



2018-19 Annual Report

PROMOTING AND IMPROVING SAFETY AND HEALTH SERVICE QUALITY ACROSS ALBERTA

TABLE OF CONTENTS

MESSAGE FROM THE BOARD CHAIR AND CEO	3
STRATEGIC FRAMEWORK	5
ACTIVITIES & ACCOMPLISHMENTS	10
Build capacity	11
Measure to improve	17
Monitor the health system	21
Engage the public	23
FINANCIAL STATEMENTS	28
MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS	30
INDEPENDENT AUDITOR'S REPORT	31
STATEMENT OF OPERATIONS	34
STATEMENT OF FINANCIAL POSITION	35
STATEMENT OF CHANGE IN NET FINANCIAL ASSETS	36
STATEMENT OF CASH FLOWS	37
NOTES TO THE FINANCIAL STATEMENTS	38
SCHEDULE 1 – EXPENSES – DETAILED BY OBJECT	47
SCHEDULE 2 – SALARY AND BENEFITS DISCLOSURE	48
SCHEDULE 3 – RELATED PARTY TRANSACTIONS	49

LETTER FROM THE CHAIR AND CHIEF EXECUTIVE OFFICER

The HQCA is an independent and objective monitor of Alberta's health system, and we continue to promote and improve patient safety and health service quality.

We recognize the responsibility and privilege that comes with our mandate to capture the experiences of Albertans, and to represent their voice to those who are empowered to make improvements to healthcare services. Our efforts to do this broadly and comprehensively is evident, for example, in our work in 2018 and early 2019 gathering in-depth knowledge about seniors' experiences using home care services in combination with the experiences of their informal caregivers. We look forward to reporting these valuable insights.

Over the past year we heard from thousands of Albertans via our surveys about their experiences with home care, primary healthcare and emergency department care. In spring 2018 we reported on the experiences of families of long term care residents, and we prepared for our 2019 survey of families and residents in designated supportive living. The voices of these people matter, and we will continue to tell their stories in a way that compels change when it is needed.

Our Quality Exchange program, launched in 2018, gives us a platform to share stories about successful programs and initiatives, allowing us to celebrate those healthcare organizations, teams and individuals whose work led to positive outcomes and experiences for patients. We highlighted four long term care facilities that saw significant improvements in their family experience survey results. We shared these stories with other long term care providers in the system, and facilitated conversations to allow for a broader uptake of these successful initiatives, with the goal of improving the quality of life for long term care residents.

We are leading measurement of primary healthcare in Canada, and expanded our work in this area over the past year. By moving to a digital format we improved the efficiency of reporting Primary Healthcare Panel Reports to Primary Care Networks and family physicians. Users are now able to interact directly with the data, allowing comparisons with the information most relevant to their improvement efforts.

FOCUS on Healthcare, the HQCA's provincial health system monitoring tool, grew larger this year by adding primary healthcare information to the website. Users can now view and compare information across all Primary Care Networks in Alberta about things like patients' completion of screening tests and consistent use of the same family doctor (continuity of care). We also launched a stakeholder advisory committee to help us develop the FOCUS website in the three areas of continuing care: home care, designated supportive living, and long term care. We are excited for our FOCUS on Healthcare tool to grow further in the coming year and to report across the full spectrum of healthcare services, becoming, in effect, the source of information about the functioning of Alberta's healthcare system.

We are very proud of our HQCA team - our staff, our Patient and Family Advisory Committee, and our Board of Directors. They work diligently to deliver quality work, motivated by our collective desire to improve healthcare experiences for all Albertans. Our staff has built a culture of respect and trust in our organization. Grounded in the HQCA's values, our team members work collaboratively with each other and with our stakeholders. Our Patient and Family Advisory Committee's involvement in HQCA projects is a tremendous asset and their wisdom consistently elevates the quality of our work. All of this is made possible by the guidance of our Board of Directors, who this year have brought newfound energy and perspectives to our governance. We are a small group that can achieve so much, because we are committed to a common goal – patient safety and quality healthcare for Albertans. Thank you to this team for your ingenuity, dedication and passion.

(Original signed by Trevor Theman)

Trevor Theman, MD, FRCSC
Board Chair

(Original signed by Andrew Neuner)

Andrew Neuner, BHSA, MBA, MA, CHE
Chief Executive Officer



STRATEGIC FRAMEWORK

Who we are

The Health Quality Council of Alberta (HQCA) has a legislated mandate to promote and improve patient safety and health service quality on a province-wide basis. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*. Our work is guided by a strategic framework that highlights our vision, mission, and values, and defines four strategic areas of focus. By aligning ongoing and future projects to this strategic framework, we will continue to support our partners in improving health system quality and patient safety for Albertans.

Vision

Excellence in health system quality and patient safety for Albertans

Mission

With our patient and health system partners, continue to improve the quality of Alberta's health system through innovative approaches to measuring and monitoring of performance, identifying opportunities for improvement and supporting implementation of improvement initiatives.

Values

- Hold patients and the population at the forefront
- Be informed by evidence
- Apply an ethical lens
- Analyze objectively
- Inform transparently
- Engage collaboratively

Strategic areas of focus



Build capacity

Develop knowledge and skills and inform beliefs, internally and externally to support health system improvement.

- Quality and safety education
- Frameworks and related resources
- Stakeholder engagement
- High-performance and collaborative culture



Monitor the health system

Monitor and report on health system performance over time and enable comparison where appropriate to inform improvement.

- System level indicator development
- Population level surveys
- Clinical standards monitoring and reporting
- Health system performance reporting

STRATEGIES



Measure to improve

Measure, analyze and report on healthcare delivery to drive actionable improvement that enhances the quality of healthcare for Albertans.

- Patient-focused measurement
- Sector or service-focused measurement
- Assessments and studies



Engage the public

Bring the voice of Albertans to the HQCA's work.

- HQCA Patient and Family Advisory Committee
- A spectrum of public participation and awareness activities

Governance

The Lieutenant Governor in Council appoints the Board of Directors, who represent a diverse group that includes health professionals, business leaders, academic representatives, and members of the public.

Chair

Dr. (A.L.A.) Tony Fields, Edmonton (September 2012 – May 2018)

Dr. Trevor Theman, Edmonton (November 2018 – present)

Deborah Apps, Calgary (Acting Chair – May-November 2018)

Board of Directors 2018-19

Bruce Harries, Edmonton

Shirley Kine, Canmore

Sandi Kossey, Edmonton

Mohammad Masood Peracha, Edmonton

Dr. Ubaka Ogbogu, Edmonton

Marie Owen, Edmonton

Mary-Anne Robinson, Edmonton

Our deepest thanks go to outgoing board Chair Dr. (A.L.A.) Tony Fields, for his commitment, leadership and service over the past six years. We would also like to acknowledge Deborah Apps, who stepped forward as Acting Chair after Dr. Fields' term came to a close in May.

Chief Executive Officer Andrew Neuner is an ex-officio member of the Board. The HQCA is also supported by Executive Director Charlene McBrien-Morrison.

The work of the Board is accomplished through the following committees:

EXECUTIVE COMMITTEE

This committee facilitates effective communication between the Board and administration. The committee liaises with the chief executive officer and provides direction and support for carrying out the objects of the HQCA as set out in the *Health Quality Council of Alberta Act*.

QUALITY ASSURANCE COMMITTEE

This committee carries out quality assurance activities under Section 9 of the *Alberta Evidence Act*.

AUDIT & FINANCE COMMITTEE

This committee's purpose is to provide monitoring and oversight of the financial, internal control, and risk matters of the HQCA. It is responsible for presenting the annual HQCA budget to the Board for approval and submission to the Minister of Health and liaises with the Chief Executive Officer on financial decisions to be made by resolution of the Board and on the preparation of financial reports for the Minister of Health set out in the *Health Quality Council of Alberta Act* and the regulations, and the grant agreement requirements.

EDUCATION COMMITTEE

In support of the effort to realize the HQCA's vision, this committee strives to continually enhance Board member knowledge and skills articulated in the HQCA's Board competency matrix.

PATIENT AND FAMILY ADVISORY COMMITTEE

The HQCA Patient and Family Advisory Committee (PFAC) was created as a strategic initiative through the provincial *Patient Safety Framework for Albertans* published by the HQCA in September 2010. The PFAC is designed to leverage the experiences and perspectives of patients and their families to improve and promote patient safety and health service quality in Alberta's healthcare system.

Patient and Family Advisory Committee

Through the HQCA, the Patient and Family Advisory Committee works to promote patient safety and health service quality principles, concepts and actions in all aspects of Alberta's publicly funded health care system.

Members:

D'Arcy Duquette, Calgary, Chair

Greg Powell, Millarville, Vice-Chair

Alta Magee, Bow Island

B Adair, Stettler

Byron King, Wetaskiwin

Geralyn L'Heureux, Magrath

Kim Walton, Sundre

Leona Ferguson, Brooks

Leonard J. Auger, Grande Prairie

Leslie Ayre-Jaschke, Peace River

Michelle Hill, Medicine Hat

Neil McMillan, Edmonton

Nemia Valencia Gomez, Medicine Hat

Sue Peters, St. Albert

Our deepest thanks go to outgoing PFAC members Byron King, Kim Walton, and Neil McMillan for their work as advocates for improving healthcare quality and patient safety and for their contributions to the HQCA.

ACTIVITIES & ACCOMPLISHMENTS

The HQCA's 2018-19 list of activities and accomplishments describes how we furthered our legislated mandate to promote and improve patient safety and health service quality across the province.

It demonstrates how we worked to build capacity, measure to improve, monitor the health system, and engage the public.



Build capacity

Develop knowledge and skills, and inform beliefs, internally and externally to support health system improvement.

BUILD CAPACITY – QUALITY AND SAFETY EDUCATION

The HQCA works to develop education resources and tools to support learning.

TeamSTEPPS Canada™ Master Trainer

The HQCA is proud to partner with the Canadian Patient Safety Institute (CPSI) to offer a foundational course that improves patient safety and transforms culture through better teamwork, communication, leadership, situational awareness, and mutual support: TeamSTEPPS Canada™ Master Trainer. The train-the-trainer format allows participants to learn how to adopt teamwork strategies, tools, and skills within their own teams to build capacity and momentum. Participants become part of a community of TeamSTEPPS Canada™ practitioners to ensure ongoing support and resource sharing.



To build capacity across the province for effective teamwork skills, the HQCA is the **first, and only, regional training centre in Canada**. In 2018-19, we held two successful courses with participants representing a varied demographic of healthcare service providers. Additionally, the HQCA created an **eLearning module** to further the learning experience and is working with educational institutions to determine how TeamSTEPPS can be used at the student level to embed teamwork training into their practice.

TeamSTEPPS is an acronym for Team Strategies and Tools to Enhance Performance and Patient Safety.

Certificate in Patient Safety and Quality Management

The HQCA once again partnered with the University of Calgary's Cumming School of Medicine's Ward of the 21st Century (W21C) to provide a certificate course in patient safety and quality management. The course is designed for healthcare professionals who want to expand their working understanding of concepts in patient safety and quality management. Participants completed a combination of in-person classroom sessions, interactive online sessions, and the development of a patient safety/quality improvement project. The course began in September 2018 and concluded with a presentation day in March 2019. Candidates who successfully completed the course received a Certificate in Patient Safety and Quality Management from the University of Calgary's Office of Continuing Medical Education & Professional Development, the HQCA, and W21C.



In 2018-19, **20** healthcare professionals completed the Certificate in Patient Safety and Quality Management course, with their final projects presented in March. This is the **9th year** the HQCA has offered this course. To date, **194 students graduated** from the course since it began in 2010. In 2019 the HQCA will transition the delivery of this course to W21C.

Investigating and Managing Patient Safety Events

In partnership with the University of Calgary and W21C, the HQCA continued to offer courses in conducting patient safety reviews and managing patient safety events. Completion of an introductory and advanced course and a mentored project earns participants a Certificate from the University of Calgary, in Investigating and Managing Patient Safety Events. In February 2019, the Introductory to Investigating and Managing Patient Safety Events course was delivered to staff of the College and Association of Registered Nurses of Alberta.

BUILD CAPACITY – FRAMEWORKS AND OTHER HEALTH SYSTEM RESOURCES

The HQCA works with stakeholders to develop skills in system improvement and provide frameworks and related resources to help promote and improve patient safety and health service quality in specific topic areas.

Quality Exchange

Launched in 2018, this new program shares information across the system about innovation in clinical practice or humanizing the way healthcare is delivered. Quality Exchange highlights initiatives that have impacted outcomes and experiences of staff, families, patients, residents, and clients. New and innovative ways to transfer knowledge are essential to communicating these examples through the Quality Exchange program.

The first Quality Exchange was a four-part series that profiled positive stories from long-term care facilities in Alberta. These facilities either demonstrated improvement or maintained strong results in the HQCA's Long-term Care Family Experience Surveys. We profiled:

- **Westview Care Community** who involved residents and families in brainstorming and testing ideas; reflecting on change; and refining the idea to implement a 'come-and-go' breakfast buffet which improved residents' dining experience. This facility was ranked as the top facility in the Central Zone by family members in the HQCA's 2014 and 2017 Long-term Care Family Experience Surveys.
- **Wing Kei Care Centre** who with the help of family advisory council members and focus groups implemented a proactive phone call process for family members and created an evening leadership position. Changes led to significant improvements in the 'Kindness and Respect' and 'Providing Information and Family Involvement' Dimensions of Care in the HQCA's 2017 Long-term Care Family Experience Survey results.
- **Rivercrest Care Centre** who involved the input of family members to develop a family focused admission process, a commitment to building relationships, an open door policy, and interdisciplinary teamwork to enhance experiences in their facility. Rivercrest was ranked seventh in the HQCA's 2017 Long Term Care Family Experience Survey compared to the previous 2014 survey, when they were ranked 32nd. In 2017 they also showed significant improvements in the 'Providing Information and Family Involvement' Dimension of Care, as compared to the 2014 results.
- **Sherwood Care** who listened to family input to make improvements to end-of-life care leading to the creation of their 'dignity and death protocol.' Aimed at better supporting residents, families, and staff, this protocol intends to ease the transition from life to death in ways that respect the individuality of residents and provide opportunities to acknowledge the significant relationships of which they are a part. Sherwood Care was ranked by family members as the number one facility in the Edmonton Zone in the HQCA's 2017 Long Term Care Family Experience Survey, and was ranked third in 2014.

Human factors

The HQCA explored opportunities to leverage human factors knowledge and methods through partnerships with health service delivery organizations to assist them in applying human factors expertise to design, renovation, or build initiatives.

In addition, the HQCA prepared the accredited *Human Factors in Healthcare* course in collaboration with the University of Calgary's Cumming School of Medicine's Ward of the 21st Century (W21C). The course includes a module focused on the HQCA's *Simulation Based Mock-up Evaluation Framework*. The HQCA and W21C are delivering the course in June 2019.

Simulation-based Mock-up Evaluation Framework

Published in 2016, the HQCA's *Simulation-based Mock-up Evaluation Framework* is a world-recognized approach to improve healthcare environment design. The framework outlines an approach to using data from full-scale mock-ups for improved environment design that in turn improves patient safety, staff efficiency, and user experience.



In 2018, the framework was incorporated into the Canadian Health Care Facilities standard, a **National Standard of Canada**, for planning and design for new healthcare facilities.

The framework has been used by multiple organizations nationally and internationally.

The framework is used and cited in **peer-reviewed publications**, one of which won the **Applied Ergonomics Best Paper Award for 2018**.

The framework is referenced in provincial **hospital design standards/guidelines** developed by Alberta Health, Alberta Infrastructure, and Alberta Health Services. Additionally, it is included on the Facility Guidelines Institutes' website, publisher of United States (US) hospital design standards used by 50 US states.

In 2018-19, work continued on a document: *Mock-up Guidelines: Optimizing Return on Investment (ROI) for Quality and Patient Safety*. This document will report return-on-investment information and present evidence-based guidelines outlining which mock-up type would optimize cost effectiveness and outcomes in the healthcare facility design process. This builds upon the HQCA's *Simulation-based Mock-up Evaluation Framework*.

Just culture website: justculture.hqca.ca

In a just culture, healthcare workers and patients or family members feel safe to raise concerns about patient safety and report about hazards and errors. This information is used to learn and make changes to the system to improve patient safety.

Initiated by Health Quality Network (HQN) members¹, in January 2019 the HQCA launched a just culture website. It is a collaborative project that supports the development and adoption of a just culture within Alberta's health system. Just culture practices are already in place at leading organizations such as Alberta Health Services and Covenant Health. The HQCA led a working group to leverage existing knowledge to create a common understanding of what just culture is and developing resources to help organizations establish their own frameworks for just culture.

A just culture initiative fosters an atmosphere of trust, where people feel safe discussing quality and safety concerns without fear of blame. When something does go wrong with patient care, healthcare workers will be supported and treated fairly.

The website is a shared resource for healthcare professionals, policy makers, educators, patients and families to learn more about just culture.

Patients Collaborating with Teams (PaCT) provincial initiative

The HQCA continued to support the Patients Collaborating with Teams (PaCT) provincial initiative, in partnership with the Alberta Medical Association (AMA) and Alberta Health Services (AHS), to improve care planning for patients with chronic conditions.

¹ Chaired by the HQCA, the HQN was formed to facilitate knowledge sharing and capability transfer related to leading or best practices throughout Alberta. Current HQN member organizations include: Alberta College of Pharmacists, Alberta Health, Alberta Health Services, Alberta Medical Association, College & Association of Registered Nurses of Alberta, College of Physicians & Surgeons of Alberta, Covenant Health, Office of the Alberta Health Advocate, the HQCA's Patient and Family Advisory Committee, University of Alberta Faculty of Medicine and Dentistry, and University of Calgary Cumming School of Medicine.

BUILD CAPACITY – STAKEHOLDER ENGAGEMENT

The HQCA recognizes the importance of networking and partnering with other health system stakeholders, including patients and families, to advance healthcare quality and patient safety across the province.

Partnering with quality and safety organizations

We collaborate and/or partner with a number of quality and safety organizations at the provincial, national, and international level. This includes continued participation in the Institute for Healthcare Improvement's European Alliance. Additionally, we have ongoing conversations with other provincial and Canadian quality and safety organizations to share information on projects and activities, particularly those that are being recognized as leading practice.

BUILD CAPACITY – HIGH-PERFORMING AND COLLABORATIVE CULTURE

The HQCA strives to be a place that brings together and nurtures talented people who are committed to patient safety and quality improvement.

The Re-imagine project

At the HQCA, we sincerely believe leaders and mentors exist in all roles and at all levels of an organization and Re-imagine is a reflection of that belief. We've imbedded a social contract into our 'way of being' which includes a shared language and key principles by which we interact and engage both internally and externally. Together this supports and enables our journey towards a high performing organization. Re-imagine is led by our employees and is sponsored by our executive team and Board of Directors.



Measure to improve

Measure, analyze and report on healthcare delivery to drive actionable improvement that enhances the quality of healthcare for Albertans.

MEASURE TO IMPROVE – SECTOR OR SERVICE-FOCUSED MEASUREMENT

The HQCA continues to collaborate with primary care stakeholders across the province in various ongoing measurement initiatives. We have developed a collaborative, scalable, and sustainable measurement program that primary care stakeholders can use to inform proactive improvements to positively affect patient care.

Primary Healthcare Panel Reports

Since 2011, the HQCA has been providing Primary Healthcare Panel Reports for primary healthcare providers at the individual physician, clinic, Primary Care Network (PCN), zone, and provincial levels. Working with other healthcare partners, (including Alberta Health, Alberta Health Services, PCNs, primary care providers, and patients) the HQCA enhanced the reports to increase their usability and uptake.



New for 2019, the HQCA developed reports in an interactive **digital format**. The physician report includes **27 measures** that can be viewed by applying two to seven filters per measure, for a total of **151 different ways of considering the data**.

The HQCA continues to promote the reports to family physicians in Alberta at conferences and through presentations and webinars.

Primary Healthcare Panel Reports are standardized reports that use administrative health data to provide information about the physician, clinic, or PCN patient panel. These confidential reports include measures related to patient demographics, health conditions, selected aspects of patient management and health service utilization. The reports can be used to support planning, quality improvement, health system management and policy development, paneling activities and implementation of panel management activities, for the overall purpose of improving primary healthcare delivery.

The HQCA continues to support the provincial *Central Patient Attachment Registry* to help physicians prioritize their processes to improve paneling and strengthen continuity of care with their patients.



Primary healthcare panel reporting initiative for 2018-19:

- **1,300** physician reports, **41** PCN reports, and **53** clinic-level reports distributed.

MEASURE TO IMPROVE – ASSESSMENTS AND STUDIES

The HQCA conducts studies and reviews various facets of Alberta's healthcare system.

Evaluation of alternative funding models

The HQCA is conducting a study that evaluates alternative funding models at the Crowfoot Village Family Practice and Taber Clinic. The study will describe the relationship between the funding model, the implementation of the respective practice models, the impact on provider and patient experience, outcomes of care, health system value as well as how contextual factors may be influencing these observed impacts. This work is being conducted with external advisors that offer a broad range of expertise in primary healthcare delivery and structure, funding models, team processes and functions. Findings will be shared with key stakeholders in 2019-20.

Alberta PROMs & EQ-5D Research & Support Unit (APERSU)

The HQCA continued to support the use of EQ-5D, a patient-reported outcome measure (PROM) that captures five dimensions of health-related quality of life: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. It has been embedded into the HQCA's Emergency Department and Primary Care Experience Surveys.

We collaborated with the EuroQol Foundation, the University of Alberta, Alberta Health Services and Alberta Health, to establish a research and support unit (APERSU) at the University of Alberta. Through this work, we also support the education and training of graduate-level students at the University of Alberta. A specific area of focus for APERSU is supporting primary care networks in their implementation of patient-reported outcome measurement and a document was developed for physicians about how they can use PROMs and the EQ-5D to support quality improvement and/or clinical decision-making.

Evaluation of the Community Information Integration (CII) initiative

Through a grant from Alberta Health, the HQCA is overseeing an evaluation of the Community Information Integration (CII) initiative, a province-wide project that supports the presentation of data from primary care through Alberta Netcare. The CII project goal is to improve Albertans' continuity of care across the health system through better access to primary care information.

Vulnerable populations

The HQCA continues to explore innovative data collection methods for vulnerable populations to improve their care and services.



INDIGENOUS CULTURAL SENSITIVITY

The HQCA implemented an organization-wide Indigenous cultural safety training program. We also continued partnering with Alberta First Nation Information Governance Centre and the Emergency Department SCN on exploring Indigenous quality of care experiences in the Emergency Department.

ADDICTIONS AND MENTAL HEALTH

In partnership with Alberta Health, the HQCA launched a project to assist in the evaluation of addictions and mental health services in the province. Particularly, the project is designed to inform stakeholder conversations about ways to improve care connections and flow for children and their families in five target communities (Grande Prairie, St. Albert, Red Deer, Airdrie, and Lethbridge) in each of Alberta's Health Services Zones.

The project involves surveying and interviewing parents with children ages 6 to 18 years who have needed or received care for a mental, behavioural or emotional concern in the five target communities.

The HQCA will provide a full report of the findings to Alberta Health and a summary of key findings will be made publicly available on the HQCA website.



Monitor the health system

Monitor and report on health system performance over time and enable comparison where appropriate to inform improvement.

MONITOR THE HEALTH SYSTEM – SYSTEM LEVEL INDICATOR DEVELOPMENT

The HQCA believes that reporting about what's happening in our healthcare system can lead to improvement and a better healthcare system in Alberta. Providing reliable, user-friendly, and transparent data about Alberta's health system paves the way for important conversations.

Fostering Open Conversations that Unleash Solutions (FOCUS) - FOCUS on Healthcare online reporting initiative

Together with health system stakeholders, the HQCA identifies, develops, and reports publicly on key patient experience, economic (cost-effectiveness), and clinical indicators that support its mandate to monitor and report on health service quality and patient safety.



The **FOCUS on Healthcare website** provides an integrated and systemic view of monitoring the health system. Upon completion, it will present more than **250 measures** that describe patient experiences, their health outcomes, and the costs of our healthcare system on an annual and when possible, quarterly basis.

EMERGENCY DEPARTMENTS

The Emergency Departments website was the HQCA's first foray into the HQCA's FOCUS on Healthcare online monitoring tool initiative. The HQCA launched the Emergency Departments data in January 2017 to provide public information about the 16 largest and busiest emergency departments in Alberta. Work is now underway to incorporate statistical process control charts for the emergency department measures. So far, this section includes information from over 45,000 respondents in the HQCA's emergency department patient experience survey.

PRIMARY HEALTHCARE

Primary Healthcare was the second area of the healthcare system included in the HQCA's FOCUS on Healthcare monitoring tool, and was launched in October 2018, with patient experience measures added in March 2019. This website features 15 interactive charts with information about what patients experience with primary healthcare in our province. Users can look at the information by AHS Zone, or compare information between 41 Primary Care Networks (PCNs). The primary care data will be updated annually.

CONTINUING CARE

The HQCA established a stakeholder advisory committee in 2018 and kicked off work in a third area for FOCUS – continuing care. This new area of the website will feature information about the full spectrum of continuing care: long term care, designated supportive living, and home care.



Engage the public

Bring the voice of Albertans to the HQCA's work.

ENGAGE THE PUBLIC – PATIENT-FOCUSED MEASUREMENT

The HQCA surveys Albertans about their experience and satisfaction with the quality of the health services they receive. Surveys provide us with vital insight into Albertans' experiences with the healthcare system. The input we gather is a key measure of quality and a source of information to improve care and services.

Primary Care Patient Experience Survey

The HQCA developed a standardized, comparable primary care patient experience survey. The survey is intended to provide meaningful information for primary care stakeholders including physicians, clinics, and primary care networks (PCNs) from the patients who visit them. Confidential survey results are provided directly to the physician in a report intended for practice improvement, with aggregate information provided to clinics and Primary Care Networks. Interest in the survey continues to grow and provincial-level survey results have been added to the FOCUS website.



In January 2018, we launched the Primary Care Patient Experience survey. The survey was developed specifically for Alberta's primary care physicians and their teams. Family physicians, clinics or PCNs can sign-up with the HQCA so that their patients can participate in the survey.

Since launch, we've had more than **4,800 patients** respond to the survey.

Emergency Department Patient Experience Survey

The HQCA continues to survey patients who have recently visited Alberta's 16 largest and busiest urban and regional emergency departments. This telephone survey asks patients about their experiences with care during their visit to the emergency department and results are shared with the facilities as well as in select measures on the FOCUS website.



Almost **45,000 completed surveys** since the survey launched in 2016.

Alberta Seniors Home Care Client Experience Survey

After robust stakeholder consultations, the HQCA updated its survey process and launched its second iteration of this survey to capture the experiences of and obtain feedback from seniors about their experience with home care services. The survey results will be released in fall 2019 and will highlight areas of success and identify areas for improvement in home care.

There are an estimated 500,000 informal caregivers in Alberta, 80 per cent of whom are providing support to seniors. This support enables their loved one to receive the additional care needed, beyond our province's healthcare services, in order to continue living at home. The HQCA embarked on ***The Homecare Cognitively Unwell and Live-in Caregiver Project*** which involved in-person interviews, giving participants the in-depth opportunity to share their experiences with home care services in Alberta. This information will be shared in a separate report also in fall 2019.



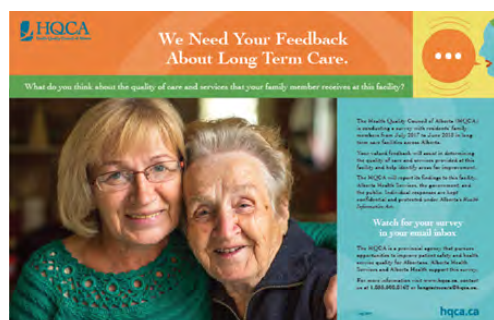
6,914 residents receiving home care services were surveyed in 2018. The provincial response rate was **59 per cent**.

Designated Supportive Living Family and Resident Experience Surveys

The HQCA undertook extensive consultation with stakeholders in 2018-19 to understand how to improve uptake of its survey results and enhance communication of the report. In spring 2019 the HQCA began surveying families and residents in designated supportive living (DSL) facilities across the province. The results assist DSL facilities to identify areas of success and opportunities for improvement. This is the third time the HQCA is surveying this population.

Long term Care Family Experience Survey

The fourth iteration of the Long term Care Family Experience survey was released in spring 2018. The information collected and analyzed is shared with each long term care facility, Alberta Health Services and the government to help inform future improvements.



7,562 family members of residents living in long-term care facilities were surveyed in 2017. The provincial response rate was **64 per cent**.

169 individual facility results were provided to owner/operators as well as AHS Zone and provincial leadership.

ENGAGE THE PUBLIC – HQCA PATIENT AND FAMILY ADVISORY COMMITTEE

The HQCA leverages the experiences and perspectives of patients and their families to improve and promote patient safety and health service quality in Alberta's health system.

The HQCA Patient and Family Advisory Committee (PFAC)

Established in 2010, the HQCA's Patient and Family Advisory Committee (PFAC) identifies, studies, reviews, advocates and advises the HQCA on patient safety and quality issues from a citizen, patient, and family perspective. The PFAC started as a strategic initiative through the provincial Patient Safety Framework for Albertans and works to promote patient safety principles, concepts, and actions in all aspects of Alberta's publicly-funded healthcare system.

In 2018-19, they have been involved in numerous initiatives, including:

- Partnering with the HQCA on the Patient Experience Awards program
- Participating in FOCUS on Healthcare stakeholder advisory committees and working groups
- Participating on the HQCA's Inclusivity and Diversity Task Group and were involved in the Indigenous Learning Strategy
- Participating on the Provincial Primary Healthcare Patient Panel Reporting Initiative Reference Committee and Subject Area Working Group
- Providing a patient perspective on many of the HQCA's major projects, such as the Long-term Care Family Experience Survey report; the Home Care Client Experience Survey; the Just Culture website; Quality Exchange; and, HQCAMatters
- Supported to attend conferences and events:
 - 6th Annual National Forum on Patient Experience
 - AHS Quality & Safety Summit
 - Alberta Accelerating Primary Care Conference
- Participating on the Healthcare 101 Task Force
- Participating on the Alberta Medical Association and Towards Optimized Practice Steering Committee for Patients Collaborating with Teams (PaCT) initiative
- Participating on the Canadian Patient Safety Institute's Patients as Partners for Patient Safety Committee
- Participating on the Canadian Foundation for Healthcare Improvement (CFHI) Diversity in Engagement Steering Committee and supported a Learning Exchange event



- **11 committee members**, representing **10 different locations** across Alberta
- Engaged in **27 health system improvement activities** in 2018-19

Patient Experience Awards

The 2018 Patient Experience Awards highlighted the amazing work underway in the province to make positive impacts on patient experience. In partnership with our Patient and Family Advisory Committee, the HQCA held the awards program to recognize and celebrate initiatives that improve the patient experience. We had 27 applications from across the province and from a variety of care settings. The selected initiatives receive funding (to a maximum total of \$2,500) to attend or host a patient experience, quality, or education event. Additionally, they share details about their initiative through a webcast event.



- **27 applicants; 4 awards** granted
- **200 views** of the webcast recording

The HQCA and its Patient and Family Advisory Committee selected the following four initiatives to receive awards for 2018:

- The Northern Alberta Renal Program's Conservative Kidney Management (CKM) Clinical Pathway was designed with and for patients with stage 5 chronic kidney disease who are unlikely to benefit from dialysis and have chosen CKM to help them co-develop personalized, integrated care plans that reflect their health needs and personal values.
- The Calgary Zone Community Paramedic Program's (CPP) City Centre Team (CCT) Mobile Paramedic Program delivers timely, individualized care to people living with homelessness where they are. For example, in shelter, harm reduction sites, encampments, or curbside.
- The Brenda Strafford Foundation's End of Life Framework and Program leverages existing, validated tools; a multi-disciplinary approach; and ongoing education for program staff to provide a positive impact on the resident experience and engage family members in their loved ones' palliative care.
- The Royal Alexandra Hospital's Inner City Health and Wellness Program deftly coordinates a clinical consult team, research program, and education program to provide a wide range of services to patients with active substance use disorders and/or those dealing with social inequity.

FINANCIAL STATEMENTS

Year Ended March 31, 2019

Financial Statements - Table of Contents

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS.....	30
INDEPENDENT AUDITOR'S REPORT	31
STATEMENT OF OPERATIONS	34
STATEMENT OF FINANCIAL POSITION	35
STATEMENT OF CHANGE IN NET FINANCIAL ASSETS.....	36
STATEMENT OF CASH FLOWS.....	37
NOTES TO THE FINANCIAL STATEMENTS.....	38
SCHEDULE 1 – EXPENSES – DETAILED BY OBJECT	47
SCHEDULE 2 – SALARY AND BENEFITS DISCLOSURE	48
SCHEDULE 3 – RELATED PARTY TRANSACTIONS	49

HEALTH QUALITY COUNCIL OF ALBERTA MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS MARCH 31, 2019

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. The financial statements were prepared in accordance with Canadian Public Sector Accounting Standards, and of necessity, include some amounts that are based on estimates and judgement.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards and procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The Health Quality Council of Alberta's Board of Directors carries out their responsibility for the financial statements through the Audit and Finance Committee. The Committee meets with management and the Auditor General of Alberta to review financial matters, and recommends the financial statements to the Health Quality Council of Alberta Board of Directors for approval upon finalization of the audit. The Auditor General of Alberta has open and complete access to the Audit and Finance Committee.

The Auditor General of Alberta provides an independent audit of the financial statements. His examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and procedures, which allow him to report on the fairness of the financial statements prepared by management.

On behalf of the Health Quality Council of Alberta.

(Original signed by Andrew Neuner)

(Original signed by Jessica Wing)

Chief Executive Officer
Andrew Neuner
May 22, 2019

Director, Financial Services
Jessica Wing
May 22, 2019

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the Health Quality Council of Alberta

Report on the Financial Statements

Opinion

I have audited the financial statements of the Health Quality Council of Alberta, which comprise the statement of financial position as at March 31, 2019, and the statements of operations, change in net financial assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Quality Council of Alberta as at March 31, 2019, and the results of its operations, its 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

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

Other information

Management is responsible for the other information. The other information comprises the information included in the *Annual Report*, but does not include the financial statements and my auditor's report thereon. The *Annual Report* is expected to be made available to me after the date of this auditor's report.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work I will perform on this other information, I conclude that there is a material misstatement of this other information, I am required to communicate the matter to those charged with governance.

Responsibilities of management and those charged with governance for the financial statements

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

In preparing the financial statements, management is responsible for assessing the Health Quality Council of Alberta'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 an intention exists to liquidate or to cease operations, or there is no realistic alternative but to do so.

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

Auditor's responsibilities for the audit of the financial statements

My 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 my 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, I exercise professional judgment and maintain professional skepticism throughout the audit. I 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 my 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 the Health Quality Council of Alberta's internal control.
- 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 the Health Quality Council of Alberta's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial

statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Health Quality Council of Alberta 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.

I 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 that I identify during my audit.

(Original signed by W. Doug Wylie FCPA, FCMA, ICD.D)

Auditor General

May 22, 2019

Edmonton, Alberta

HEALTH QUALITY COUNCIL OF ALBERTA
STATEMENT OF OPERATIONS
Year ended March 31
(thousands of dollars)

	2019		2018
	Budget	Actual	Actual
	(Note 4)		
Revenues			
Government transfers			
Alberta Health - operating grant	\$ 7,156	\$ 7,222	\$ 7,145
Investment income	6	22	10
Other revenue	35	70	50
	<u>7,197</u>	<u>7,314</u>	<u>7,205</u>
Expenses			
Administration	1,946	1,893	1,841
Health system analytics	2,669	2,319	2,065
Health system improvement	1,141	1,449	1,021
Collaborative learning and education	605	405	624
Communication	721	688	634
Ministerial assessment/study	588	719	452
	<u>7,670</u>	<u>7,473</u>	<u>6,637</u>
Annual operating (deficit) surplus	(473)	(159)	568
Accumulated operating surplus, beginning of year	1,384	1,926	1,358
Accumulated operating surplus, end of year	<u>\$ 911</u>	<u>\$ 1,767</u>	<u>\$ 1,926</u>

The accompanying notes and schedules are part of these financial statements.

HEALTH QUALITY COUNCIL OF ALBERTA
STATEMENT OF FINANCIAL POSITION
As at March 31
(thousands of dollars)

	2019	2018
Financial Assets		
Cash	\$ 1,462	\$ 1,568
Accounts receivable	60	49
	<u>1,522</u>	<u>1,617</u>
Liabilities		
Accounts payable and accrued liabilities	757	627
Employee future benefits (Note 6)	121	94
Deferred revenue (Note 7)	-	6
Deferred lease inducements (Note 8)	147	98
	<u>1,025</u>	<u>825</u>
Net Financial Assets	<u>497</u>	<u>792</u>
Non-Financial Assets		
Tangible capital assets (Note 9)	1,188	1,067
Prepaid expenses	82	67
	<u>1,270</u>	<u>1,134</u>
Net Assets	<u>1,767</u>	<u>1,926</u>
Net Assets		
Accumulated operating surplus (Note 11)	<u>\$ 1,767</u>	<u>\$ 1,926</u>

Contractual obligations (Note 10)

The accompanying notes and schedules are part of these financial statements.

HEALTH QUALITY COUNCIL OF ALBERTA
STATEMENT OF CHANGE IN NET FINANCIAL ASSETS
Year ended March 31
(thousands of dollars)

	2019		2018
	Budget	Actual	Actual
Annual operating (deficit) surplus	\$ (473)	\$ (159)	\$ 568
Acquisition of tangible capital assets (Note 9)	(56)	(374)	(193)
Amortization and write down of tangible capital assets (Note 9)	218	253	207
(Increase) Decrease in prepaid expenses	-	(15)	6
(Decrease) Increase in net financial assets in the year		(295)	588
Net financial assets, beginning of year		792	204
Net financial assets, end of year		\$ 497	\$ 792

The accompanying notes and schedules are part of these financial statements.

HEALTH QUALITY COUNCIL OF ALBERTA
STATEMENT OF CASH FLOWS
Year ended March 31
(thousands of dollars)

	2019	2018
Operating Transactions		
Annual operating (deficit) surplus	\$ (159)	\$ 568
Non-cash items:		
Amortization and write down of tangible capital assets (Note 9)	253	207
Amortization of deferred lease inducements (Note 8)	(37)	(41)
Increase in employee future benefits (Note 6)	27	26
	<u>84</u>	<u>760</u>
(Increase) in accounts receivable	(11)	(5)
(Increase) Decrease in prepaid expenses	(15)	6
Increase (Decrease) in accounts payable and accrued liabilities	130	(100)
(Decrease) Increase in deferred revenue	(6)	6
Increase in deferred lease inducements (Note 8)	86	86
Cash provided by operating transactions	<u>268</u>	<u>753</u>
Capital Transactions		
Acquisition of tangible capital assets (Note 9)	(374)	(193)
Cash (applied to) capital transactions	<u>(374)</u>	<u>(193)</u>
(Decrease) Increase in cash	(106)	560
Cash at beginning of year	1,568	1,008
Cash at end of year	<u><u>\$ 1,462</u></u>	<u><u>\$ 1,568</u></u>

The accompanying notes and schedules are part of these financial statements.

HEALTH QUALITY COUNCIL OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2019

(thousands of dollars)

Note 1 AUTHORITY

The Health Quality Council of Alberta (HQCA) is a government not-for-profit organization formed under the *Health Quality Council of Alberta Act*.

Pursuant to the Act, the HQCA has a mandate to promote and improve patient safety and health service quality on a province-wide basis.

The HQCA is exempt from income taxes under the *Income Tax Act*.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES

These financial statements are prepared in accordance with Canadian public sector accounting standards (PSAS).

(a) Reporting Entity

The financial statements reflect the assets, liabilities, revenues and expenses of the HQCA.

(b) Basis of Financial Reporting

Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which services have not been provided by year end is recognized as deferred revenue.

Government transfers

Transfers from all governments are referred to as government transfers.

Government transfers and the associated externally restricted investment income are recognized as deferred revenue if the eligibility criteria for use of the transfer, or the stipulations together with the HQCA's actions and communications as to the use of the transfer, create a liability. These transfers are recognized as revenue as the stipulations are met and, when applicable, the HQCA complies with its communicated use of these transfers.

All other government transfers, without stipulations for the use of the transfer, are recognized as revenue when the transfer is authorized and the HQCA meets the eligibility criteria (if any).

Expenses

Expenses are reported on an accrual basis. The cost of all goods consumed and services received during the year are expensed.

Grants and transfers are recognized as expenses when the transfer is authorized and eligibility criteria have been met by the recipient.

HEALTH QUALITY COUNCIL OF ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2019
(thousands of dollars)

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES (CONT'D)

(b) Basis of Financial Reporting (Cont'd)

Valuation of Financial Assets and Liabilities

The HQCA's financial assets and liabilities are generally measured as follows:

<u>Financial Statement Component</u>	<u>Measurement</u>
Cash	Cost
Accounts receivable	Lower of cost or net recoverable value
Accounts payable and accrued liabilities	Cost

The HQCA does not hold equities traded in an active market, nor engage in derivative contracts or foreign currency transactions. The HQCA is not exposed to remeasurement gains or losses and, consequently, a statement of remeasurement gains and losses is not presented.

Financial Assets

Financial assets are assets that could be used to discharge existing liabilities or finance future operations and are not for consumption in the normal course of operations.

Financial assets are the HQCA's financial claims on external organizations and individuals at the year end.

Cash

Cash comprises cash on hand and demand deposits.

Accounts Receivable

Accounts receivable are recognized at the lower of cost or net recoverable value. A valuation allowance is recognized when recovery is uncertain.

Liabilities

Liabilities represent present obligations of the HQCA to external organizations and individuals arising from past transactions or events occurring before the year end, the settlement of which is expected to result in the future sacrifice of economic benefits. They are recognized when there is an appropriate basis of measurement and management can reasonably estimate the amounts.

HEALTH QUALITY COUNCIL OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2019

(thousands of dollars)

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES (CONT'D)

(b) Basis of Financial Reporting (Cont'd)

Deferred Lease Inducements

Deferred lease inducements represent amounts received for leasehold improvements and the value of a rent-free period. Lease inducements are deferred and amortized on a straight-line basis over the term of the related lease and the amortization is recognized as a reduction of rent expense for the year.

Employee Future Benefits

The HQCA Board has approved a defined contribution Supplementary Executive Retirement Plan (SERP) for certain members of its executive staff. The SERP supplements the benefit under the HQCA registered plan that is limited by the *Income Tax Act* (Canada). The HQCA contributes a certain percentage of an eligible employee's pensionable earnings in excess of the limits of the *Income Tax Act* (Canada). This plan provides participants with an account balance at retirement based on the contributions made to the plan and investment income earned on the contributions based on investment decisions made by the participants.

Non-Financial Assets

Non-financial assets are acquired, constructed, or developed assets that do not normally provide resources to discharge existing liabilities, but instead:

- (a) are normally employed to deliver government services;
- (b) may be consumed in the normal course of operations; and
- (c) are not for sale in the normal course of operations.

Non-financial assets are limited to tangible capital assets and prepaid expenses.

Tangible Capital Assets

Tangible capital assets are recognized at cost less amortization, which includes amounts that are directly related to the acquisition, design, construction, development, improvement or betterment of the assets. Cost includes overhead directly attributable to construction and development, as well as interest costs that are directly attributable to the acquisition or construction of the asset.

The cost, less residual value, of the tangible capital assets, excluding work-in-progress, is amortized on a straight-line basis over their estimated useful lives as follows:

Computer hardware and software	5 years
Office equipment	10 years
Leasehold improvements	Over term of lease

Tangible capital assets are written down when conditions indicate that they no longer contribute to the HQCA's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets are less than their book value. The net write-downs are accounted for as expenses in the Statement of Operations.

HEALTH QUALITY COUNCIL OF ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2019
(thousands of dollars)

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES (CONT'D)

(b) Basis of Financial Reporting (Cont'd)

Prepaid Expenses

Prepaid expenses are recognized at cost and amortized based on the terms of the agreement.

Funds and Reserves

Certain amounts, as approved by the Board of Directors, are set aside in accumulated operating surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

Measurement Uncertainty

Measurement uncertainty exists when there is a variance between the recognized or disclosed amount and another reasonably possible amount. The amounts recognized for amortization of tangible capital assets are based on estimates of the useful life of the related assets. Actual results could differ from estimates.

Change in Accounting Policy

The HQCA has prospectively adopted the following standard from April 1, 2018: PS 3430 Restructuring Transactions. The adoption of this standard did not affect the financial statements.

Note 3 FUTURE ACCOUNTING CHANGES

The Public Sector Accounting Board has approved the following accounting standards:

PS 3280 Asset Retirement Obligations (effective April 1, 2021)

Effective April 1, 2021, this standard provides guidance on how to account for and report liabilities for retirement of tangible capital assets.

PS 3400 Revenue (effective April 1, 2022)

This standard provides guidance on how to account for and report on revenue, and specifically, it addresses revenue arising from exchange transactions and unilateral transactions.

Management is currently assessing the impact of these standards on the financial statements.

HEALTH QUALITY COUNCIL OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2019

(thousands of dollars)

Note 4 BUDGET

The HQCA's 2018-2019 operating budget with a budgeted deficit of (\$473) was approved by the Board of Directors on October 26, 2017 and submitted to the Ministry of Health. Subsequently, changes to three expense descriptions on the statement of operations were made. They are as follow:

<u>2019 Expense description</u>	<u>2018 Expense description</u>
Health system analytics	Survey, measure and monitor initiatives
Health system improvement	Patient safety initiatives
Collaborative learning and education	Quality initiatives

Note 5 FINANCIAL RISK MANAGEMENT

The HQCA has the following financial instruments: accounts receivable, accounts payable and accrued liabilities.

The HQCA has exposure to the following risks from its use of financial instruments: interest rate risk, liquidity risk, other price risk and credit risk.

(a) Interest rate risk

Interest rate risk is the risk that the rate of return and future cash flows on the HQCA's short-term investments will fluctuate because of changes in market interest rates. As the HQCA invests in short term deposits of 90 days or less and accounts payable are non-interest bearing, the HQCA is not exposed to significant interest rate risk relating to its financial instruments.

(b) Liquidity risk

Liquidity risk is the risk that the HQCA will encounter difficulty in meeting obligations associated with financial liabilities. The HQCA enters into transactions to purchase goods and services on credit. Liquidity risk is measured by reviewing the HQCA's future net cash flows for the possibility of negative net cash flow. The HQCA manages the liquidity risk resulting from its accounts payable obligations by maintaining cash resources and investing in short-term deposits of 90 days or less.

(c) Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or foreign currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. Price risk is managed by holding short-term deposits for 90 days or less.

(d) Credit risk

The HQCA is exposed to credit risk from potential non-payment of accounts receivable. During the fiscal year most of the HQCA's receivables are from provincial agencies; therefore the credit risk is minimized.

HEALTH QUALITY COUNCIL OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2019

(thousands of dollars)

Note 6 EMPLOYEE FUTURE BENEFITS

The HQCA participates in the Local Authorities Pension Plan (LAPP), a multi-employer defined benefit pension plan.

The HQCA accounts for this multi-employer pension plan on a defined contribution basis. The HQCA is not responsible for future funding of the plan deficit other than through contribution increases. Pension expense recorded in the financial statements is equivalent to HQCA's annual contributions of \$405 for the year ended March 31, 2019 (2018 - \$421).

At December 31, 2018, the Local Authorities Pension Plan reported a surplus of \$3,469,347 (2017 – surplus of \$4,835,515).

The Supplementary Executive Retirement Plan (SERP) payable at year ended March 31, 2019 is \$121 (2018 - \$94). Interest contribution related to this plan is \$27 (2018 - \$26).

Note 7 DEFERRED REVENUE

Deferred revenue represents unspent externally restricted resources. Changes in the balance are as follows:

	2019	2018
Balance, beginning of the year	\$ 6	\$ -
Amount received during the year	-	6
Less: Amount recognized as revenue	(6)	-
Balance, end of the year	\$ -	\$ 6

Note 8 DEFERRED LEASE INDUCEMENTS

The HQCA received a leasehold inducement of \$137 for renovations in 2015. The inducement is accounted for as a reduction of rent expense and amortized over the term of the lease.

The HQCA received an additional lease inducement in the form of free rent relating to a lease renewal of the premises effective 2018. This amount will be amortized on a straight-line basis over the term of the related lease and the amortization is recognized as a reduction of rent expense.

	2019	2018
Lease inducements - renovations	\$ 137	\$ 137
Lease inducements - rent free periods	209	123
Less accumulated amortization	(199)	(162)
	\$ 147	\$ 98

HEALTH QUALITY COUNCIL OF ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2019
 (thousands of dollars)

Note 9 TANGIBLE CAPITAL ASSETS

	2019				2018
	Office Equipment	Computer Hardware & Software	Leasehold improvements	Total	Total
Estimated useful life	10 yrs	5 yrs	5-10 yrs		
Historical Cost					
Beginning of year	\$ 401	\$ 466	\$ 1,013	\$ 1,880	\$ 1,771
Additions	-	374	-	374	193
Disposals, including write-downs	-	(27)	-	(27)	(84)
	401	813	1,013	2,227	1,880
Accumulated Amortization					
Beginning of year	185	229	399	813	690
Amortization expense	32	98	123	253	204
Effect of disposals, including write-downs	-	(27)	-	(27)	(81)
	217	300	522	1,039	813
Net book value at March 31, 2019	\$ 184	\$ 513	\$ 491	\$ 1,188	
Net book value at March 31, 2018	\$ 216	\$ 237	\$ 614		\$ 1,067

HEALTH QUALITY COUNCIL OF ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2019

(thousands of dollars)

Note 10 CONTRACTUAL OBLIGATIONS

Contractual obligations are obligations of the HQCA to others that will become liabilities in the future when the terms of those contracts or agreements are met.

Estimated payment requirements for each of the next five years and thereafter are as follows:

Year ended March 31	Total lease payments
2019 - 20	\$ 461
2020 - 21	475
2021 - 22	479
2022 - 23	479
Thereafter	-
	<u>\$ 1,894</u>

Note 11 ACCUMULATED OPERATING SURPLUS

Accumulated operating surplus is comprised of the following:

	2019			2018	
	Investment in Tangible Capital Assets ^(a)	Internally Restricted Surplus ^(b)	Unrestricted Surplus (Deficit)	Total	Total
Balance, April 1, 2018	\$ 1,065	\$ 861	\$ -	\$ 1,926	\$ 1,358
Annual operating (deficit) surplus	-	-	(159)	(159)	568
Net investments in capital assets	121	-	(121)	-	-
Transfers, prior year restricted		(861)	861	-	
Transfers, current year restricted	-	581	(581)	-	-
Balance, March 31, 2019	<u>\$ 1,186</u>	<u>\$ 581</u>	<u>\$ -</u>	<u>\$ 1,767</u>	<u>\$ 1,926</u>

- (a) Net assets equal to net book value of internally funded tangible capital assets are restricted as these net assets are not available for any other purpose.

HEALTH QUALITY COUNCIL OF ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2019
(thousands of dollars)

Note 11 ACCUMULATED OPERATING SURPLUS (CONT'D)

- (b) The internally restricted surplus represents amounts set aside by the Board for future purposes. Those amounts are not available for other purposes without the approval of the Board. Internally restricted surplus based on the business plan is summarized as follows:

	2019	2018
Build capacity	\$ -	\$ 16
Measure to improve	240	670
Monitor the health system	37	85
Engage with the public	304	90
	<u>\$ 581</u>	<u>\$ 861</u>

Note 12 COMPARATIVE FIGURES

Certain 2018 figures have been reclassified to conform to the 2019 presentation.

Note 13 APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved by the HQCA Board of Directors on May 22, 2019.

HEALTH QUALITY COUNCIL OF ALBERTA
SCHEDULE 1 – EXPENSES – DETAILED BY OBJECT
Year ended March 31
(thousands of dollars)

	2019		2018	
	Budget	Actual	Actual	
Salaries and benefits	\$ 4,635	\$ 4,207	\$ 4,146	
Supplies, services and other	2,817	3,013	2,287	
Amortization of tangible capital assets (Note 9)	218	253	204	
	\$ 7,670	\$ 7,473	\$ 6,637	

HEALTH QUALITY COUNCIL OF ALBERTA

SCHEDULE 2 – SALARY AND BENEFITS DISCLOSURE

Year ended March 31
(thousands of dollars)

	2019			2018	
	Base Salary ⁽¹⁾	Other Cash Benefits ⁽²⁾	Other Non- Cash Benefits ⁽³⁾	Total	Total
Board of Directors-Chair	\$ -	\$ 13	\$ -	\$ 13	\$ 12
Board of Directors-Members	-	50	-	50	28
Chief Executive Officer	346	49	58	453	407
Executive Director	184	-	35	219	220
	\$ 530	\$ 112	\$ 93	\$ 735	\$ 667

(1) Base salary includes pensionable base pay.

(2) Other cash benefits include honoraria for board members and vacation payouts. There were no bonuses paid in 2019.

(3) Other non-cash benefits include: employer's portion of all employee benefits and contributions or payments made on behalf of employees, including pension, Supplementary Executive Retirement Plan, health care, dental coverage, vision coverage, out of country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short-term disability plans, employee assistance program, employment insurance and fair market value parking.

HEALTH QUALITY COUNCIL OF ALBERTA

SCHEDULE 3 – RELATED PARTY TRANSACTIONS

Year ended March 31
(thousands of dollars)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Government of Alberta's Consolidated Financial Statements. Related parties also include key management personnel and close family members of those individuals in the HQCA. The HQCA and its employees paid or collected certain taxes and fees set by regulation for premiums, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

The HQCA had the following transactions with related parties recorded in the Statement of Operations and the Statement of Financial Position at the amount of consideration agreed upon between the related parties.

	2019	2018
Revenues		
Grants	\$ 7,222	\$ 7,146
Other	33	7
	<u>\$ 7,255</u>	<u>\$ 7,153</u>
Expenses		
Other services	\$ 301	\$ 265
	<u></u>	<u></u>
Receivable from related parties	<u>\$ -</u>	<u>\$ 1</u>
	<u></u>	<u></u>
Payable to related parties	<u>\$ 19</u>	<u>\$ 47</u>



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