

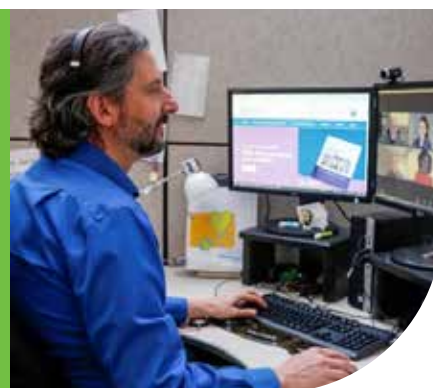
Annual Report 2021-22

# Engage Assess Improve



Improving Healthcare Together

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**On the Cover:** From top, Leonard Auger of the HQCA's Patient Family and Advisory Committee; Joan Smyth of the Bethany Didsbury Care Centre, an HQCA partner; and HQCA team members Ashi Mehta and Cassandra MacBeth.

# Letter from the Chair



**"We brought our expertise to more than 30 initiatives in 2021-22 including pivotal government and healthcare system priorities such as patient concerns management, the Alberta Health Charter, and key performance indicators for emergency medical services."**

As I look back on 2021-22, I am incredibly proud of the continuing work of the team. We delivered exceptional service to Albertans and across the health system during another year of significant change and challenge, against the backdrop of a global pandemic.

To our valued healthcare partners and all Albertans affected by COVID-19, we extend our gratitude for your dedication and resilience.

This past year was the first full year of our new mandate in the *Health Quality Council of Alberta Act* "to promote and improve patient safety, person-centred care, and health service quality."

We brought our expertise to more than 30 initiatives in 2021-22 including pivotal government and healthcare system priorities such as patient concerns management, the Alberta Health Charter, and key performance indicators for emergency medical services. As part of this work, we engaged with thousands of patients, families, as well as healthcare partners and other key stakeholders from across the province to inform our analysis and recommendations.

You'll read about these initiatives and more in the pages that follow in this annual report. It's important to know that behind all of this good and important work is the HQCA team – our staff and leadership, our Patient and Family Advisory Committee (PFAC), and our Board of Directors. I will conclude this introduction with my sincere acknowledgment of their valuable contributions.

Our staff and leadership are a small but mighty team with a broad range of expertise. They are engaged, energetic, and among the best in their fields. The members of PFAC provide a unique perspective in all HQCA work. Their lived experience and practical wisdom consistently elevates the quality of our work. All of the contributions of staff and PFAC are facilitated by the steady oversight and creative problem-solving of our Board of Directors.

# Letter from the Chair

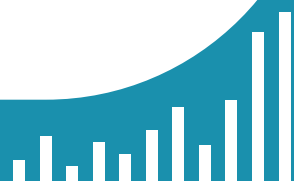


**“Charlene is absolutely the right person to lead the HQCA through the change expected as Alberta’s healthcare system continues to evolve in the years ahead.”**

Lastly, but by no means least, I want to extend my deepest appreciation to our new CEO, Charlene McBrien-Morrison, who was appointed in February 2022. Appointing a new CEO was the most critical decision our Board made in the past year, and I speak personally for the entire Board that we are delighted with our choice. Charlene is absolutely the right person to lead the HQCA through the change expected as Alberta’s healthcare system continues to evolve in the years ahead.

(Original signed by Brent Windwick)

**Brent Windwick, QC**  
Board Chair



# Letter from the CEO



**"In April 2021, we partnered with the Blackfoot Confederacy Tribal Council to survey their communities about their unique experiences and impacts during the COVID-19 pandemic."**

## It's a privilege to lead the HQCA. It's also a great responsibility.

During my 18 years with the HQCA, and since my appointment as CEO in 2022, I've learned that we have a team that embraces responsibility and challenge, and exemplifies a growth mindset.

In 2021-22, we faced another difficult year in the healthcare sector because of the COVID-19 pandemic. That meant staying focused and executing on our mandate in the *Health Quality Council of Alberta Act* "to promote and improve patient safety, person-centred care, and health service quality."

In 2020, we were given a more explicit role in promoting and improving person-centred care. This addition, and the expansion of our role to engage with Albertans about their experiences with healthcare services, was evident throughout our work in 2021-22.

In April 2021, we partnered with the Blackfoot Confederacy Tribal Council to survey their communities about their unique experiences and impacts during the COVID-19 pandemic. Our support helped give a voice to Blackfoot people, living on and off reserves, so the Blackfoot Confederacy could lead conversations around healthcare policy and funding decisions during this critical time.

In 2022, we began acting on the Minister of Health's request to consult with patients, families, community organizations, emergency medical services (EMS) representatives, and other stakeholders to make recommendations for a comprehensive suite of key performance indicators to inform the delivery of EMS across Alberta. This important work continues, and has the potential to drive positive change on an important provincial service.

We also continued our review of patient concerns management processes across Alberta. In November 2021, we brought together patients, families, community organizations, healthcare leadership, regulatory college representatives, and other key stakeholders in patient concerns management to discuss ideas for improvement. This included a first round of consultations with First Nations and Métis health leaders. This engagement helped to inform the findings we submitted to the Health Minister in February 2022 about improvement to patient concerns management in Alberta.

# Letter from the CEO



**"In support of our amended legislative mandate, we initiated a project this past year to gain an understanding of the concept of person-centred care."**

In support of our amended legislative mandate, we initiated a project this past year to gain an in-depth understanding of the concept of person-centred care. Our learnings will help inform future work and ground our efforts in the principles of person/people-centred care.

And, as we always have, we engaged with thousands of Albertans again this past year through surveys, focus groups, interviews, and other methods, and reported on their experiences across a variety of sectors including continuing care, emergency department care, primary care, and more.

In 2021-22, we also continued to enhance our quality improvement resources for the healthcare system. We introduced weekly updates of COVID-19 vaccination data in the Primary Healthcare Panel Reports for family physicians. And, in consultation with our healthcare partners, we identified improvement opportunities for the FOCUS on Healthcare online reporting initiative as well as our resident and family surveys in continuing care.

You'll find other examples of our activities and accomplishments in the past year on the pages that follow in this report.

(Original signed by Charlene McBrien-Morrison)

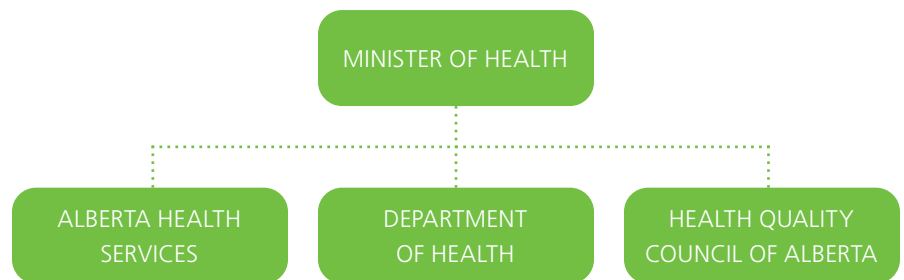
**Charlene McBrien-Morrison**  
Chief Executive Officer

# Strategic Framework

The mission, vision, values, and three strategic priorities for 2021-22, established by our Board of Directors, provided overarching direction for the HQCA.

## Who we are

The Ministry includes the Department of Health, Alberta Health Services (AHS), and the Health Quality Council of Alberta (HQCA), all reporting to the Minister of Health.



The Department of Health implements the Government of Alberta's strategic direction for health and is responsible for overall policy, legislation, and monitoring of the health system's performance. AHS is the health authority responsible for the delivery of a substantial portion of healthcare services across the province.

The HQCA has a legislated mandate to promote and improve patient safety, person-centred care, 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 our strategic areas of focus.



# Strategic Framework

## Strategic areas of focus

The Strategic View provides the framework that guides the HQCA's strategic decision-making and planning.

### VISION

Quality healthcare for all.

#### Dimensions of quality:

Acceptability ■ Accessibility ■ Appropriateness  
Effectiveness ■ Efficiency ■ Safety



### MISSION

To promote and improve patient safety, person-centred care, and health service quality throughout Alberta.

### STRATEGIES Fulfilling our legislated mandate to:

#### Engage



Engage with Albertans and our healthcare partners on their experiences and perspective with patient safety, person-centred care, and health service quality.

#### Assess



Evaluate, review, research, and analyze by gathering information and evidence that inform recommendations to drive actionable improvement.

#### Improve



Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.

### OUR VALUES What makes us who we are? Here's what we believe in:



#### People

The people of Alberta are at the centre of what we do.



#### Evidence

We believe in the power of information and use trusted sources to inform our work.



#### Participation

We believe our work is better when the wisdom of others is incorporated.



#### Inclusivity

We believe diverse perspectives strengthen our organization and our work.



#### Integrity

We take an ethical approach, are objective in our analysis, and are transparent with our work.



#### Independence

We work to achieve our legislated mandate without inappropriate influence or bias.

Our values underpin the collective wisdom and expertise of our staff, Board, and patient and family advisors to deliver on our Vision and Mission.



# Governance



Our Board of Directors includes health professionals, business leaders, academic representatives, and members of the public. The Health Minister is responsible for appointing our Board members.

## Chair

Brent Windwick, Edmonton (January 2020 – present)

## Board of Directors

Jacqueline Colville, Edmonton (2017\* – present)

Dr. Pamela Hawranik, Airdrie (2021 – present)

Clifford D. Johnson, Calgary, (2021 – present)

Masood Peracha, Edmonton (2018 – present)

Dr. Greg Powell, Foothills County (2021 – present)

Dr. Carlyn Volume-Smith, Sherwood Park (2021 – present)

The HQCA Board is also supported by Chief Executive Officer Charlene McBrien-Morrison, who serves as an ex-officio member of the Board.

\* Jacqueline Colville served as an external (non-voting) member of the Board from 2017 – 2021. In 2021, she was appointed by the Minister to the Board.

**From left:** Masood Peracha, Dr. Pamela Hawranik, Dr. Greg Powell, Brent Windwick, Jacquelyn Colville, Clifford D. Johnson, and Dr. Carlyn Volume-Smith.



# Governance



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 objectives 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 and 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. It 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 was created as a strategic initiative through the provincial *Patient Safety Framework for Albertans* published by the HQCA in September 2010. The committee 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.

# Governance

## Patient and Family Advisory Committee

The Patient and Family Advisory Committee leverages the experiences of patients and families to advise the HQCA.

Members	 <b>Sue Peters,</b> St. Albert (Chair)	 <b>Alta Magee,</b> Bow Island (Vice Chair)	 <b>B Adair,</b> Stettler
	 <b>D'Arcy Duquette,</b> Calgary (term ended November 2021)	 <b>Jamie Hodge,</b> Calgary	 <b>Jenny Ye,</b> Calgary (started December 2021)
	 <b>Katelyn Greer,</b> Calgary (started December 2021)	 <b>Leona Ferguson,</b> Brooks	 <b>Leonard J. Auger,</b> Grande Prairie
	 <b>Michelle Hill,</b> Medicine Hat	 <b>Medgine Mathurin,</b> Edmonton	 <b>Nana Thaver,</b> Sherwood Park
		 <b>Teena Cormack,</b> Lethbridge	

# Activities and Accomplishments

In 2021-22, the HQCA furthered our legislated mandate to promote and improve patient safety, person-centred care, and health service quality across the province.

Our work demonstrates how we engage with the public and our healthcare partners, objectively assess evidence, and inspire improvement, while supporting Alberta Health's direction for delivering quality health services that result in the best outcomes for Albertans.



## Activities and Accomplishments

# Engage

with Albertans and our healthcare partners on their experiences and perspective with patient safety, person-centred care, and health service quality.



### PATIENT AND FAMILY ADVISORY COMMITTEE

**12 committee members,** representing many different lived experiences with the healthcare system

- Engaged in **dozens of health system quality, person-centred care, and patient safety** activities in 2021-22

## Patient and Family Advisory Committee

The Patient and Family Advisory Committee started as a strategic initiative in 2010 through the provincial *Patient Safety Framework for Albertans*. The committee works to promote patient safety principles, concepts, and actions in all aspects of Alberta's healthcare system.

In 2021-22, they have been involved in numerous initiatives, including:

- Partnering with the HQCA on the Patient Experience Awards program
- Participating on the HQCA's Inclusivity and Diversity Committee
- A significant contribution to the Patient Concerns Management Review as well as planning and participating in a Consensus Conference with patients, families, and healthcare professionals
- Providing a patient/family perspective on many of the HQCA's other major projects, such as:
  - person-centred care
  - patient engagement program
  - the Alberta Quality Matrix for Health review
  - the public information campaign to encourage Albertans to take a more active role in their healthcare
  - Quality Exchange
  - the Alberta Health Charter review
  - EMS key performance indicators
- Supporting the following initiatives organized by HQCA external partners:
  - The Healthcare Excellence Canada Learning Exchange series
  - The National Health Engagement Network
  - Patients for Patient Safety Canada – Patient Safety Alliance

## Activities and Accomplishments

# Engage

with Albertans and our healthcare partners on their experiences and perspective with patient safety, person-centred care, and health service quality.



Hope Hallway at the Foothills Medical Centre in Calgary



The 2021 Patient Experience Awards were featured on social media. Many engaged with the content, which included videos celebrating the recipients. **Across channels, there were nearly 6,000 engagements.**

## Patient Experience Awards

The Patient Experience Awards, a collaboration between the HQCA and our Patient and Family Advisory Committee, recognize and celebrate initiatives that improve the patient experience. We received applications from across the province and from a variety of care settings. The selected initiatives receive funding (to a maximum of \$2,000) to attend or host a patient experience, quality, or education event. Additionally, they share details about their initiative through a video profile that is widely promoted by the HQCA.

### The HQCA and our Patient and Family Advisory Committee selected four initiatives to receive awards for 2021:

- The Life Medical Clinic in Whitecourt and McLeod River Primary Care Network successfully implemented the Reducing the Impact of Financial Strain project. They developed a screening tool that creates a safe space to have a conversation with a patient about the impact of finances on their health. The clinic worked closely with the AHS team to map local agencies who could provide appropriate supports for each patient.
- Two adolescent mental health units at the Foothills Medical Centre in Calgary, operated by AHS, collaborated with patients, family, staff, and community artists to design and create the Hope Hallway. The Hope Hallway transforms the traditional, institutionalized feel of the hospital to one that is teen-friendly, hopeful, comforting, and engaging.
- The Stollery Children's Hospital Patient and Family Centred Care team in Edmonton facilitated conversations with families of medically complex children to understand how they were uniquely impacted by the COVID-19 restrictions and quarantine. This AHS initiative created a virtual community with supportive peers and providers to help families cope and navigate challenges through the pandemic.
- The medical assistance in dying (MAID) program at AgeCare, a seniors care operator, provides residents with compassionate end-of-life care in a peaceful and supportive space, surrounded by loved ones. COVID-19 created new challenges for the program and the people who seek to access it. AgeCare acted quickly and worked with the MAID navigation team at AHS to provide a dedicated space for non-residents during the pandemic, ensuring the safety and comfort of all involved.



# Engage

with Albertans and our healthcare partners on their experiences and perspective with patient safety, person-centred care, and health service quality.



### PERSON-CENTRED CARE

- In 2021-22, we reviewed more than **350 pieces** of literature on person-centred care, people-centred care, and patient-centred care.
- We conducted extensive engagement with health systems partners and representatives of our Patient and Family Advisory Committee to discuss person-centred care in 2021-22.

### Person-centred care

The HQCA initiated a project in 2021 that will be foundational to our amended legislated mandate to promote and improve person-centred care. We conducted an extensive literature scan and engaged with key health system partners and our Patient and Family Advisory Committee to gain a common understanding of the concept of person-centred care. This initiative will help to inform future work and ground our efforts in the principles of person-centred care. Looking forward, the HQCA will continue to engage with health system partners to help support the application of person-centred care principles at the system and care-delivery levels across Alberta.





## Activities and Accomplishments

# Engage

with Albertans and our healthcare partners on their experiences and perspective with patient safety, person-centred care, and health service quality.



### PUBLIC OUTREACH – ENGAGING ALBERTANS IN THEIR HEALTHCARE

- The campaign advertisements on TV, social media, websites, and other media were displayed an estimated **19 million times** (as of May 24, 2022).
- The [hqca.ca/info](https://hqca.ca/info) webpage received close to **32,000 page views** during the campaign (from March 28 to May 24, 2022).
- Of the website visitors who completed a survey, the majority said the information was useful to them.
- The campaign received news coverage on Global News, CBC Radio, and ChatTV, reaching an estimated 298,000 adults.

## Public outreach – engaging Albertans in their healthcare

As part of the HQCA's mandate to promote and improve person-centred care, we launched a public information campaign in March 2022 that offers new tools and resources to help Albertans become active participants in their healthcare. The campaign was designed to support seniors living with chronic illness and their caregiving family members. We advertised on Alberta television networks and social media, directing people to new resources on the HQCA website such as 'Tips for Talking with Your Healthcare Team' and 'Questions to Ask About Your Treatment Options.'

The HQCA developed this campaign in collaboration with our Patient and Family Advisory Committee to ensure the patient/family perspective was reflected. We also involved healthcare providers to garner their support for this effort and to ensure the content was relevant to their clinical settings. In March, the HQCA also finalized plans for the pilot of this campaign with the South-Asian population in Calgary, which will include content and advertising/promotion customized for this audience, including translated materials. The pilot will run in the first quarter of 2022-23. Outcomes of this campaign will help to inform how the HQCA can best reach other specific populations with translated and culturally relevant content.

## Provincial patient engagement program

In 2021-22, the HQCA explored the need for a provincial engagement network in Alberta. We conducted 32 interviews between August and December 2021 with healthcare partners and patient/family advisors including members of the HQCA's Patient and Family Advisory Committee.

We will share our findings and engage further with patient/family advisors and other healthcare system partners in 2022-23.

## Activities and Accomplishments

# Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



### COVID-19 EXPERIENCES AND IMPACT SURVEY – BLACKFOOT CONFEDERACY

- The Blackfoot Confederacy partnered with the Health Quality Council of Alberta to survey Blackfoot people who live on and off reserve.
- **336 Blackfoot people** participated in the survey.

### EMERGENCY DEPARTMENT PATIENT EXPERIENCE SURVEY

More than **87,000 completed surveys** since 2016

## COVID-19 Experiences and Impact Survey – Blackfoot Confederacy

In 2021-22, the Blackfoot Confederacy Tribal Council and the HQCA partnered on a COVID-19 Experiences and Impact Survey. We worked together to customize this survey to capture the unique experiences of the Blackfoot people who live on and off reserve. It was open to all Blackfoot people, aged 16 and older, between April and June 2021. People from three Blackfoot Confederacy Nations (Siksika, Kainai, and Piikani) responded to questions about health measures, health system access, as well as challenges experienced and the supports available to stay informed, well, and protected during the pandemic. The results were shared within the Blackfoot Confederacy so stakeholders could reflect on the data and consider opportunities for improvement in efforts to respond to the pandemic.

## Emergency Department Patient Experience Survey



The HQCA has surveyed patients who have visited Alberta emergency departments since 2007. The current iteration of the survey, which has been in place since 2016, collects data every two weeks from patients who have visited Alberta's 16 largest and busiest urban and regional emergency departments. This telephone survey asks patients about staff care and communication, wait time and crowding, pain management, facility cleanliness, and more, during their visit to the emergency department. Results are shared with the AHS facilities to inform their patient experience improvement efforts. As well, select measures are reported on the HQCA's FOCUS on Healthcare website. In 2021-22, the HQCA partnered with the Compassion Research Lab at the University of Calgary to complement our Emergency Department Patient Experience Survey with the Sinclair Compassion Questionnaire (SCQ). The SCQ is widely seen as the gold standard for reliably measuring compassion in clinic settings.

Photo courtesy of Blackfoot Confederacy

## Activities and Accomplishments

# Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



### DESIGNATED SUPPORTIVE LIVING RESIDENT AND FAMILY EXPERIENCE

- From January to March 2020, the HQCA interviewed **27 residents** from **18 designated supportive living sites** across Alberta.
- The **findings provide a more in-depth understanding of residents' experiences** that can help leaders, operators, and staff learn how best to support residents as individuals throughout their entire designated supportive living journey.

## Designated Supportive Living Resident and Family Experience



In November 2021, the HQCA released *The Lived Experiences of Residents in Designated Supportive Living* report. The study explores residents' experiences in designated supportive living in Alberta from January to March 2020. It was in follow-up to the *I'm Still Me: The Lived Experiences of Residents in Designated Supportive Living* pilot study the HQCA conducted in 2017 in the Calgary AHS Zone. We shared the report, highlights summary, and recorded presentation with our designated supportive living partners. The material was also made available on the HQCA website and promoted via our social media accounts.

## Long Term Care Family Experience Survey

The Long Term Care Family Experience survey provides both a system-wide look at long term care across the province as well as detailed facility-level reports to help identify and inform future improvements. The survey asks questions about staffing levels, care of belongings, kindness and respect, meeting basic needs, and more. Work on the fifth iteration of this survey is underway, as a component of a larger initiative – called the Facility-based Continuing Care Survey – to survey both long term care and designated supportive living populations in one year. During 2021-22, HQCA focused on project planning and stakeholder engagement about the survey process and reporting format. We expect to conduct the survey data collection in the summer of 2022, and release our findings in 2022-23.

## Alberta Seniors Home Care Client Experience Survey

The HQCA surveyed home care clients through the Alberta Seniors Home Care Client Experience Survey in 2015 and 2018. This survey was conducted in collaboration with AHS and Alberta Health. In anticipation of our next home care client survey in 2023-24, the HQCA engaged with stakeholders in the home care sector about updates to our survey process, cycle, and tools as well as new and revised questions to better meet the needs of our Alberta Health and AHS stakeholders as well as home care clients.

## Activities and Accomplishments

# Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



### COMFORT CARE AIDE EVALUATION

- Surveyed **2,296 family members**
- Conducted focus groups with **81 staff** at six facilities
- Interviewed **10 residents**

### PRIMARY CARE PATIENT EXPERIENCE SURVEY

- In 2021-22, more than **1,121 Albertans** participated in the clinic and provincial versions of the HQCA's Primary Care Patient Experience Survey.
- Since launch, we've had almost **9,000 patients** respond to the survey.

## Comfort Care Aide Evaluation

AHS launched the Comfort Care Aide Initiative in 2021 to help address staffing shortages at continuing care sites during the COVID-19 pandemic. In 2021-22, the HQCA collaborated with AHS to determine the impact and effectiveness of the initiative. Our role included engaging with, and capturing the experiences of, families and staff in designated supportive living and long term care sites during the pandemic. We analyzed the data and reported findings to AHS and participating continuing care sites and their parent organizations during the third quarter of 2021-22.

## Primary Care Patient Experience Survey



The HQCA uses our own made-for-Alberta standardized, comparable, primary care patient experience survey. It provides meaningful information for primary care stakeholders including physicians, clinics, and primary care networks from the patients who visit them. Patients provide perspectives on communication, access, treatment plans, and care priorities. Confidential survey results are provided directly to the physician in a report intended for practice improvement, with aggregate information provided to participating clinics and primary care networks. Provincial-level survey results are reported on the HQCA's FOCUS on Healthcare website. In 2021-22, we engaged with stakeholders in the primary care sector to identify opportunities for continued improvement with the Primary Care Patient Experience Survey. We will take action on this assessment in 2022-23.

## Activities and Accomplishments

### Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



#### VIRTUAL CARE QUALITY FRAMEWORK

- Among the many groups we consulted with in 2021-22 on virtual healthcare assessment were the Institute for Healthcare Improvement (IHI), Canadian Agency for Drugs and Technologies in Health (CADTH), and Women's College Hospital in Toronto.
- As part of our work on the Virtual Care Quality Framework, the HQCA was invited to participate in the Virtual Care Coordinating Body, a multi-stakeholder group advising on virtual care system design and high-level direction.

### Virtual care quality framework

In collaboration with Alberta Health, the HQCA is developing a framework to assess the quality of virtual healthcare within Alberta. The framework will help to define quality virtual healthcare from the perspective of access, person-centredness, patient outcomes, efficiency, and patient safety. We are performing an environmental scan on virtual healthcare evaluations underway across Canada and internationally. We are also engaging with stakeholders including patients, families, and organizations that deliver innovative virtual healthcare. In the coming year, we will identify measures for this framework, and share our findings with Alberta Health and other key stakeholders across Alberta's healthcare system.

### End-of-life experience

End of life is one of four areas of need described in the Alberta Quality Matrix for Health as "care and support that aims to relieve suffering and improve quality of living with or dying from advanced illness or bereavement." It is also a focus area for Alberta Health. In Alberta Health's business plan (2020 – 2023), a key objective is to "support Albertans in accessing appropriate and timely palliative and end-of-life care by increasing awareness of how and when to access palliative care options, shift from hospital to community-based home and hospice care, expand effective caregiver supports in their homes and communities."

In 2021-22, the HQCA, in collaboration with our health system partners, commenced work on a project to engage with those who receive end-of-life care and those who provide this care to understand how we could best assess their experiences. We also plan to conduct an environmental scan and literature review to better understand approaches, and explore the role of caregivers and the support they require. This work continues in 2022-23.

### Experience Surveys Program

In 2021-22, the HQCA continued our work to transition traditional survey methodologies to leading edge, computer-adaptive technologies. These technologies can automate the administration, scoring, and reporting on our surveys, which provides rapid feedback tailored to the needs of stakeholders who use HQCA surveys to improve the patient experience. This past year saw us determine software/hardware requirements, engage with stakeholders about planned updates, and begin the transition to the computer-adaptive survey technologies. We are planning the transition for 2022-23.

## Activities and Accomplishments

# Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



### ALBERTA HEALTH CHARTER REVIEW

- The HQCA conducted 14 individual and group interviews with representatives from 13 jurisdictions across Canada and internationally in the first phase of the Alberta Health Charter Review.
- In Alberta, six interviews occurred with **18 participants** familiar with the Alberta Health Charter and patient rights.



### EMS KEY PERFORMANCE INDICATORS

The HQCA is aiming to interview **60 patient/family** representatives and **25 EMS stakeholders** to inform our recommendations.

## Alberta Health Charter review



The Alberta Health Charter was introduced in 2014 as part of the *Alberta Health Act*. The Charter sets out key values and objectives for Alberta's health system. It also outlines the roles and responsibilities of patients and providers within the health system. The *Act* requires a regular review of the Charter. In spring 2021, the Minister of Health requested the HQCA conduct a review of the Charter. In February 2022, we submitted preliminary findings from the first phase of this review – a jurisdictional and environmental scan to identify leading

thinking and practice on statements of patient rights (i.e., charters) across the world. The HQCA will continue to support future work on the Health Charter, as determined by the Health Ministry.

## EMS key performance indicators

In 2021-22, the HQCA acted on the Minister of Health's request that we consult with stakeholders to make recommendations for a comprehensive suite of key performance indicators (KPIs) to inform the delivery of emergency medical services (EMS) across Alberta. The HQCA has engaged with various health system partners across the province, including patients and family members, about their perspectives related to provincial KPIs. A literature review as well as engagement with expert advisors is also underway. This work enables the HQCA to compile a list of proposed KPIs that align with Alberta's Quality Matrix for Health, and Quadruple Aim dimensions (patient experience, provider experience, patient outcomes, costs of care).

The scope of this work includes most aspects of the EMS system in Alberta, including ground and air ambulance, inter-facility transfers, and EMS dispatch. The HQCA will submit a report with the recommended provincial KPIs to the Minister of Health in the 2022-23 fiscal year.



## Activities and Accomplishments

### Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



FOCUS website homepage



FOCUS website Emergency Departments page

### FOCUS on Healthcare online reporting initiative

Together with health system stakeholders, the HQCA identifies, develops, and reports publicly on key patient experience and clinical indicators through the FOCUS on Healthcare website.

In 2021-22, the HQCA began implementing recommendations to improve the utility and effectiveness of the FOCUS on Healthcare website following an independent evaluation of the initiative in 2020-21.

In the past year, we held engagement sessions with more than 100 key health system representatives from Alberta Health, AHS, Covenant Health, primary care providers, and continuing care organizations as well as patients and family members. The HQCA is using input from these sessions to inform plans to improve and grow the FOCUS on Healthcare website.

#### FOCUS on Healthcare currently includes:

##### Emergency Departments

We provide public information about the 16 largest and busiest emergency departments in Alberta.

Visitors to the site can review wait time measures, key delivery of care measures such as the number of patients who returned to the emergency department within 72 hours, as well as patient experience measures related to communication and pain management. In addition, emergency medical services (EMS) measures are included: response time for life-threatening events, and time spent by EMS at hospital.

∴ The HQCA provides quarterly updates for all measures.



## Activities and Accomplishments

# Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



FOCUS website Primary Healthcare webpage



FOCUS website Long Term Care webpage

### Primary Healthcare

The Primary Healthcare section features information about patients' experiences with primary healthcare in Alberta.

These measures include screening tests completion, physician continuity, clinic continuity, influenza vaccination rates, as well as patient experience measures related to physician availability, appointment length, care coordination, and more.

∴ The HQCA released updated data in August 2021.

### Continuing Care

This section features three areas of continuing care in Alberta – long term care, designated supportive living, and home care. The information reflects the experiences of residents, family members and clients with personal and healthcare services received in continuing care sites and through home care.

∴ Our regular updates to Long Term Care, Designated Supportive Living, and Home Care were interrupted in 2021-22 because public health measures made it difficult to conduct experience surveys during the COVID-19 pandemic.

### Hospital Care

The HQCA is currently finalizing the Hospital Care section of FOCUS on Healthcare. The HQCA consulted with clinical and analytic stakeholders as well as patient/family advisors to gain insight on the best data sources and measures for hospital care. This new section will include 16 measures that report data about care delivery and patient experience while patient safety indicators are also under development.

## Activities and Accomplishments

### Assess

Evaluate, review, research, analyze by gathering information and evidence that inform recommendations to drive actionable improvement.



#### PATIENT SAFETY CULTURE IN COMMUNITY-BASED HEALTHCARE SETTINGS

We consulted with more than **15 healthcare community-based organizations**, patient safety culture experts, and organizations about patient safety culture surveys during 2021-22.

#### EMERGENCY DEPARTMENT PATIENT-REPORTED OUTCOME MEASURES

The HQCA is sharing our ED patient-reported outcome measure research with others in the health field.

We presented at the International Society of Quality of Life Research 27th International Conference in October 2021. Our presentation was called *'Communication with emergency department nurses and doctors before and during the COVID-19 pandemic – ensuring measurement equivalence.'*

### Patient safety culture in community-based healthcare settings

Patient safety culture surveys can be used to raise organizational awareness about patient safety, evaluate patient safety culture, and identify strengths, trends, and areas for improvement. In 2021-22, the HQCA initiated development of a strategy for assessing patient safety culture in community healthcare settings in Alberta such as pharmacies and primary care clinics.

Throughout the past year, we've been consulting with community healthcare organizations about their current approach to assess patient safety culture. We also conducted an environmental scan to learn how patient safety culture surveys are being deployed successfully in national and international jurisdictions. The next step in this project includes additional engagement with health system community partners to pilot-test a patient safety culture survey.

### Emergency department patient-reported outcome measures

In a bid to inspire more robust quality conversations about what is happening in Alberta's busiest emergency departments (ED), the HQCA is developing and testing patient-reported outcome measures for EDs. This work informs future survey question development at the HQCA, and may involve measurement and public reporting of outcomes related to ED visits and transitions of care from the ED into the community, via the HQCA's FOCUS on Healthcare website. The project also helped validate the PROM-ED tool in Alberta.

## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



Alberta Health Minister Jason Copping thanked attendees at the HQCA's conference on patient concerns management in November.

### Improvements to patient concerns management

In 2020, the Minister of Health requested the HQCA conduct a review of healthcare system patient concerns management processes. After extensive engagement with patients, family members, community organizations, healthcare professionals, and concerns management stakeholders, the HQCA submitted a report to the Minister of Health in 2021 with a recommendation to improve upon the current concerns management processes in Alberta.

Subsequently, the Minister requested the HQCA, in partnership with Alberta Health, hold a consensus conference as the next phase of the HQCA's Healthcare System Patient Concerns Management Review. The conference, held Nov. 22, 2021, provided an opportunity for stakeholders to provide feedback on the HQCA's recommendations for improving key functions of a patient concerns resolution process – intake, investigations, resolution, monitoring, and reporting.

HQCA staff also participated in two patient concerns management conferences organized by the Alberta Health's Indigenous Relations branch in 2021 (First Nations Health Directors Conference on Alberta's Patient Complaint Process – Nov. 24, 2021; and Métis Health Leaders Conference on Alberta's Patient Complaint Process – Nov. 29, 2021). These conferences helped inform the HQCA's final report, which was submitted to the Minister of Health in February 2022.

Thirty-five participants attended the HQCA Consensus Conference on Nov. 22, 2021. Attendees represented:

- Patients/families who have navigated sharing concerns with healthcare system organizations
- Community organizations who advocate for patients
- Healthcare providers involved in patient concerns resolution processes (e.g., AHS, Covenant Health, continuing care leaders)
- Leaders from regulatory colleges
- Ministry staff (e.g., staff involved in addressing concerns raised about Continuing Care Health Service Standards/Accommodation Standards; Protection for Persons in Care)
- Leaders from primary care networks

## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



### PRIMARY HEALTHCARE PANEL REPORTS

- More than **1,800 family physicians**, quality improvement professionals, clinic representatives and PCN executive directors received a panel report early 2022.
- We partnered with the **Alberta Medical Association** on an outreach campaign to family physicians when COVID-19 patient vaccination data was introduced in June 2022.

## Primary Healthcare Panel Reports

Primary Healthcare Panel Reports are standardized reports that use administrative health data to provide information to family physicians about their patient panels. These confidential reports include measures related to patient demographics, health conditions, selected aspects of patient management and health service utilization, and new in 2021 – COVID-19 vaccination data and virtual visit measures. The reports are used to support quality improvement, health system management and policy development, and panel management activities, for the overall purpose of improving patient care.

We've been providing Primary Healthcare Panel Reports at the individual family physician, clinic, and primary care network (PCN) level since 2011. Working with other healthcare partners (including Alberta Health, Alberta Health Services, PCNs, primary care providers, Alberta Medical Association, and patients), the HQCA enhances the reports on an ongoing basis to increase their usability and uptake.

## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



**QUALITY  
EXCHANGE**

### Quality Exchange

The HQCA's Quality Exchange program shares examples of inspiring work and improvement initiatives from across the healthcare system. We leverage HQCA data and insights to identify areas of excellence. Through the program, we look for creative ways to transfer knowledge and encourage others to implement similar quality improvement initiatives. Our approach includes storytelling, infographics, whiteboard animation, videos, webinars, and podcasts.

### Designated supportive living

The HQCA worked with designated supportive living (DSL) leadership, families, and residents to release a Quality Exchange series in January 2022. Seventeen DSL sites had notable improvements in resident and family experience survey scores between 2016 and 2019. The HQCA completed interviews in 2021 with a selection of these sites to learn what was driving their improvements. We shared our findings with DSL organizations and other key stakeholders in Alberta's continuing care sector to help support future quality improvement work.

### Continuing care during COVID-19

The HQCA is working on a Quality Exchange feature about continuing care during COVID-19. The feature will leverage data from the HQCA's COVID-19 Continuing Care Study, conducted during summer/fall of 2020, that captured feedback from families on: experience with the site's pandemic response, experience with site visiting restrictions, communication with sites, personal protective equipment (PPE) use, staffing issues and addressing care concerns, family members involved in care, and care and services provided. Ten sites had survey results that were better than their peers. The HQCA completed interviews in 2021 with staff, site-level leadership, corporate leaders, and family members from these sites to hear about what may have contributed to their strong survey scores. We plan to share this Quality Exchange feature during the summer of 2022 with key stakeholders across Alberta's continuing care sector as well as interested Albertans.

## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



### JUST CULTURE

The HQCA collaborates with healthcare organizations and leaders to drive the development and adoption of a **Just Culture** within Alberta's health system.

### HUMAN FACTORS IN HEALTHCARE COURSE

In 2021-22, the Human Factors in Healthcare course remained on hold because of the COVID-19 pandemic. We plan to resume course delivery in 2022-23.

## Just culture – Just Individual Assessment workshops

In a just culture, healthcare workers and patients/family members feel safe to raise patient safety concerns including the reporting of hazards and errors. This information is used to learn and make changes to the system to improve patients' safety.

In 2021-22, the HQCA introduced a just culture initiative called the Just Individual Assessment (JIA). JIA is step-by-step process for fairly assessing the actions of individuals who have been involved in a patient safety incident. This approach helps healthcare organizations and regulators standardize their approach to this critical component of a just culture.

A training module on the Just Individual Assessment is now available on the Just Culture website ([justculture.hqca.ca](http://justculture.hqca.ca)). In the past year, we have shared information about the JIA with a working group of representatives from across the healthcare system. We are planning to host workshops about the JIA to interested healthcare delivery organizations in 2022-23.

## Human Factors in Healthcare course

In collaboration with the University of Calgary Ward of the 21st Century (W21C), and Alberta Health Services, the HQCA offers a three-day Human Factors in Healthcare course. The course covers a variety of application areas such as patient safety, quality improvement, human error, medication safety, procurement, system evaluation, and capital planning. This course includes content from the HQCA's framework and guidelines on conducting mock-up evaluations for healthcare design.

## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.

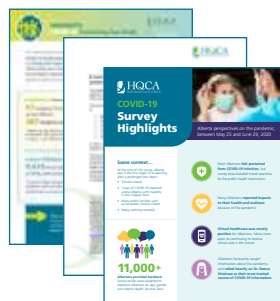


### COVID-19 SUMMATION REPORT

The COVID-19 Summation Report will summarize data and insight from:

- COVID-19 Impacts and Experience Surveys (May and October 2020)
- COVID-19 Continuing Care Study (2021)
- COVID-19 Seniors Lodge Report (2021)
- Emergency Department Patient Experience Survey – COVID-19 related questions (2021)
- Primary Care Patient Experience Survey – COVID-19 related questions (2020 – 2022)

### COVID-19 summation report



Between 2020 and 2022, the HQCA studied Albertans' perspectives on the pandemic's impact to Albertans and our healthcare system from a broad perspective as well as specific areas including continuing care, primary care, and emergency care. To support future provincial pandemic planning, the HQCA is preparing a report that will compile the findings from our collective work in this area. The COVID-19 Summation Report is planned to be shared with healthcare system leadership across Alberta in 2022-23.



## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



### ALBERTA PROMS & EQ-5D RESEARCH AND SUPPORT UNIT (APERSU)

APERSU was developed in partnership with:

- University of Alberta
- Alberta Health
- Alberta Health Services
- EuroQol Research Foundation
- Health Quality Council of Alberta Experience Survey – COVID-19 related questions (2020 – 2022)

### Alberta PROMS & EQ-5D Research and Support Unit (APERSU)

The HQCA renewed our support in 2021-22 for APERSU at the University of Alberta. The goal of APERSU is to improve decisions by end-users and stakeholders about health and healthcare in Alberta by promoting, coordinating, and supporting the use of patient-reported outcome measures (PROMs) including the EQ-5D for the measurement and valuation of health status. A specific area of focus for APERSU is supporting primary care networks in their implementation of patient-reported outcome measurement. We are members of the APERSU Scientific Advisory Committee and the APERSU Board of Directors, and we participated in the APERSU Emerging Topics in Primary Care Forum.

## Activities and Accomplishments

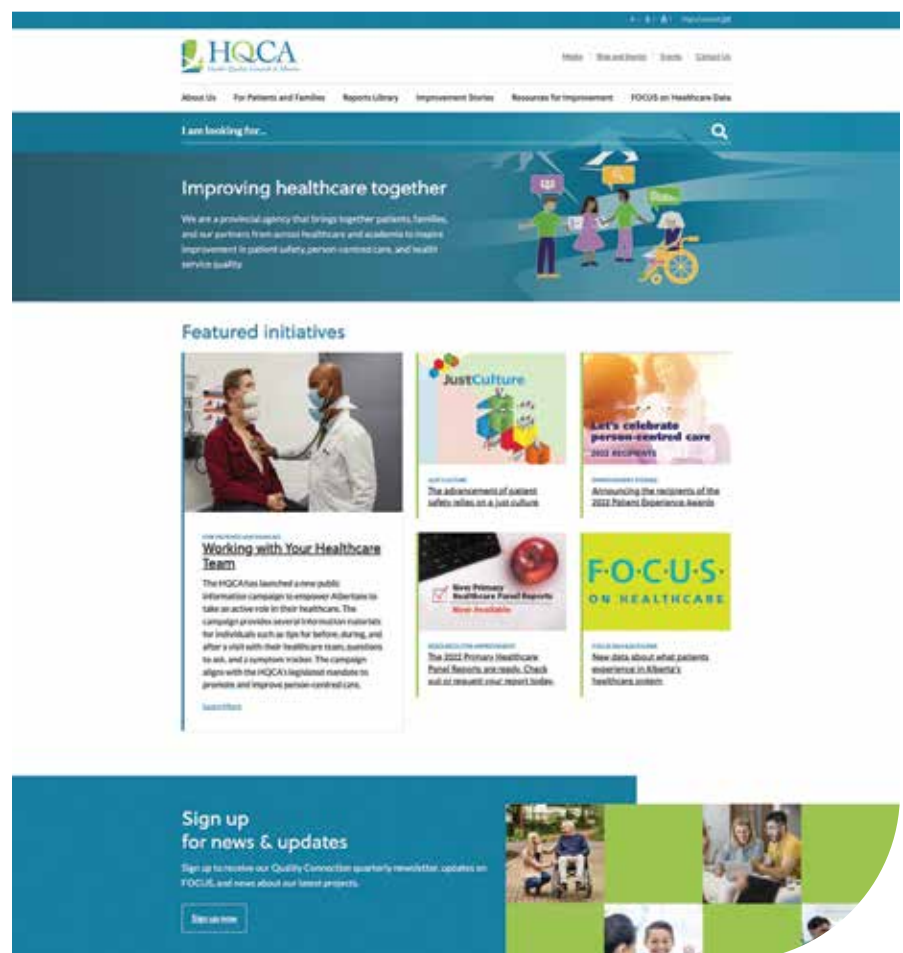
# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



## A refresh of HQCA.ca

Every year, tens of thousands of Albertans and our healthcare partners visit the public website of the HQCA to access healthcare improvement resources, survey results, and studies. In 2021-22, the HQCA updated the design of our website to ensure all of our information is accessible, easy to find, and current. The site is available at [www.hqca.ca](http://www.hqca.ca).



## Activities and Accomplishments

# Improve

Identify and influence adoption of effective practices through the synthesis, dissemination, and exchange of knowledge to improve experiences, outcomes, and value for Albertans.



### SUPPORTING IMPROVEMENT WITH OUR TEAM



### Supporting improvement with our team

At the HQCA, we sincerely believe leaders and mentors exist in all roles and at all levels of an organization. We've embedded 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 our journey to a high-performing organization. This work is led by our employees and is sponsored by our executive team and Board of Directors. In January 2022, the HQCA was recognized as one of Alberta's Top Employers, an annual competition organized by editors of *Canada's Top 100 Employers*.

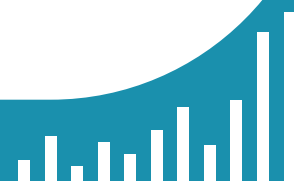


## FINANCIAL STATEMENTS

Year Ended March 31, 2022

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## HEALTH QUALITY COUNCIL OF ALBERTA

### MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

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  
Charlene McBrien-Morrison)

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Chief Executive Officer  
Charlene McBrien-Morrison  
June 2, 2022

(Original signed by  
Jessica Wing)

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Director, Financial Services  
Jessica Wing  
June 2, 2022

## INDEPENDENT AUDITOR'S REPORT



### 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, 2022, 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, 2022, 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.

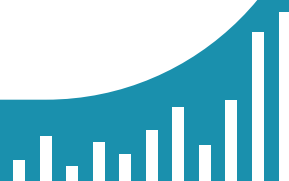
#### Other information

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:

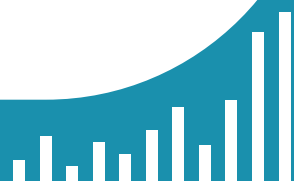
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting 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)

June 2, 2022  
Edmonton, Alberta



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

	<b>2022</b>		<b>2021</b>
	<b>Budget</b>	<b>Actual</b>	<b>Actual</b>
	<b>(Note 4)</b>		
<b>Revenues</b>			
Alberta Health transfers			
Base operating	\$ 7,586	\$ 7,559	\$ 7,560
Restricted operating	-	21	-
Investment income	5	8	5
Other revenue	-	-	20
	<u>7,591</u>	<u>7,588</u>	<u>7,585</u>
<b>Expenses (Schedule 1)</b>			
Administration	2,016	1,714	1,681
Health system analytics	3,222	2,724	2,477
Health system improvement	2,397	1,386	884
Communications and engagement	1,419	1,269	672
Ministerial assessment/study	-	-	18
Minister's priorities	-	-	674
	<u>9,054</u>	<u>7,093</u>	<u>6,406</u>
Annual operating surplus (deficit)	(1,463)	495	1,179
Accumulated operating surplus, beginning of year	2,343	2,401	1,222
Accumulated operating surplus, end of year	<u>\$ 880</u>	<u>\$ 2,896</u>	<u>\$ 2,401</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)**

	<b>2022</b>	<b>2021</b>
<b>Financial Assets</b>		
Cash	\$ 2,993	\$ 2,193
Accounts receivable (Note 6)	321	18
	<b>3,314</b>	<b>2,211</b>
<b>Liabilities</b>		
Accounts payable and other accrued liabilities	708	624
Unspent deferred contributions (Note 7)	279	-
Employee future benefits (Note 8)	27	21
Deferred lease inducements (Note 9)	37	74
	<b>1,051</b>	<b>719</b>
<b>Net Financial Assets</b>	<b>2,263</b>	<b>1,492</b>
<b>Non-Financial Assets</b>		
Tangible capital assets (Note 10)	507	769
Prepaid expenses	126	140
	<b>633</b>	<b>909</b>
<b>Net Assets</b>	<b>2,896</b>	<b>2,401</b>
<b>Net Assets</b>		
Accumulated operating surplus (Note 12)	\$ 2,896	\$ 2,401

Contractual obligations (Note 11)

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)**

	<b>2022</b>		<b>2021</b>
	<b>Budget</b>	<b>Actual</b>	<b>Actual</b>
Annual operating surplus (deficit)	\$ (1,463)	\$ 495	\$ 1,179
Acquisition of tangible capital assets (Note 10)	(58)	(53)	(127)
Amortization and write down of tangible capital assets (Note 10)	311	315	294
Decrease in prepaid expenses	-	14	30
<b>Increase (Decrease) in net financial assets in the year</b>	(1,210)	771	1,376
<b>Net financial assets, beginning of year</b>	1,492	1,492	116
<b>Net financial assets, end of year</b>	\$ 282	\$ 2,263	\$ 1,492

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)**

	<b>2022</b>	<b>2021</b>
<b>Operating Transactions</b>		
Annual operating surplus	\$ 495	\$ 1,179
Non-cash items:		
Amortization and write down of tangible capital assets (Note 10)	315	294
Amortization of deferred lease inducements (Note 9)	(37)	(37)
Increase (Decrease) in employee future benefits (Note 8)	6	(113)
	779	1,323
(Increase) Decrease in accounts receivable (Note 6)	(303)	12
Decrease in prepaid expenses	14	30
Increase (Decrease) in accounts payable and other accrued liabilities	84	(62)
Increase in unspent deferred contributions (Note 7)	279	-
Cash provided by operating transactions	853	1,303
<b>Capital Transactions</b>		
Acquisition of tangible capital assets (Note 10)	(53)	(127)
Cash (applied to) capital transactions	(53)	(127)
<b>Increase in cash</b>	800	1,176
<b>Cash at beginning of year</b>	2,193	1,017
<b>Cash at end of year</b>	<u>\$ 2,993</u>	<u>\$ 2,193</u>

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

**HEALTH QUALITY COUNCIL OF ALBERTA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**  
**(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, person-centered care 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 unearned 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 contribution 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.



## NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2022

(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.

## NOTES TO THE FINANCIAL STATEMENTS

### MARCH 31, 2022

(in thousands)

#### 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 the 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, 2022**  
**(in thousands)**

**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.

**Note 3 FUTURE CHANGES IN ACCOUNTING STANDARDS**

During the fiscal year 2022-23, the HQCA will adopt the following new accounting standard of the Public Sector Accounting Board:

- **PS 3280 Asset Retirement Obligations**

This accounting standard provides guidance on how to account for and report liabilities for retirement of tangible capital assets. The HQCA plans to adopt this accounting standard on a modified retroactive basis, consistent with the transitional provisions in PS 3280, and information presented for comparative purposes will be restated. The impact of the adoption of this accounting standard on the financial statements is currently being analyzed

In addition to the above, the Public Sector Accounting Board has approved the following accounting standards, which are effective for fiscal years starting on or after April 1, 2023:

- **PS 3400 Revenue**

This accounting standard provides guidance on how to account for and report on revenue, and specifically, it differentiates between revenue arising from exchange and non-exchange transactions.

- **PS 3160 Public Private Partnerships (effective April 1, 2023)**

This standard provides guidance on how to account for public private partnerships between public and private sector entities, where the public sector entity procures infrastructure using a private sector partner.

The HQCA has not yet adopted these two accounting standards. Management is currently assessing the impact of these standards on the financial statements.

## NOTES TO THE FINANCIAL STATEMENTS

### MARCH 31, 2022

(in thousands)

#### Note 4 BUDGET

The HQCA's 2021-2022 operating budget was approved by the Board of Directors on January 28, 2021 and submitted to the Ministry of Health.

#### Note 5 FINANCIAL RISK MANAGEMENT

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

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

##### (a) Interest rate risk

The HQCA is exposed to the interest rate associated with cash held in the bank. The interest rate risk is minimal.

##### (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 adequate cash resources.

##### (c) Price risk

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.

##### (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.

#### Note 6 ACCOUNTS RECEIVABLE

	2022	2021
Accounts receivable	\$ 21	\$ 18
Restricted operating grant receivable	300	-
	<u>\$ 321</u>	<u>\$ 18</u>

# HEALTH QUALITY COUNCIL OF ALBERTA

## NOTES TO THE FINANCIAL STATEMENTS

### MARCH 31, 2022

(in thousands)

#### Note 7 UNSPENT DEFERRED CONTRIBUTIONS

The changes in the unspent deferred contributions balance are as follows:

	2022	2021
Balance, beginning of the year	\$ -	\$ -
Restricted operating grant receivable (Note 6)	300	-
Amount recognized as restricted operating revenue	(21)	-
Balance, end of year	\$ 279	\$ -

#### Note 8 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 \$365 for the year ended March 31, 2022 (2021 - \$374).

At December 31, 2021, the Local Authorities Pension Plan reported a surplus of \$11,922,371 (2020 – surplus of \$4,961,337).

As a result of the COVID-19 outbreak, declared a global pandemic on March 11, 2020, global financial markets and world economies have experienced significant volatility. Given the extent of the crisis, and varying levels of response and recovery of countries across the globe, additional uncertainty remains and will continue to exist with regards to fair value measurement of the pension plans investments.

The Supplementary Executive Retirement Plan (SERP) payable at year ended March 31, 2022 is \$27 (2021 - \$21). The current year contribution related to this plan is \$6 (2021 - \$6). No payment has been made to plan member at retirement in the current year (2021 - \$119).

#### Note 9 DEFERRED LEASE INDUCEMENTS

The HQCA received a 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.

	2022	2021
Lease inducements - rent free periods	\$ 209	\$ 209
Less accumulated amortization	(172)	(135)
	\$ 37	\$ 74

**HEALTH QUALITY COUNCIL OF ALBERTA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**  
(in thousands)

**Note 10 TANGIBLE CAPITAL ASSETS**

	2022				2021
	Office Equipment	Computer Hardware & Software	Leasehold improvements	Total	Total
<b>Estimated useful life</b>	10 years	5 years	Over term of the lease		
<b>Historical Cost</b>					
Beginning of year	\$ 395	\$ 932	\$ 1,013	\$ 2,340	\$ 2,233
Additions	-	38	15	53	127
Disposals, including write-downs	-	-	(15)	(15)	(20)
	395	970	1,013	2,378	2,340
<b>Accumulated Amortization</b>					
Beginning of year	275	528	768	1,571	1,297
Amortization expense	32	157	126	315	294
Effect of disposals, including write-downs	-	-	(15)	(15)	(20)
	307	685	879	1,871	1,571
Net book value at March 31, 2022	\$ 88	\$ 285	\$ 134	\$ 507	
Net book value at March 31, 2021	\$ 120	\$ 404	\$ 245		\$ 769

# HEALTH QUALITY COUNCIL OF ALBERTA

## NOTES TO THE FINANCIAL STATEMENTS

### MARCH 31, 2022

(in thousands)

#### Note 11 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 three years and thereafter are as follows:

Year ended March 31	Operating Lease	Other <sup>(i)</sup>	Total
2022 - 23	\$ 479	\$ 376	\$ 855
2023 - 24	-	-	-
2024 - 25	-	-	-
Thereafter	-	-	-
	\$ 479	\$ 376	\$ 855

(i) Other obligation relates to a contract with a third party for procurement of capital assets.

#### Note 12 ACCUMULATED OPERATING SURPLUS

Accumulated operating surplus is comprised of the following:

	2022				2021	
	Investment in Tangible Capital Assets <sup>(a)</sup>	Internally Restricted Surplus <sup>(b)</sup>	Unrestricted Surplus (Deficit)	Total	Total	
Balance, April 1, 2021	\$ 769	\$ 1,632	\$ -	\$ 2,401	\$ 1,222	
Annual operating surplus	-	-	495	495	1,179	
Net investments in capital assets	(262)	-	262	-	-	
Transfers, prior year restricted	-	(1,632)	1,632	-	-	
Transfers, current year restricted	-	2,389	(2,389)	-	-	
Balance, March 31, 2022	\$ 507	\$ 2,389	\$ -	\$ 2,896	\$ 2,401	

(a) Investment in tangible capital assets represents the net book value of internally funded tangible capital assets. These assets are restricted and are not available for any other purpose.



**HEALTH QUALITY COUNCIL OF ALBERTA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2022**  
**(in thousands)**

**Note 12     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 annual work plan is summarized as follows:

	2022	2021
Engage	\$ 1,396	\$ 750
Assess	484	450
Improve	509	432
	<u>\$ 2,389</u>	<u>\$ 1,632</u>

**Note 13     APPROVAL OF THE FINANCIAL STATEMENTS**

The financial statements were approved by the HQCA Board of Directors on June 2, 2022.

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

	<b>2022</b>		<b>2021</b>
	<b>Budget</b>	<b>Actual</b>	<b>Actual</b>
Salaries and benefits	\$ 4,407	\$ 4,120	\$ 4,088
Supplies, services and other	4,336	2,658	2,024
Amortization of tangible capital assets (Note 10)	311	315	294
	<b>\$ 9,054</b>	<b>\$ 7,093</b>	<b>\$ 6,406</b>

**HEALTH QUALITY COUNCIL OF ALBERTA**  
**SCHEDULE 2 – SALARY AND BENEFITS DISCLOSURE**  
**Year ended March 31**  
**(thousands of dollars)**

	2022			2021	
	Base Salary <sup>(1)</sup>	Other Cash Benefits <sup>(2)</sup>	Other Non- Cash Benefits <sup>(3)</sup>	Total	Total
<b>Board of Directors-Chair</b>	\$ -	\$ 18	\$ -	\$ 18	\$ 24
<b>Board of Directors-Members</b>	-	40	-	40	41
<b>Chief Executive Officer <sup>(4)</sup></b>	104	2	11	117	210
<b>Acting Chief Executive Officer <sup>(4)</sup></b>	123	4	6	133	192
<b>Executive Director <sup>(4)</sup></b>	-	-	-	-	41
	\$ 227	\$ 64	\$ 17	\$ 308	\$ 508

(1) Base salary includes pensionable base pay.

(2) Other cash benefits include honoraria for board members and vehicle allowance. There were no bonuses paid in 2022.

(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 benefits, dental coverage, vision coverage, out of country medical benefits, group life insurance, accidental disability and dismemberment insurance, employee assistance program, Canadian Pension Plan, Employment Insurance and fair market value parking.

(4) The Acting Chief Executive Officer assumed the role of the Chief Executive Officer effective October 26, 2021. The Executive Director position has been vacant since June 12, 2020.

## 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.

	2022	2021
<b>Revenues</b>		
Grants	\$ 7,580	\$ 7,560
Other	-	6
	<u>\$ 7,580</u>	<u>\$ 7,566</u>
<b>Expenses</b>		
Other services	<u>\$ 173</u>	<u>\$ 54</u>
<b>Amount due from related parties</b>	<u>\$ 300</u>	<u>\$ -</u>
<b>Amount due to related parties</b>	<u>\$ 279</u>	<u>\$ 18</u>

## Notes



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