality Council has collaborated with health regions, health agencies, the Ministry of Health, University of Saskatchewan, and clinicians, to answer questions that matter to the health system.

To accomplish this, our measurement and analysis team supports three main areas of work:

- Set direction and report on performance (PKPO functions): We support the Ministry of Health with implementation of Hoshin Kanri, or strategy deployment, which is the method our health system is using to determine goals for the system, how plans to achieve the agreed-upon goals are established provincially and locally, and how measures are created to ensure progress toward the goals;
- Decision-making by clinicians and the Ministry of Health who want to better understand patterns of health care utilization, for example, to redesign how care is delivered or for policy development; and,
- The integration of research with improvement.

Set direction and report on performance (PKPO functions)

The Ministry of Health leads Hoshin Kanri planning and we work closely with them to ensure health care leaders have the data they need to inform their decisions about improvement goals for the province as a whole. We assist with the visual display of data at provincial meetings held to discuss progress toward those goals, and provide measurement support to health regions for their Hoshin Kanri planning.

We also helped design the Connecting the Dots session in October, 2013. This is an opportunity for health care regulatory bodies, the University of Saskatchewan, and other provincial health care organizations not directly involved in the delivery of care to provide input into the provincial health care plan.

Information for decision-making

Providing better care for high users of our health system

In a January 2011 article in the *New Yorker*, Dr. Atul Gawande posed the question: "Can we lower medical costs by giving the neediest patients better care?" He tells the story of Dr. Jeffrey Brenner, a family physician in Camden, New Jersey and health care data cruncher, who thought that if he could find the people whose use of medical care was highest, he could do something to help them. He knew from experience that high users of the health system – who he called hot spotters – often had multiple chronic conditions, and that they may have social circumstances that do not support good health. He calculated that, "just one percent of the hundred thousand people who made use of Camden's medical facilities accounted for 30% of its costs," and he started taking on a few of these patients in addition to his regular medical practice to see if he could help improve their health. As word got out he received more and more referrals. He wanted to hire staff to help with his work and obtained some grant funding to do that. "By late 2010, his team had provided care for more than 300 people on his 'super-utilizer' map," says Gawande. "Brenner and his team are out there on the boulevards of Camden demonstrating the possibilities of a strange new approach to health care: to look for the most expensive patients in the system and then direct resources and brainpower toward helping them."

Intrigued by this approach, the Ministry of Health in Saskatchewan asked HQC to measure the costs associated with the top 1% and 5% users of our health system using anonymous administrative health care data about hospital, emergency department, physician visits, and prescription drug use.

Based on our findings, the Ministry is collaborating with health regions to launch 'hot spotting' pilot projects – one in Regina and a second in Saskatoon – to better meet the care needs of high-cost, high-use patients. To be launched in 2014-15, these pilots will focus on patient groups that could benefit from customized care, including intensive case management that would improve patient outcomes and address avoidable costs. Through the Emergency Department Waits and Patient Flow initiative, which is housed at HQC, the Ministry and its partners will also support frequent emergency department users, particularly those with mental health and addictions issues, with another pilot in 2014-15.

HQC will continue to provide measurement and data analysis support to these improvement initiatives.

Reducing variation in the delivery of care and providing appropriate care

The Saskatchewan Surgical Initiative is committed to ensuring surgical patients receive the most appropriate, evidence-based care at all stages of their journey.

The initiative's Variation and Appropriateness Working Group (VAWG) project is tasked with understanding where and why there is variation in frequently performed procedures and, where appropriate, reducing variation by standardizing processes of care that are based upon best practices. The working group learned from the experiences of Intermountain Healthcare in Utah, where they've had success in measuring and understanding variation and improving patient safety while also reducing costs. Intermountain brought data and physicians together to decide upon consistent care processes for procedures such as hip replacements and coronary artery bypass surgery, for example.

One of the VAWG teams in Saskatchewan comprising vascular surgeons, radiologists, and researchers from HQC are exploring why treatment for poor blood flow in the legs varies across the province. This team is committed to learning from variation in treatment approaches and reducing that variation wherever possible by adopting standard ways of delivering care based upon best practices.

With the help of HQC researchers, the surgeons examined the patient care process and treatment decisions relating to poor blood flow in patient's legs (lower limb ischemia) and determined where they could standardize their care decisions or where more information was needed in order to standardize. The HQC researchers helped them design a data collection and reporting system that enables them to better monitor and understand the variation among surgeons in care processes and differences in patient outcomes. The surgeons began collecting data about their processes in November 2013; in May, HQC researchers analyzed the first set of cases, and reported the results back to them. The surgeons have chosen a couple of the areas where they will start and are agreeing upon standards of care they will follow. The vascular surgeons will apply this improvement method to other areas of care they provide.

They are currently using a paper-based system of checklists and questionnaires. However, VAWG is working with eHealth Saskatchewan to switch to an electronic solution.

Because this approach to reducing clinical variation has never been tried in this province, VAWG's progress is being followed by two professors at the University of Saskatchewan who will submit a paper about the group's methods for journal publication.

Health Human Resources/Physician Resources Planning analytical support

Reports we developed detailing health care services provided to patients in defined geographical units across the province will inform health human resource planning.

Pooled referrals evaluation measurement

We delivered to the Ministry a report on the impact of pooled referrals on patient and provider experience in six surgical groups that were early adopters of this way of handling referrals to specialists. Pooled referrals helps ensure patients are able to receive the earliest available appointment time with the next available specialist who is able to treat the patient's condition. This improvement work is part of the ongoing work to reduce wait times for surgical services.

Integrating research with improvement

The Health Quality Council collaborates with other provincial and national agencies on research that informs how care is delivered to patients.

Drug Safety and Effectiveness Network; Canadian Network for Observational Drug Effect Studies (DSEN-CNODES)

HQC collaborates with a network of pharmaco-epidemiology researchers across Canada to undertake rapid assessment of patient safety risks related to prescription medications in use in Canada, using the latest observational and large database research methodologies. CNODES conducts studies on priority drug safety questions given to it by Health Canada's DSEN Steering Committee, questions that arise from adverse event surveillance, provincial drug plan information requests, or from Health Canada itself. The collaboration reports its finding to the study sponsor/requestor, and subsequently publishes its work in high-impact scientific journals. Gary Teare (HQC's Executive Director, Measurement and Analysis) is the lead investigator for the Saskatchewan team, which includes researchers from the University of Saskatchewan College of Pharmacy and Nutrition as well as others.

Recent publications about CNODES research:

Dormuth C, Filion K, Paterson JM, James M, Teare G, Raymond C, Rahme E, Tamim H, Lipscombe L. Higher potency statins and the risk of new diabetes: Multicentre, observational study of administrative databases. British Medical Journal 2014;348:g3244. http://www.bmj.com/content/348/bmj.g3244

Filion K, Chateau D, Targownik LE, Gershon A, Druand M, Tamim H, Teare GF, Ravani P, Ernst P, Dormuth CR, the CNODES investigators. Proton pump inhibitors and the risk of hospitalization for community-acquired pneumonia: replicated cohort studies with meta-analysis. Gut 2013; 0:1-7. Published Online First doi:10.1136/gutjnl-2013-304738. Available online at: http://gut.bmj.com/content/early/2013/07/08/gutjnl-2013-304738.full.pdf

Dormuth CR, Hemmelgarn BR Paterson JM James MT Teare GF, Raymond CB, Levy AR, Garg AX, Ernst P, for the CNODES investigators. High Potency Statins and Acute Kidney Injury: A Multicenter Retrospective Observational Analysis of Administrative Databases. British Medical Journal BMJ 2013;346:f880 Available online at: http://www.bmj.com/content/346/bmj.f880

Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT)

SDUORT is a collaboration of HQC with the College of Pharmacy and Nutrition at the University of Saskatchewan. Funded by the Ministry of Health, the team conducts pharmacoepidemiological research on questions of interest to the administrators of the Saskatchewan Drug Plan, to help inform policy and prescribing practices. The research group provides reports to the Ministry of Health and then publishes its work in scientific journals. This year one of the articles published by the group was cited in an editorial in the Journal of the American Medical Association (JAMA).

Recent publications:

Lix LM, Yan L, Blackburn D, Hu N, Schneider-Lindner V, Teare GF. Validity of the RAI-MDS for ascertaining diabetes and comorbid conditions in long-term care facility residents.BMC Health Services Research, 2014, 14:17. Available online at http://www.biomedcentral.com/1472-6963/14/17.

Alsabbagh, WM, Dagenais J, Yan L, Lu X, Lix LM, Shevchuk Y, Teare GF, Blackburn DF. Use and misuse of ezetimibe: Analysis of use and cost in Saskatchewan, a Canadian jurisdiction with broad access. Canadian Journal of Cardiology. February, 2014. 30(2): 237-243.

Mansell K, Alsabbagh W, Lu X, Lix L, Teare G, Shevchuk Y, Blackburn D. Pharmacologic management of diabetes among seniors newly admitted to long-term care facilities in Saskatchewan. October 2013. Canadian Journal of Diabetes, 37(Suppl 4): s45.

Mansell K, Alsabbagh W, Lu X, Lix L, Teare G, Shevchuk Y, Blackburn D. Incidence and Prevalence of Diabetes in Residents of Saskatchewan Long-Term Care Facilities between 2003 and 2011. Canadian Journal of Diabetes 10/2013; 37S4:S77

Saskatchewan Centre for Clinical Intelligence and Patient-Oriented Research

The Health Quality Council (HQC) is part of a group developing a proposal for submission to Canadian Institutes of Health Research in 2014 for the establishment of a Strategy for Patient-Oriented Research Support for People and Patient-Oriented Research and Trials Unit (http://www.cihr-irsc.gc.ca/e/45859.html) in Saskatchewan to facilitate patient-oriented research and development of capacity for rapid learning and improvement in Saskatchewan's health system.

Patient Experience Surveying

Acute care:

- On the recommendation of health system leaders, HQC and measurement experts within the health system revisited its approach for measuring and monitoring the experiences of patients during their hospital stay. The main concerns focused around timeliness – especially at the point of care. HQC is leading work to develop a standardized brief survey, and an analysis and report back process to support unit-level measurement of patient experience. This will be a short survey of no more than 10 questions to provide more rapid feedback to the clinical team than that of the previous mail-based patient survey.
- We are planning with regional partners to implement in 2014 a point-in-time, longer patient experience survey that was developed by the Canadian Institute for Health Information in collaboration with HQC and other partners across the country.

Primary health care:

- Currently about 50 clinics submit patient experience data on a monthly basis to HQC, where it is analyzed and reported back to the clinics. The HQC patient survey team has been working on significant improvements to the clinic-based survey process to reduce errors in the surveying process.

Emergency Department (ED) care:

- The ED-Provincial Kaizen Operations Team (ED-PKOT) developed a short survey to capture standardized feedback from patients using emergency department services and they have been pilot testing the survey. These efforts are instrumental in informing the quality of care and experience people have when using Saskatchewan emergency departments. HQC will work with the ED-PKOT team to spread the use of the survey to hospitals in Saskatoon and Regina Qu'Appelle health regions this year. By the end of fiscal year 2014-15 we will start to include hospitals in other regions.

National asthma care initiative

An HQC Researcher is co-investigator on a national study that received Canadian Institutes of Health Research (CIHR) funding to investigate the effects of asthma control in infancy and early childhood on costs and control of asthma in later years. This is one of several projects coordinated by the Canadian Respiratory Research Network to improve understanding and treatment of asthma and Chronic Obstructive Pulmonary Disease.

Rural Dementia Action Research (RaDAR) quality gaps in dementia care in Saskatchewan

HQC has analyzed Saskatchewan health care data from 1996-2012 to better understand who has dementia (number of people, age, gender, and location), and learn about the various types and sequence of health care services received by these people. This is one part of the Gaps in Saskatchewan Dementia Care Research Project involving the Rural Dementia Action Research Team at the University of Saskatchewan (U of S) and HQC.

New features on Quality Insight

We made several upgrades to improve users' experience of Quality Insight, our online tool for reporting on the quality of care in our province.

With funding support from Saskatoon Health Region, we made some enhancements to provide long-term care staff with secure access to data for their quality improvement work. The new features include the addition of user accounts to allow access to private dashboards of quality improvement indicators. Private access is needed for smaller long-term care facilities where data cannot be made available publicly because it could be easy to identify residents. HQC is open to requests from any health region or facility that would like to apply these features to tracking their quality improvement initiatives.

Corporate Services

Corporate Services provides accounting, human resources, IT support, communications, and administrative support for the organization.

By applying some of the tools and methods we've learned about through Lean Leader training, we reduced the HQC office size from 9,733 square feet to approximately 6,600 square feet. The renovations necessitated a move to a temporary location for three months. This was a great opportunity to apply some of the Lean tools we have been learning about to assess how we work and the space and equipment we need to do our work. Corporate Services has also established a number of standard processes (via the creation of Work Standards and Standard Work) and audit tools to ensure we continue to maximize the effectiveness of our workplace.

In addition to providing strategic communication counsel and products to support the many activities of the Council, our communications team manages the Health Quality Council's corporate website and Facebook, Twitter, and YouTube accounts, publishes Health Clips news service four times a week, produces the annual report, and is responsible for media relations.

HEALTH QUALITY COUNCIL
FINANCIAL STATEMENTS

For the Year Ended March 31, 2014

Report of Management

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

The accounting system used by HQC includes an appropriate system of internal controls to provide reasonable assurance that:

- transactions are authorized;
- the assets of the HQC are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, Board members of the HQC discuss audit and financial reporting matters with representatives of management at regular meetings. HQC Board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the HQC's statement of financial position, statement of operations, statement of changes in net financial assets, and statement of cash flows.

Her responsibility is to express an opinion on the fairness of management's financial statements.

The Auditor's report outlines the scope of her audit and her opinion.

Dr. Susan Shaw
Board Chair
Saskatoon, Saskatchewan
July 9, 2014

Bonnie Brossart
Chief Executive Officer

Independent Auditor's Report

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Health Quality Council, which comprise the statement of financial position as at March 31, 2014, and the statement of operations, change in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility 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.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2014, and the results of its operations, changes in net assets, and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan
July 9, 2014

Judy Ferguson, FCA
Acting Provincial Auditor

Statement of Financial Position

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

As at March 31	**2014**	**2013**
Financial assets		
Cash	$ 404	$ 6,896
Accounts receivable	255	500
Accrued interest receivable	66	4
Short-term investments (Note 3)	6,828	2,000
	7,553	9,400
Liabilities		
Accounts payable	179	337
Payroll liabilities	295	239
Deferred revenues (Note 5)	10	175
	484	751
Net financial assets	7,069	8,649
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	90	134
Prepaid expenses and deposits	116	75
	206	209
Accumulated surplus	$ 7,275	$ 8,858

Contractual commitments (Note 10)

(See accompanying notes to the financial statements)

Statement of Operations

HEALTH QUALITY COUNCIL
STATEMENT OF OPERATIONS
(thousands of dollars)

For the year ended March 31	**2014**		**2013**
	Budget (Note 8)	Actual	Actual
Revenue			
Saskatchewan Health			
- Operating Grant	$ 4,871	$ 4,871	$ 4,871
- Accelerating Excellence	-	-	1
- Provincial Emergency Department Waits and Patient Flow Initiative	267	-	2,000
- Saskatchewan Surgical Initiative Appropriateness Project	-	-	289
University of Saskatchewan			
- U of S - CIHR	42	29	124
- U of S - SHRF	-	-	47
- U of S - Other	-	-	15
- Drug Safety & Effectiveness Network	161	192	195
- Saskatchewan Drug Utilization & Outcome Research Team	67	66	143
- Academic Detailing Evaluation Partnership Team	23	22	5
- Health Services Use Among Individuals with Dementia	5	5	5
- Quality of Care Gaps for Rheumatic Disease	-	6	-
Saskatchewan Medical Assoc.	-	200	200
Quality Summit	240	260	-
Saskatoon Health Region	132	65	64
Prince Albert Parkland Health Region	91	87	-
Other	32	54	150
Interest	-	117	71
	5,931	5,974	8,180
Expenses			
Project funding	1,950	1,931	1,854
Grants	160	69	37
Wages and benefits	4,832	4,688	4,998
Travel	267	225	182
Administrative and operating expenses	199	102	72
Honoraria and expenses of the board	107	82	78
Amortization expense	75	76	115
Rent	366	384	363
	7,956	7,557	7,699
Annual (deficit) surplus	$ (2,025)	(1,583)	481
Accumulated surplus, beginning of year		8,858	8,377
Accumulated surplus, end of year		$ 7,275	$ 8,858

(See accompanying notes to the financial statements)

Statement of Change in Net Assets

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

For the year ended March 31	**2014**	**2013**
Annual (deficit) surplus	$ (1,583)	$ 481
Acquisition of tangible capital assets	(32)	(131)
Amortization of tangible capital assets	76	115
	44	(16)
Acquisition of prepaid expense	(116)	(75)
Use of prepaid expense	75	147
	(41)	72
(Decrease) Increase in net financial assets	(1,580)	537
Net financial assets, beginning of year	8,649	8,112
Net financial assets, end of year	$ 7,069	$ 8,649

(See accompanying notes to the financial statements)

Statement of Cash Flows

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

For the year ended March 31	**2014**	**2013**
Operating transactions		
Annual (deficit) surplus	$ (1,583)	$ 481
Non-cash items included in annual (deficit) surplus:		
Amortization of tangible capital assets	76	115
Net change in non-cash working capital items:		
Deferred revenue	(165)	175
Accrued interest receivable	(62)	(1)
Accounts receivable	245	(182)
Prepaid expenses	(41)	72
Accounts payable	(158)	(391)
Payroll liabilities	56	(8)
Cash provided by operating transactions	(1,632)	261
Capital transactions		
Cash used to acquire tangible capital assets	(32)	(131)
Cash applied to capital transactions	(32)	(131)
Investing Transactions		
Purchases of investments	(9,536)	(2,000)
Proceeds from disposal/redemption of investments	4,708	999
Cash used by investing transactions	(4,828)	(1,001)
Decrease in cash and cash equivalents	(6,492)	(871)
Cash and cash equivalents, beginning of year	6,896	7,767
Cash and cash equivalents, end of year	$ 404	$ 6,896

(See accompanying notes to the financial statements)

HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS

March 31, 2014

1. Establishment of the Council

The *Health Quality Council Act* was given royal assent 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. Accounting Policies

Pursuant to standards established by the Public Sector Accountants Standards Board (PSAB) and published by Chartered Professional Accountants (CPA) Canada, HQC is classified as an other government organization. Accordingly, HQC uses Canadian generally accepted accounting principles applicable to public sector. The following accounting policies are considered significant.

a) Operations

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

Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year which related expenses are incurred. Interest earned on restricted contributions accrues to the benefit of the restricted program.

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

b) Measurement Uncertainty

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

c) Tangible Capital Assets

Tangible capital assets are reported at cost less accumulated amortization. Purchases valued at $1,000 or greater are recorded as a capital asset. Leasehold improvements are amortized over the length of the original lease. The current lease has been extended to December 31, 2019. 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.

3. Short-Term Investments

HQC held investments in the amount of $6,828,140 as described below at March 31, 2014. The current investments are short-term, held for a period of one year or less.

	2014	
	Carrying Value (000's)	Interest Rate
Term Deposits		
TD Canada Trust	$ 305	1.40%
TD Canada Trust	$ 500	1.55%
TD Canada Trust	$ 2,000	1.60%
TD Canada Trust	$ 1,500	1.60%
TD Canada Trust	$ 502	1.55%
TD Canada Trust	$ 303	1.53%
TD Canada Trust	$ 506	1.50%
TD Canada Trust	$ 506	1.50%
TD Canada Trust	$ 300	1.55%
TD Canada Trust	$ 406	1.40%
Total Investment	$ 6,828	

4. Tangible Capital Assets

The recognition and measurement of tangible capital assets is based on their service potential.

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2014 Totals	2013 Totals
	(thousands of dollars)				
Opening cost	$ 209	$ 580	$ 61	$ 850	$ 749
Additions	3	29	-	32	131
Disposals	-	-	-	-	(30)
Closing cost	212	609	61	882	850
Opening accumulated amortization	163	492	61	716	631
Amortization	15	61	-	76	115
Disposals	-	-	-	-	(30)
Closing accumulated amortization	178	553	61	792	716
Net book value of tangible capital assets	$ 34	$ 56	$ -	$ 90	$ 134

5. Deferred Revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Saskatoon Health Region	65	-	65	-
Quality Summit	110	10	110	10
Totals	$ 175	$ 10	$ 175	$ 10

(a) Saskatoon Health Region

The Saskatoon Health Region provided funding to HQC for the implementation of performance reporting enhancements in the website, qualityinsight.ca, to support the Long Term Care home-specific operational and strategic reporting.

(b) Quality Summit

HQC is hosting a Quality Summit in April 2014 and monies received by HQC for registrations in the 2013-2014 fiscal year, will be recognized as revenue in the 2014-2015 fiscal year.

6. 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, and non-crown corporations and enterprises subject to joint control or significant influence by the Government of Saskatchewan (collectively referred to as "related parties"). Other transactions with related parties and amounts due to or from them are described separately in these financial statements and notes thereto.

Routine operating transactions with related parties are recorded at the agreed upon rates charged by those organizations and are settled on normal trade terms.

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.

	2014	2013
	(thousands of dollars)	
Revenue		
Capital Pension Plan	$ -	$ 14
Ministry of Health	4,871	7,182
Regional Health Authorities	192	149
University of Saskatchewan	319	535
Expenses		
Capital Pension Plan	231	230
Regional Health Authorities	591	701
Saskatchewan Health Research Foundation	60	60
Saskatchewan Opportunities Corporation (operating as Innovation Place)	423	405
Saskatchewan Workers' Compensation	4	13
SaskTel	6	9
University of Regina	1	9
University of Saskatchewan	190	3
Other	7	1
Accounts Payable		
Capital Pension Plan	23	-
Regional Health Authorities	43	155
Saskatchewan Workers' Compensation	-	3
Accounts Receivable		
Regional Health Authorities	53	186
University of Saskatchewan	195	294

7. Financial Instruments

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

a) Significant terms and conditions

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

b) Interest rate risk

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

c) Credit risk

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

d) Fair value

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

Short-term investments
Accounts receivable
Accounts payable
Payroll liabilities

8. Budget

These amounts represent the operating budget approved by the Board of Directors – February 28, 2013.

9. Pension Plan

HQC is a participating employer in the Capital Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary, which are matched by HQC. HQC's obligation to the plan is limited to matching the employee's contribution. HQC's contributions for this fiscal year were $231,293 (2013 - $229,739).

10. **Contractual Commitments**

As of March 31, 2014, HQC had the following commitments:

a) Office Rent

HQC has a lease for office space with Saskatchewan Opportunities Corporation (operating as Innovation Place). The lease has been extended to December 31, 2019. The monthly cost is $16,808, for the period of January 1, 2014 to December 31, 2019.

b) Saskatchewan Health Research Foundation (SHRF)

HQC has entered into an agreement with Saskatchewan Ministry of Health, University of Saskatchewan and Saskatchewan Health Research Foundation for grant administration. The agreement requires SHRF to administer funds on behalf of HQC. The agreement is effective from October 15, 2012 – October 14, 2017. The amount paid for grant administration in the current fiscal year is $60,000 (2013 - $27,742). The pricing schedule for the remaining time period is:

Period	**Grant Administration**
April 1, 2014 – March 31, 2015	$ 60,000
April 1, 2015 – March 31, 2016	$ 60,000
April 1, 2016 – March 31, 2017	$ 60,000
April 1, 2017 – Oct 14, 2017	$ 32,258

SASKATCHEWAN HEALTH QUALITY COUNCIL

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