

2010

ANNUAL REVIEW



Building a higher-quality health system for Albertans



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ABOUT THE HEALTH QUALITY COUNCIL OF ALBERTA

The Health Quality Council of Alberta (HQCA) gathers and analyzes information, monitors the health care system, and collaborates with Alberta Health and Wellness, Alberta Health Services, health professions, academia and other stakeholders to translate that knowledge into practical improvements to health service quality and patient safety in the health care system. The HQCA is a corporation created in 2006 by *the Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*.

Our Mandate

To promote and improve patient safety and health service quality on a provincewide basis.

Section 7(1) Regional Health Authorities Act, Health Quality Council of Alberta Regulation

Vision

Partnering to achieve world-class excellence in all dimensions of quality and safety across Alberta's health system.

Mission

Listening and responding to Albertans to continuously improve the quality and safety of Alberta's health system.

Operational Areas

1. Measure, Monitor, Assess & Report
2. Knowledge Transfer
3. Patient Safety
4. Quality & Safety Research

Values

- Partnerships, collaboration and teamwork
- Population and patient-centred results
- Evidence-based decision-making
- Effective communication
- Fairness, objectivity and transparency



DR. JOHN COWELL, CHIEF EXECUTIVE OFFICER (LEFT) AND
DR. LORNE TYRRELL, COUNCIL CHAIR

MESSAGE FROM THE CHAIR & CHIEF EXECUTIVE OFFICER

As Alberta's health care system evolves, the Health Quality Council of Alberta (HQCA) continues to adapt and contribute to that change. For the HQCA, 2010-2011 was a year of challenges, successes and learning as we advanced the patient safety and health service quality agenda in Alberta while at the same time building a stronger organization that is even better prepared to meet our legislated mandate. We have also taken on significant new challenges.

Top of mind is the *Review of the Quality of Care and Safety of Patients Requiring Access to Emergency Department Care and Cancer Surgery and the Role and Process of Physician Advocacy* that Alberta's Minister of Health and Wellness Gene Zwozdesky requested the HQCA conduct. This independent review is provincial in scope and is being conducted under section 9 of the *Alberta Evidence Act* to maintain evidentiary privilege over the provision of documents and evidence by participants. While the HQCA has conducted many reviews in the past, this review is unprecedented in that it is the first time we have initiated our own terms of reference. This reinforces our independence and commitment to transparency throughout the review process.

In May 2011, we released the results of the *Review of the Safety Implications for Patients Requiring Medevac Services to and from the Edmonton International Airport*. The Minister of Health and Wellness, following a request by the Premier, called for the review in October 2010. The review resulted in 18 recommendations that identify patient safety issues associated with the partial closure of the Edmonton City Centre Airport that need to be addressed as well as issues that should be addressed prior to the full closure of the city centre airport.



We also completed the *Review of Alberta's Response to the 2009 H1N1 Influenza Pandemic*, which Alberta's Minister of Health and Wellness Gene Zwozdesky requested to help public health officials in their ongoing planning efforts. The resulting report, which was publicly released in December 2010, emphasized integration and collaboration and made recommendations to improve coordination among multiple stakeholders. The Minister accepted and agreed with 17 of the recommendations and took one under advisement. As with all our reviews, the recommendations stemming from this review hold potential for system-wide quality and safety improvement.

Another important milestone was the release of the *Patient Safety Framework for Albertans*, a foundational document to guide, direct and support continuous and measurable improvement of patient safety in the province. In developing the framework, we benefited from the collaborative efforts of many organizations—Alberta Health and Wellness,

Alberta Health Services, the Alberta College of Pharmacists, the Alberta Medical Association, the College of Physicians & Surgeons of Alberta and the College & Association of Registered Nurses of Alberta—as well as a representative from the public. Their support was instrumental in creating this framework, which lays the foundation to develop and advance patient safety strategies in Alberta's health care system with the goal of creating a safer system.

Significant to the HQCA, one of six outcomes from the framework is the establishment of a Patient/Family Safety Advisory Panel. Under the HQCA's jurisdiction and guidance, the advisory panel will leverage the experiences and perspectives of patients and their families to improve and promote patient safety in Alberta's health system. We are pleased this panel is already clarifying its role and goals as well as involvement in potential projects.

In addition to these key patient safety activities, we continued to strengthen and grow our two other priority areas—measure, monitor, assess and report and knowledge transfer.

In December, we released *Satisfaction and Experience with Health Care Services: A Survey of Albertans 2010*. The survey measured responses from more than 5,000 Albertans on their actual experiences with overall quality, satisfaction and access with specific health services. It is the fifth such survey the HQCA has conducted since 2003 and the first done since Alberta Health Services was formed in May 2008. While previous HQCA surveys between 2003 and 2008 showed signs of improvement in several areas, the 2010 results are relatively unchanged from 2008.

In the knowledge transfer area, a priority remains advancing the *Blueprint Project*, an HQCA-led, multi-year collaborative project to develop a framework for patient safety education in Alberta. We are continuing to develop teaching and learning resources that support the project. We have completed an environmental scan to determine the extent to which a systems approach to patient safety is being taught in post-secondary education programs for regulated health professions in Alberta. We also co-sponsored a successful new certificate course on patient safety at the University of Calgary. The projects completed as part of the course requirement proved beneficial to the participants and their workplace, and should ultimately make a difference to the patient experience in the health care system.

The HQCA's accomplishments are a direct result of our employees' commitment to improving the safety and quality of Alberta's health care system. To increase our effectiveness, over the past year we added staff in key areas. We remain a small organization with a large mandate, but we continue to build solid foundations that allow us to move forward with greater efficiency and effectiveness.

We are also fortunate to have strong support from our councillors. Over the past year, we welcomed new members Dr. Robin Cox, Annamarie Fuchs, Anthony Lam and Irene Pfeiffer and said farewell to long-serving members Dr. Robert Johnston, Bonnie Laing, Dr. Michael Lee and Linda Steinmann. On behalf of the HQCA, we thank our Council members for their commitment.

In closing, we say thank you to our Council members and employees for their professionalism and creativity. Thanks to their hard work, we continue to move toward a safer and higher-quality health system for all Albertans.

[Original signed by D. Lorne J. Tyrrell]

D. Lorne J. Tyrrell OC AOE MD/PhD FRCP FRSC
Chair

[Original signed by John W. Cowell]

John W. Cowell MD CCFP FRCPC
Chief Executive Officer

GOVERNANCE

The Minister of Alberta Health and Wellness appoints Council members, who represent a diverse group that includes health professionals, business leaders, academic representatives and members of the public.

Chair

D. Lorne Tyrrell MD/PhD, Edmonton

Members

Judith M. Birdsell PhD, Calgary

Robin Cox MD, Calgary

Annamarie Fuchs, Blackfalds

Robert Johnston MD, Calgary

Bonnie Laing, Vice-Chair, Calgary

Anthony Lam, Edmonton

Michael Lee DDS, Edmonton

Patricia Pelton, Calgary

Irene Pfeiffer, Calgary

Donald Schopflocher PhD, Edmonton

Christopher Skappak, Edmonton

Linda Steinmann, Ponoka

Doug Tupper P.Eng., Edmonton

The HQCA, through the Chair Dr. Lorne Tyrrell, reports to the Minister and through public surveys and reports, directly to Albertans. Dr. John Cowell is the chief executive officer and an ex-officio member of the Council.

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

Executive Committee

The Executive Committee is responsible for facilitating effective communication between Council members 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 regulation 130 of the *Regional Health Authorities Act* RSA 2000, c. R-10.

Quality, Surveys, Research & Studies Committee

The role of this committee is to monitor and assess health service quality as it relates to the legislated mandate of the HQCA and to identify, initiate, review and evaluate any research, studies or surveys undertaken by the Council.

Patient Safety Committee

This committee is responsible for making the Council aware of patient safety issues in the Alberta health care system and ensures action plans are developed to achieve objectives related to improving quality of care, minimizing risk and maximizing patient safety.

Audit & Finance Committee

The Audit & Finance Committee's purpose is to monitor and manage the HQCA's financial matters and risk management. It is responsible for presenting the HQCA budget and audited financial reports to the Council for approval and submission to the Alberta Minister of Health and Wellness.

HOW WE WORK

The HQCA's operating model is based on a quality cycle that begins with the public/patient experience. Through tools such as surveys, we ask Albertans about their perceptions of, and actual experiences with, the health system. Through the analysis of public/patient feedback as well as administrative and clinical health data, we identify priority initiatives and opportunities for quality improvement. This information allows us to play an important role in measuring the quality and performance of the health system.

The goal is to provide this information to service providers and policy-makers in a way that allows them to make tangible changes that can improve health service quality and patient safety. Using leading and evidence-based practice, we identify ways to address priority initiatives and facilitate implementation with our stakeholders, which include Alberta Health and Wellness, Alberta Health Services, academia and the regulated health professions.

The HQCA works with Alberta Health and Wellness, Alberta Health Services, the regulated health professions, academia and other health system stakeholders on a voluntary and collaborative basis to facilitate improvements to health service quality and patient safety. Although the HQCA does not evaluate stakeholders in an accountability context, we do provide measurement and advice related to the quality and safety of the health system.



ACTIVITIES & ACCOMPLISHMENTS

The following highlights the HQCA's activities and accomplishments over the past year.

1. MEASURE, MONITOR, ASSESS & REPORT

Patient Experience Surveys

Satisfaction and Experience with Health Care Services: A Survey of Albertans 2010

In December 2010, the HQCA released the results of our biennial *Satisfaction and Experience with Health Care Services: A Survey of Albertans*. The results reflect Albertans' experience with the health care system between February 24, 2009 and May 11, 2010.

The population-based survey looked at Albertans' perceptions of and actual experiences with overall quality, satisfaction and access to specific health services. Where possible, 2010 results were compared with those from previous years.

While previous HQCA surveys between 2003 and 2008 showed signs of improvement in several areas, the 2010 results are relatively unchanged from 2008. The key factors Albertans associate with overall difficulty or ease of access to the health care system are how easy or difficult it is to access emergency department services and family doctors as well as how well their care is coordinated. Overall access and quality of care and satisfaction with family doctors are the key factors influencing Albertans' overall satisfaction. From the perspective of Albertans, improving access and coordination of care will improve their overall health care experience.

Emergency Department Patient Experience Survey and Wait-time Measures

We are continuing the work we began in 2007 and 2009 to monitor changes in the performance of those emergency departments in Alberta with the greatest crowding pressures, longest wait times and poorest patient experience.





Following the 2009 survey release, we moved to a continuous data collection approach and are gathering patient experience and wait-time measures in Alberta's 12 largest urban and regional emergency departments on an ongoing basis. This will give us a more accurate and timely picture of what is happening in these 12 emergency departments. Survey results will be available starting in autumn 2011.

Long Term Care Family Experience Survey

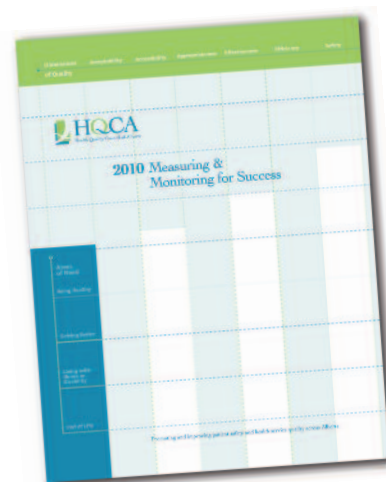
This survey follows up on one the HQCA conducted in 2007 that measures families' observations and experience with care delivery in long term care centres across the province. The survey results help inform long term care initiatives by providing Alberta Health and Wellness, Alberta Health Services, long term care operators and management, direct care providers and health professionals with information needed to improve the quality of long term care. Surveys were mailed to family members between November 2010 and January 2011 and results should be released in mid-2011.

Quality Measurement

2010 Measuring & Monitoring for Success

In December 2010, the HQCA released our second report that examines quality measurement in Alberta's health care system. The theme of the *2010 Measuring & Monitoring for Success* is the power of measurement to inform decision-making and improve the quality and sustainability of the health care Albertans receive.

The first section of the report provides an overview of health information management initiatives within Alberta's health system. The second showcases frontline quality improvement initiatives that highlight how information and measurement have been used to guide, evaluate and advance specific improvement strategies.



Indicator Development

Team members continued to serve as expert advisors or committee members on several measurement-related initiatives within the province and nationally. These include the Alberta Health and Wellness and Alberta Health Services' accountability measures, Alberta Cares about Diabetes, continuing care quality improvement measurement, and the interjurisdictional patient satisfaction advisory group.

Primary Care Initiative

Over the past year, the HQCA continued to meet with primary care stakeholders across the province (primary care networks, the primary care initiative office and the primary care diligence indicator group) to engage in partnerships with volunteer primary care networks and providers for a pilot study quality measurement initiative. We have received positive support for this initiative from the various primary care stakeholders, including 17 primary care networks that are participating.

2. KNOWLEDGE TRANSFER

Blueprint Project

In 2009, the HQCA began leading a multi-year collaborative project to develop a framework for patient safety education in Alberta. The goal is to identify consistent key messages related to patient safety that should be incorporated into educational programs at all levels (undergraduate, post-graduate, workplace learning) for all health care workers (support staff, frontline care providers, operational and strategic leaders, and board members).

Over the past year, work continued on developing learning outcomes and objectives for topics within the overarching concepts of 'patient safety principles' and 'respond'. These are presented in a learning outcomes matrix, which includes learning objectives that reflect basic knowledge, skills and attitudes all health care workers need related to the topic, as well as outcome statements that illustrate what it looks like to walk the talk of patient safety.



One of the first teaching and learning resources the project produced is the *Patient Safety Principles* document, which describes six principles that are foundational to all other topics. Another resource under development is a guide and toolkit that will present a unique Alberta approach to the systematic analysis of system factors that contribute to adverse events.

In the past year, we also completed an environmental scan involving 18 post-secondary education programs for regulated health professions in Alberta. The purpose was to determine the extent to which a systems approach to patient safety is being taught. Results suggested that while patient safety is an important part of most programs, few appear to have incorporated a systems perspective on patient safety into their teaching. A faculty development think tank will take place in May 2011 to explore ways of integrating a systems approach to patient safety into education programs for health care providers.

In addition, the HQCA, through the Blueprint Project, co-sponsored a new certificate course on patient safety at the University of Calgary. The course ran from September 2010 to March 2011. The course was extremely successful and the final projects completed as a course requirement proved to be beneficial to the participants, their workplace and ultimately to patients who will experience an improved health care experience as a result.

Alberta Research Ethics Community Consensus Initiative (ARECCI)

The HQCA was an active participant in the development of the ARECCI Project Ethics Course Level 1, which was designed to educate project leads about how to integrate an ethical approach into their quality improvement and evaluation projects. This 1.5 day workshop program is offered and funded by ARECCI, and was delivered 14 times in the 2010-11 year with 268 participants. An HQCA staff member was trained as a facilitator and delivered the course four times in the past year. The Level 2 course targeting those who review projects and provide support to project leads is currently under development. The HQCA continues to be involved in this work.

Medication Safety Self-assessment in Supportive Living

In 2010, the HQCA initiated this project to establish a baseline for medication management practices in supportive living facilities in Alberta and make recommendations about system improvements that will lead to better medication management practices. The Institute for Safe Medication Practices has been engaged to assist with the project, which will include development of a checklist tool to assist supportive living sites with assessing patient safety issues in their medication systems. A literature review, key informant interviews, and on-site reviews and human factors analysis of the medication system in seven supportive living sites have been completed. A final report summarizing the findings is being prepared. The checklist tool will be developed in the next phase of the project.



Treating Patients with C.A.R.E.

The HQCA continued to support delivery of the *Treating Patients with C.A.R.E.* communication skills workshop in Alberta by providing participant workbooks free of charge for courses within Alberta that are led by HQCA-trained facilitators. In addition, we sponsored a faculty development workshop in March 2011 for staff in home care, transition services and inpatient medicine who want to teach these important communication skills to their colleagues.

Disclosure of Unanticipated Harm

In 2010, Alberta Health Services invited the HQCA to participate as a key external stakeholder on both the disclosure policy and just and trusting culture working groups. Through participation in these working groups, the HQCA was able to provide input to the development of a consolidated disclosure policy and procedure for Alberta Health Services, as well as contribute to initial planning for a major culture change initiative.

The provincial *Disclosure of Harm to Patients and Families Framework* was an important resource document for the development of Alberta Health Services' new disclosure policy. The *Disclosing Unanticipated Medical Outcomes* course remains the standard for disclosure skills training in Alberta and has been revised to reflect advances in disclosure practices since it was first presented in Alberta in 2005.

Abbreviations Initiative

A comprehensive literature review of the patient safety risks of using abbreviations in medication ordering was completed in the past year. The findings from the literature review will form the core of a toolkit of resources to support initiatives to reduce the use of abbreviations in communication about medications.

Radiation Corridor Evaluation

The HQCA has been asked by Alberta Health and Wellness to conduct an accountability evaluation of the radiation therapy project at the Jack Ady Cancer Centre in Lethbridge. This evaluation will verify that the Government of Alberta has met the conditions of the federal wait times grant provided to Alberta to develop a wait-time guarantee for radiation therapy.

3. PATIENT SAFETY

Patient Safety Framework for Albertans

In September 2010, the Honourable Gene Zwozdesky, Alberta Minister of Health and Wellness, and HQCA Chief Executive Officer Dr. John Cowell launched a provincial framework to guide, direct and support continuous and measurable improvement of patient safety for Albertans. The purpose of the *Patient Safety Framework for Albertans* is to develop and advance patient safety strategies in Alberta's health care system with the goal of creating a safer system.

The framework also outlines principles and identifies actions for organizations and health care providers that will facilitate and support an environment where the safest possible care can be given.

One of six significant outcomes from the framework is the establishment of a Patient/Family Safety Advisory Panel. Under the jurisdiction and guidance of the HQCA, the advisory panel will leverage the experiences and perspectives of patients and their families to improve and promote patient safety in Alberta's health system.



In addition to the Patient/Family Safety Advisory Panel, other strategic initiatives in the framework are to:

- implement a provincial adverse event reporting and learning system.
- establish a provincial patient safety network.
- implement a model of patient safety management.
- have organizations develop and implement operational policies on a just and trusting culture, reporting and learning from adverse events, informing and disclosure.
- build knowledge capacity to support patient safety.

The *Patient Safety Framework for Albertans* was created under the leadership of the HQCA in collaboration with Alberta Health and Wellness, Alberta Health Services, the Alberta College of Pharmacists, the Alberta Medical Association, the College & Association of Registered Nurses of Alberta, the College of Physicians & Surgeons of Alberta and a member of the public.

Safer Healthcare Now!

The HQCA continued to provide in-kind support to the western node of the *Safer Healthcare Now!* campaign.

Quality & Safety Inquiries

As part of our mandate, the HQCA may be requested to assess, inquire into or study patient safety and health service quality in the province. In 2010-2011, we completed one inquiry and received requests to conduct three more. The recommendations stemming from these inquiries have potential for system-wide quality and safety improvement.

Review of Alberta's Response to the 2009 H1N1 Influenza Pandemic

In February 2010, the HQCA received a request from the Minister of Health and Wellness to assess the provincial response to the 2009 H1N1 influenza pandemic. The request was made under section 13 of the *Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*. The final report was released in December 2010.

Alberta Health and Wellness Minister Gene Zwozdesky accepted and agreed with 17 of the recommendations and took one under advisement. The report places strong emphasis on integration and collaboration and the recommendations seek to improve coordination among multiple stakeholders.

Review of the Safety Implications for Patients Requiring Medevac Services to and from the Edmonton International Airport

In May 2011, the HQCA released the results of this review, which assessed the safety issues to be addressed if or when medevac services are relocated to the Edmonton International Airport. The Minister of Health and Wellness, following a request by the Premier, called for the review in October 2010 under section 13 of the *Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*. The review resulted in 18 recommendations that identify patient safety issues associated with the partial closure of the Edmonton City Centre Airport that need to be addressed, as well as issues that should be addressed, prior to the full closure of the city centre airport.

The Study of the Dissemination and Uptake of Recommendations from Quality Reviews

In November 2010, the HQCA received a request from Alberta Health Services to conduct this review. The request was made under section 14 of the *Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*. The purpose of this review is to develop recommendations that reflect best practices for ensuring recommendations from quality assurance reviews, standards and/or directives are effectively implemented to enhance clinical practice and patient safety. The study should be completed in summer 2011.

Review of the Quality of Care and Safety of Patients Requiring Access to Emergency Department Care and Cancer Surgery and the Role and Process of Physician Advocacy

The review will examine wait times for emergency department care and cancer surgery and the role and process of physician advocacy and make recommendations to improve system performance. The independent review is provincial in scope and is being conducted under section 9 of the *Alberta Evidence Act* to maintain evidentiary privilege over the provision of documents and evidence by participants. In March 2011, the HQCA released the terms of reference for the review and also named a five-member advisory panel to provide advice and counsel to the HQCA Council or chief executive officer during the review. It is expected the full report of findings and recommendations will be completed by early 2012.

4. QUALITY & SAFETY RESEARCH

The HQCA studentship program was not offered in 2009-2010 due to funding issues but was resumed this year. Fourteen grants were offered to students throughout the province from the University of Lethbridge, Mount Royal University, the University of Calgary and the University of Alberta. The focus of the studentships is research into the quality and safety of the health care system as defined by the *Alberta Quality Matrix for Health*.



LOOKING FORWARD

The growing spotlight on creating a health care system that focuses on patient safety, patient-centred care and quality improvement is making the HQCA and the work that we do increasingly relevant. As an organization, we know we have been gathering momentum and that support for our work has grown.

This has been amplified over the past year. Reviews such as the most recent one related to emergency department and cancer surgery wait times and physician advocacy and others that looked at the patient safety implications of Edmonton medevac services and Alberta's response to the 2009 H1N1 influenza pandemic continue to create awareness of who we are and what we do. And increasingly we are being recognized as a credible, transparent and independent check and balance in Alberta's health system.

Our survey and measurement expertise is also being sought in new areas such as primary care while we continue to sustain the work we have done in the past related to long term care, emergency departments and satisfaction and experience with health care services. The intent of our surveys remains to be a barometer of the people: to ask Albertans—based on their experiences—where the health system care system is performing well and where it needs improving, and to

take that information back to Alberta Health and Wellness, Alberta Health Services, the regulated health professions, academia and other decision-makers so they can take action.

Health care is delivered by a complex and interconnected set of service areas and service providers. Our experience continues to show us that lasting gains in quality health care and patient safety are possible when the focus is on system improvements rather than on individual components or care providers.

Now more than ever we are viewed as a resource to the health system and stakeholders continue to request our input and help. Albertans are increasingly aware of us—many saying we must be truly independent if we are to reach our fullest potential. Our mandate to promote and improve patient safety and health service quality is large and offers great opportunity. But maximizing that opportunity is limited by a lack of resources—both fiscal and manpower.

Over the next year, the HQCA will continue to evolve with Alberta's changing health care landscape. We will continue to work collaboratively with our stakeholders. And we will continue to provide a voice for Albertans to share their experiences with the health care system.

FINANCIAL ALLOCATION

Sound fiscal management practices allowed the HQCA to work on the initiatives identified in the 2010-2011 Business Plan. The HQCA will continue with these projects as approved by the Council in the 2011-2014 Health Plan. Many of these projects are highlighted in the annual review.



1. PATIENT EXPERIENCE SURVEYS	26%
2. PATIENT SAFETY	44%
3. KNOWLEDGE TRANSFER	18%
4. QUALITY MEASUREMENT	10%
5. RESEARCH GRANTS	2%

Moving ahead, the HQCA will continue to manage growth in a fiscally responsible way while fulfilling our mandate to promote and improve patient safety and health service quality throughout the province.

COUNCIL MEMBERS

Chair

D. Lorne Tyrrell MD/PhD, Edmonton

Members

Judith M. Birdsell PhD, Calgary

Robin Cox MD, Calgary

Annamarie Fuchs, Blackfalds

Robert Johnston MD, Calgary

Bonnie Laing, Vice-Chair, Calgary

Anthony Lam, Edmonton

Michael Lee DDS, Edmonton

Patricia Pelton, Calgary

Irene Pfeiffer, Calgary

Donald Schopflocher PhD, Edmonton

Christopher Skappak, Edmonton

Linda Steinmann, Ponoka

Doug Tupper P.Eng., Edmonton

MANAGEMENT TEAM

John Cowell MD, CCFP, FRCP, Chief Executive Officer

Charlene McBrien-Morrison, Executive Director

Charlene Blair, Patient Safety Lead

Pam Brandt, Communications Lead

Marnie Cleary, Contracts Administrator

Tim Cooke, Measurement & Analysis Lead

Avril Derbyshire, Executive Assistant

Alisa Eaton, Financial Analyst (on maternity leave)

Denise Hofmann, Administrative Assistant

Beth Hourie, Financial Analyst

Jody Ince, Human Resources & Payroll Administrator

Rinda LaBranche, Patient Safety Lead

Markus Lahtinen, Health Care Quality Analyst

Anette Mikkelsen, Quality & Safety Initiatives Lead

Jody Pow, Health Data Analyst

Davi Rumel, Clinical Epidemiologist

Dianne Schaeffer, Administrative Assistant

Rick Schorn, Health Economic Analyst

Dale Wright, Quality & Safety Initiatives Lead



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