



2009 – 2010 ANNUAL REPORT

**Identify, Support  
and Facilitate**

Promoting and improving patient safety and health service quality across Alberta



## 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

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## ABOUT THE HEALTH QUALITY COUNCIL OF ALBERTA

As an independent organization legislated under the *Regional Health Authorities Act*, the Health Quality Council of Alberta (HQCA) gathers and analyzes information and collaborates with Alberta Health Services, Alberta Health and Wellness, health professions and other stakeholders to translate that knowledge into practical improvements to health service quality and patient safety in the health care system.

## LETTER OF ACCOUNTABILITY

We have the honour to present the annual report for the Health Quality Council of Alberta for the fiscal year ended March 31, 2010.

This annual report was prepared under the Council's direction, in accordance with the *Government Accountability Act*, *Regional Health Authorities Act* and directions provided by the Minister of Health and Wellness. All material economic and fiscal implications known as of July 31, 2010 have been considered in preparing the annual report.

Respectfully submitted on behalf of the Health Quality Council of Alberta,

[Original signed by D. Lorne J. Tyrrell]

D. Lorne J. Tyrrell OC AOE MD/PhD FRCP, FRSC  
Chair  
Health Quality Council of Alberta



DR. LORNE TYRRELL  
COUNCIL CHAIR



DR. JOHN COWELL  
CHIEF EXECUTIVE OFFICER

## MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE OFFICER

On behalf of the HQCA, we are pleased to present the 2009-2010 annual report highlighting our activities and accomplishments. Throughout the past year, Council members and staff have continued to work with stakeholders such as Alberta Health and Wellness, Alberta Health Services, the regulated health professions, academia and other organizations across Canada as together we seek to advance the health service quality and patient safety agenda.

This has not been an easy task. Changes that began with the creation of Alberta Health Services in 2008 continued this past year with the appointment of a new Minister of Health and Wellness. In addition, economic realities resulted in a reduction in our operating budget for 2010-2011. These changes have challenged us to continue to be flexible and focused on achieving our legislated mandate to promote and improve patient safety and health service quality across the province.

The good news is that despite the challenges, we are making progress. A biennial communications audit we conducted in 2009 confirmed our stakeholders view the work we do as credible and valuable, and that our profile continues to grow. This perspective was reinforced when our chief executive officer Dr. John Cowell was appointed to the Minister's Advisory Committee on Health. The committee was struck to look at how to improve Alberta's health legislation to better support improvements to Alberta's publicly funded health care system. Throughout the stakeholder consultation, the committee heard strong support for the work done by the HQCA .

Through our various initiatives, we attempt to identify and disseminate a snapshot of patient safety and quality improvement at a certain point in time. Whether it is examining wait times in Alberta emergency departments, conducting inquiries of significant events that impact health service quality and safety or

launching new initiatives to support education for health care professionals, we strive to advance wider adoption of evidence-based quality and safety improvement practices, stimulate dialogue about future directions and commend the commitment of Alberta's health care providers to quality and safety improvement.

In early 2010, we followed up on work that began in 2007 with the release of our second *Urban and Regional Emergency Department Patient Experience Report*. The report found that while the overall rating of care was unchanged between 2007 and 2009, there remain many aspects of the patient experience that need improvement. For example, despite efforts to address the complicated issues impacting emergency department crowding and wait times, wait times increased between 2007 and 2009 in most of the urban emergency departments.

In the area of patient safety, the HQCA played a lead role in facilitating development of the provincial *Patient Safety Framework for Albertans*. We feel confident in the framework's ability to guide, direct and support continuous and measurable improvement of patient safety in Alberta. Our work in patient safety was further augmented through the three quality and safety inquiries we conducted over the past year. The recommendations stemming from these inquiries have significant potential for system-wide quality and safety improvement.

The HQCA is also proud to support the *Blueprint Project*, a collaborative initiative we launched in 2009 to develop a framework for patient safety education in Alberta. This project provides an excellent opportunity to improve patient safety through education of health care workers at all levels – undergraduate, post-graduate and workplace learning.

The past year saw changes within our own organization as we continue to ensure we have the appropriate people and skills to deliver on our mandate. In the past year, we augmented our staff in the areas of quality and safety inquiries, patient experience surveys and indicator development. We also welcomed Dr. Judith Birdsell, Dr. Donald Schopflocher, Patricia Pelton and Christopher Skappak as our newest Council members.

Thank you to our Council members and staff and to our many stakeholders for their time and expertise as we continue on this challenging and exciting journey. These organizations and the advice they provide to various HQCA initiatives are much appreciated. Their enthusiasm for improving patient safety and health service quality is commendable, as is their unwavering commitment.

[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.

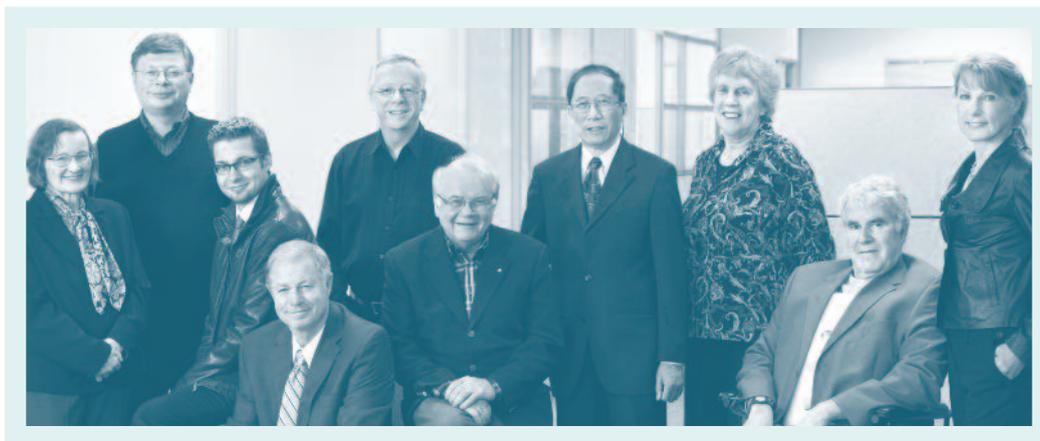
### Chair

D. Lorne Tyrrell MD/PhD

### Members

- Judith M. Birdsell PhD, Calgary
- Robert Johnston MD, Calgary
- Bonnie Laing, Vice-Chair, Calgary
- Michael Lee DDS, Edmonton
- Patricia Pelton, 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.



BACK ROW, LEFT TO RIGHT: BONNIE LAING VICE-CHAIR, DONALD SCHOPFLOCHER, CHRISTOPHER SKAPPAK, DOUG TUPPER, MICHAEL LEE, LINDA STEINMANN, PATRICIA PELTON

FRONT ROW, LEFT TO RIGHT: JOHN COWELL CHIEF EXECUTIVE OFFICER, LORNE TYRRELL CHAIR, ROBERT JOHNSTON

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

**Executive Committee**

This 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.

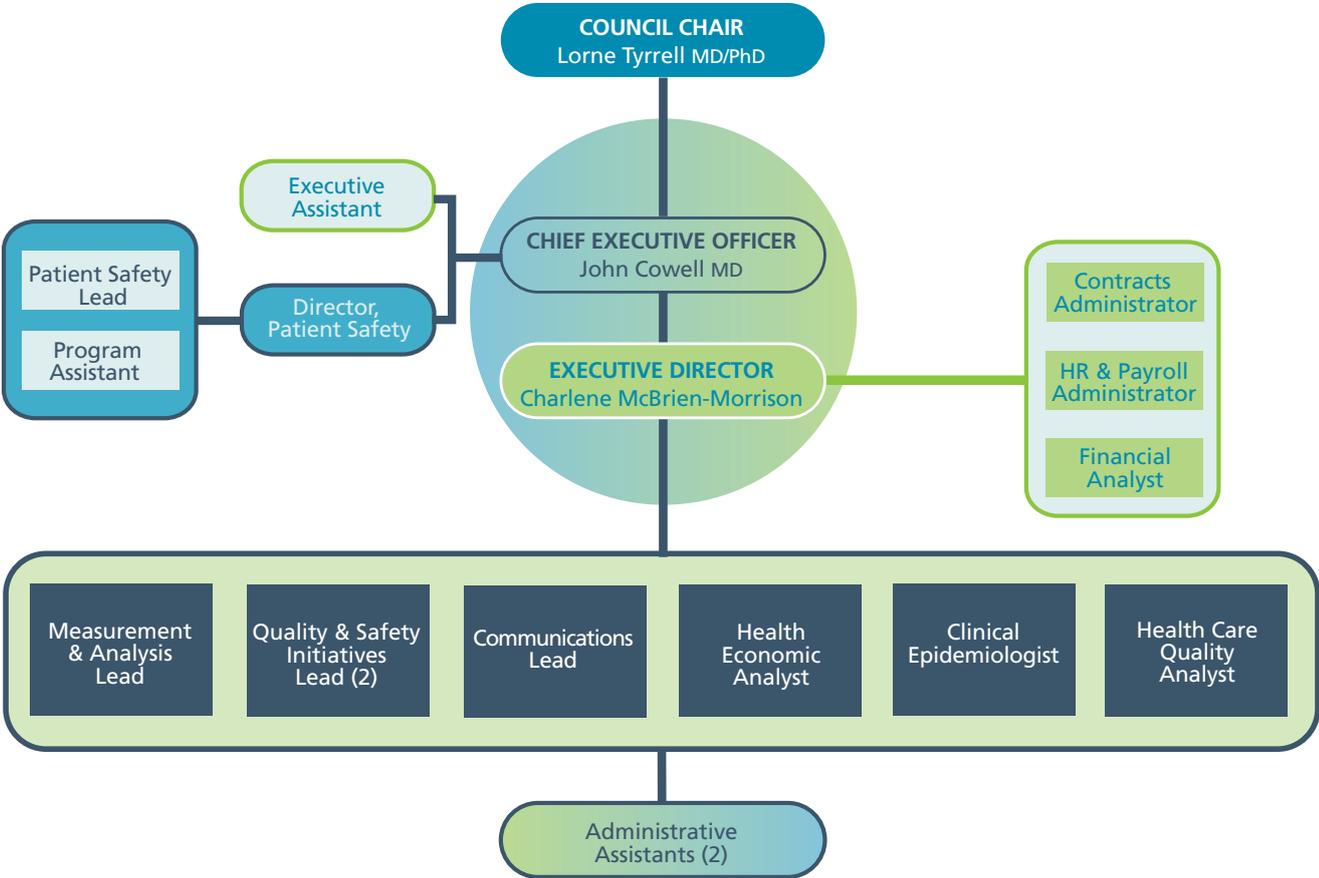
**Patient Safety Committee**

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**

This 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 Minister of Alberta Health and Wellness.

**ORGANIZATIONAL STRUCTURE**





## SERVICE DELIVERY

The HQCA's operating model is based on a quality cycle that begins with the public/patient experience. Through tools such as surveys, we try to understand Albertans' views by asking them their perceptions of, and actual experiences with, the health system. Through the analysis of public/patient feedback and administrative 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 practices, we identify ways to address priority initiatives and facilitate implementation with our stakeholders, which include Alberta Health Services, Alberta Health and Wellness and the regulated health professions.

The HQCA works with Alberta Health Services, Alberta Health and Wellness, the regulated health professions and others 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 as well as recommendations for improvements throughout the publicly-funded health care system.

## ACTIVITIES & ACCOMPLISHMENTS

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

### 1 MEASURE, MONITOR, ASSESS & REPORT

#### Patient Experience Surveys

#### Urban and Regional Emergency Department Patient Experience Report

In January 2010, the HQCA released the results of our second report examining the experience of patients who visited the 12 highest-volume urban and regional emergency departments in the province. The report followed up on one released in 2007, which looked at all urban and regional hospital and community-level emergency departments in Alberta.

The purpose of the report was to monitor changes in the performance of emergency departments with the greatest crowding pressures, longest wait times and poorest patient experience. Surveys were sent to close to 11,000 patients who visited selected emergency departments in March 2009. Nearly half or 4,942 surveys were completed. The survey data was combined with emergency department data to further analyze and validate the patient experience of urgency and wait times. Where possible, the 2009 report compared results between the two years.

Highlights from the report include:

- Despite efforts to improve wait times in busy emergency departments, according to emergency department data, overall length of stay in the emergency department for both discharged and admitted patients has increased significantly from 2007. In addition, performance against the Canadian Association of Emergency Physician guidelines for time to physician has worsened since 2007.



- Although attention continues to focus on wait times in emergency departments, the 2009 report corroborated the 2007 finding that staff care and communication have the greatest effect on patients' overall care rating.

Work has begun for continuous data collection of patient experience and wait time measures in the 15 largest urban and regional emergency departments in the province. Results will be available beginning in autumn 2010.

### Long Term Care Resident and Family Experience Surveys

In 2009, the HQCA conducted a follow-up poll with those long term care providers that participated in the 2007 surveys to evaluate the usefulness of the results to inform their quality improvement efforts. Overall, the poll results were positive and included constructive suggestions on how we can improve future survey processes. The *Long Term Care Family Experience* survey will be repeated in autumn 2010.

### Satisfaction and Experience with Health Care Services: A Survey of Albertans 2008

In July 2009 the HQCA released the results of our biennial *Satisfaction with Health Care Services: A Survey of Albertans*. The results reflect Albertans' experience with the health care system between March 2007 and May 2008.

The population-based survey looked at Albertans' perceptions of and actual experiences with overall quality, satisfaction and access to specific health services. Where possible, 2008 results were compared with those from 2006, 2004 and 2003.

The *2010 Satisfaction and Experience with Health Care Services Survey* is currently underway and will be released in autumn 2010.

## Quality Measurement

### Measuring & Monitoring for Success

In June 2009, the HQCA released *Measuring & Monitoring for Success*, a report that looks at quality measurement in Alberta's health care system.

The report was based on recognition that measurement is integral to determining if a health system, organization or individual is delivering quality health care and that existing data often says little about the quality of health care received for the dollars spent.

At the clinical level, the report highlighted local Alberta health care innovations where effective measurement has demonstrated improvements in the quality of health care. At the system level, the report examined drivers of expenditure in the health system as well as high-level measures of patient experience.

The *2010 Measuring & Monitoring for Success* is currently underway and will showcase examples of the power of an integrated health information system to inform decision-making and improve the quality and sustainability of the health care Albertans receive.

### Indicator Development

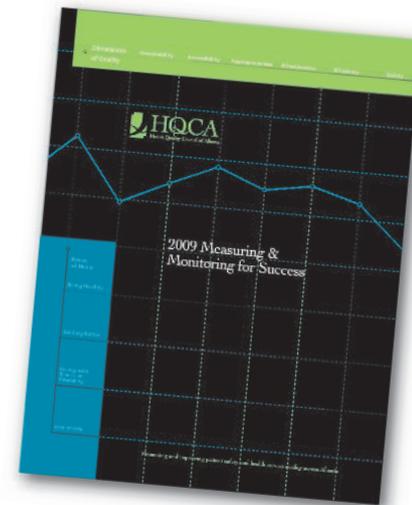
Team members continued to serve as expert advisers or committee members on several indicator and measurement initiatives within the province. These include the primary care performance diligence indicators group, chronic disease management and continuing care measurement initiatives.

### Primary Care Initiative

The HQCA continued to meet with primary care stakeholders across the province (Primary Care Networks, the Primary Care Initiative Management Office and the Primary Care Diligence Indicator Group) to engage in partnership relationships with volunteer primary care networks and providers for a pilot study patient experience survey and quality measurement initiative in 2010. We have received positive support for this initiative from the various primary care stakeholders.

### Data Access

For the purpose of measuring, monitoring, assessing and reporting on health system quality and patient safety, the HQCA has continued to work with our partners to ensure appropriate data access. In the past year, we also



finalized an information-sharing agreement with the EuroQol Group and researchers at the Institute of Health Economics for a joint project on the analysis and reporting of EQ-5D functional health status measures for Albertans. EQ-5D has significant potential as a generic measure of health care outcomes, especially for planned health care interventions and chronic disease management.

## 2 KNOWLEDGE TRANSFER

### Blueprint Project

In spring 2009, the HQCA began 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, front-line care providers, managers, senior executives and board members). Materials to support the project are being developed and dissemination will begin later in 2010.

### 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 eight times from fall 2009 to the end of March 2010. An HQCA staff member was trained as a facilitator and delivered the course in March and April 2010. 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.



## 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. A facilitator training program took place in Calgary in June 2009 due to considerable interest shown by management in Calgary's continuing care sector.

## Disclosure

In December 2009, the HQCA was asked to provide a representative to Alberta Health Services' Provincial Disclosure Policy Working Group. This group will provide input on the consolidated disclosure policy and procedures that Alberta Health Services is developing for its organization. The *Provincial Framework for Disclosure of Harm to Patients and Families* developed by the HQCA was an important resource document for development of Alberta Health Services' new disclosure policy.

The *Disclosing Unanticipated Medical Outcomes (DUMO)* course remains the standard for disclosure skills training in Alberta. It is anticipated that Alberta Health Services will continue to use it as one educational tool to support roll out of the provincial disclosure policy in the acute care sector of Alberta's health system. The HQCA continues to provide participant workbooks free-of-charge for DUMO courses in Alberta.

## ReLATE/ReSPOND Program

The *ReLATE/ReSPOND Toolkit* is the result of collaboration between the HQCA and Alberta Health Services. This program helps health care professionals by outlining communication strategies to build positive patient-provider relations, including how to establish rapport and respect the perspective of



patients and families while providing and explaining information in an empathetic way. The acute care version has been so successful that in May 2009, the HQCA launched a community version using client/resident language. Both are available upon request from the HQCA.

#### **Abbreviations Initiative**

In 2007, the HQCA began work on an initiative to spread key messages about the patient safety risks of using abbreviations in communication about medications, which is a common cause of medication errors and patient adverse events. Throughout the past year, we continued to provide abbreviations-related materials to all sectors of Alberta's health system as well as universities and colleges for use in undergraduate education.

#### **Safer Healthcare Now!**

The HQCA continued to provide in-kind support to the western node of the *Safer Healthcare Now!* campaign. This pan-Canadian initiative supports direct service providers with actionable tools and measurement strategies to improve patient care.

### **3 PATIENT SAFETY**

#### **Quality & Safety Inquiries**

As part of our mandate, the HQCA may be requested to assess, inquire into or study matters respecting patient safety and health service quality in the province. In 2009-2010, we completed three inquiries. The recommendations stemming from these inquiries have potential for system-wide quality and safety improvement.

#### **Assessment of the Provincial Response to the Pandemic (H1N1) 2009 Influenza**

In February 2010, the HQCA received a request from the Minister of Alberta Health and Wellness to assess the provincial response to the pandemic (H1N1) 2009 influenza. The request was made under section 13 of the *Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*. The project is currently underway and will examine the structures, processes and activities of Alberta Health and Wellness, Alberta Health Services and the Alberta Emergency Management Agency. The report should be delivered to the Minister in autumn 2010.

## Quality Assurance Review of the Three Medication Incidents and One Expressed Breast Milk Incident at the Alberta Children's Hospital in Calgary

As mandated by section 14 of the *Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*, Alberta Health Services requested the HQCA to study, assess and inquire into three medication incidents and one incident of a mix up of expressed breast milk that occurred at the Alberta Children's Hospital in Calgary for the purpose of improving patient safety and health care quality. A review of medication practices at both the Alberta Children's Hospital and the Stollery Children's Hospital in Edmonton was undertaken for comparative purposes. The inquiry was completed and a report presented to Alberta Health Services in autumn 2009.

Key recommendations included:

- Maximize the learning from previous similar adverse events with a potential for a catastrophic outcome to reduce the recurrence of similar adverse events.
  - Implement and assess compliance to the outstanding recommendations from previous reviews:
    - Trace infusion lines back to source to confirm route of administration before administering any product parenterally or enterally.
    - Label all infusion lines.
    - Implement and audit compliance to a procedure requiring two personnel to verify patient identification using two unique identifiers before administration of expressed breast milk and document in a designated section of the patient record with two signatures.
- Use forced functions and technology as high hierarchy interventions to prevent recurrences of adverse events.
  - Administer enteral products (including medications when necessary) using exclusively enteral technology (e.g., pumps, syringes, lines etc.) that is incompatible with parenteral infusion systems.
- Improve medication safety.
  - Implement and assess compliance to a standard for writing medication that facilitates a safe dose check and includes the total dose, dose per weight or body surface area, and frequency of administration.
- Address professional practice roles and responsibilities.

- Develop and implement a code of conduct with criteria for what constitutes disruptive behaviours that interfere with the provision of safe patient care.
- Improve education of health care workers and patients/families to reduce occurrence of adverse events.
  - Educate parents on the importance of keeping an active medication profile for their child(ren) and of providing it to health care providers when accessing health care services.

The public report was released in March 2010 and is available at [www.hqca.ca](http://www.hqca.ca).

### **Review of Infection Prevention and Control in the High Prairie Health Complex** (focusing on the re-use of single-use syringes)

In accordance with section 13 of the *Health Quality Council of Alberta Regulation* under the *Regional Health Authorities Act*, the Minister of Alberta Health and Wellness requested that the HQCA assess and inquire into the practice of using the same syringe for administration of medications to multiple patients in the High Prairie Health Complex Recovery Room and Endoscopy Suite. The HQCA was asked to conduct a root cause analysis and make recommendations to ensure contributing factors and root cause(s) are addressed for the purpose of improving patient safety and health service quality.

Key recommendations included:

- Provide comprehensive orientation and ongoing education for all relevant health professionals, including roles and responsibilities, accountabilities and authority for clinical management and provision of endoscopy services.
- Implement a comprehensive, integrated regional endoscopy program, responsive to the needs of patients and Alberta Health Services, with a clearly defined structure, roles and responsibilities, authorities, reporting relationships and accountabilities for the clinical and administrative operations of the program.
- Conduct an audit of the clinical practice use of all critical, single-use devices to ensure compliance to policy based on Alberta Health and Wellness Standards for Single-Use Devices (D2-2008) at all sites.
- Regularly evaluate the clinical practices in the endoscopy suite and the recovery room against appropriate best practice indicators at all sites where relevant.

A report was presented to Alberta Health and Wellness and the findings and recommendations were publicly released in July 2009 and are available at [www.hqca.ca](http://www.hqca.ca).

### **Review in the Topotecan/Raltitrexed Medication Incident at the Cross Cancer Institute**

The HQCA, as mandated by section 14 of the HQCA Regulation, was requested by Alberta Health Services to examine events surrounding the preparation and administration of an incorrect medication to a patient at the Cross Cancer Institute in Edmonton, Alberta. The review was completed and a report presented to Alberta Health Services in April 2009.

### **Patient Safety Framework for Albertans**

The HQCA has led a collaborative project between Alberta Health and Wellness, Alberta Health Services, regulatory colleges and the public to develop a provincial *Patient Safety Framework for Albertans*. The purpose of the framework is to guide, direct and support continuous and measurable improvement of patient safety in Alberta. The framework provides organizations and individuals providing health services with a comprehensive and systems-based approach to the provision of safe care based on fundamental principles of patient safety, which will remain relevant as the health care system evolves. The document has been presented to Alberta Health and Wellness. A significant outcome from this effort 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 care system.



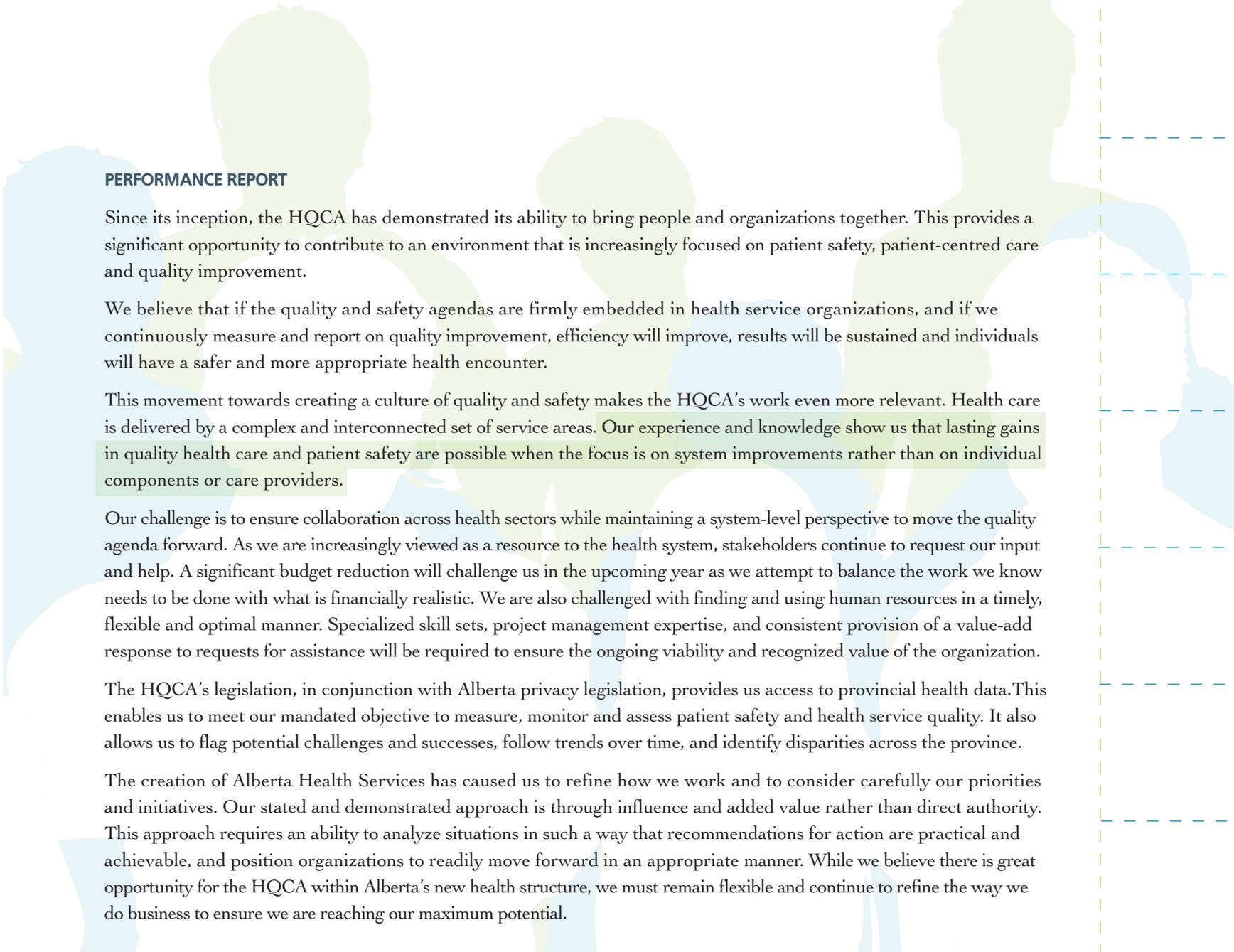
### Canadian Pharmaceutical Bar-coding Project

In 2009, the HQCA participated in a collaborative initiative to develop voluntary national standards for automated identification of pharmaceuticals in Canada. The initiative supports the vision of widespread use of technology to add another layer of patient safety to our medication-use system. The *Joint Technical Statement on Canadian Pharmaceutical Automated Identification and Product Database Requirements*, published in January 2010, is an important outcome of the project, which is sponsored by the Institute for Safe Medication Practices Canada and the Canadian Patient Safety Institute and endorsed by the HQCA.

## 4 QUALITY & SAFETY RESEARCH

In 2009, the HQCA Council approved \$128,000 to fund 20 studentships for research into the quality and safety of the health care system as defined by the *Alberta Quality Matrix for Health*. The studentships were awarded to the University of Alberta, the University of Calgary and Mount Royal University and ran from April 1, 2009 to March 31, 2010. Research projects included: Diabetes management in a primary care network, human factors evaluations of patient care rooms using mock-ups and patient simulation, and an investigation of the benefits of stress management within a cardiac rehabilitation population.

In 2009 the HQCA also funded a small pilot project at the University of Alberta's Faculty of Pharmacy. The primary purpose was to evaluate the feasibility of using a published medication safety assessment as a teaching tool for pharmacy students to enhance their understanding of the pharmacist's role in medication safety and quality improvement. A primary recommendation suggested that patient safety activities be integrated earlier in the pharmacy program and to a broader extent across the experiential education curriculum.



## PERFORMANCE REPORT

Since its inception, the HQCA has demonstrated its ability to bring people and organizations together. This provides a significant opportunity to contribute to an environment that is increasingly focused on patient safety, patient-centred care and quality improvement.

We believe that if the quality and safety agendas are firmly embedded in health service organizations, and if we continuously measure and report on quality improvement, efficiency will improve, results will be sustained and individuals will have a safer and more appropriate health encounter.

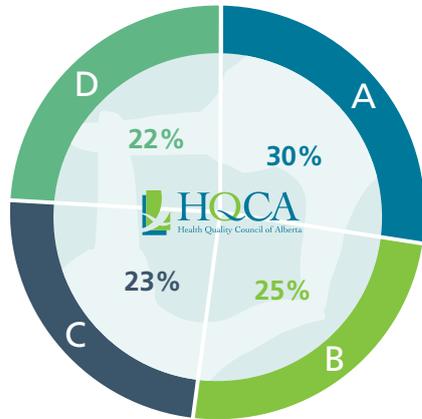
This movement towards creating a culture of quality and safety makes the HQCA's work even more relevant. Health care is delivered by a complex and interconnected set of service areas. Our experience and knowledge show us that lasting gains in quality health care and patient safety are possible when the focus is on system improvements rather than on individual components or care providers.

Our challenge is to ensure collaboration across health sectors while maintaining a system-level perspective to move the quality agenda forward. As we are increasingly viewed as a resource to the health system, stakeholders continue to request our input and help. A significant budget reduction will challenge us in the upcoming year as we attempt to balance the work we know needs to be done with what is financially realistic. We are also challenged with finding and using human resources in a timely, flexible and optimal manner. Specialized skill sets, project management expertise, and consistent provision of a value-add response to requests for assistance will be required to ensure the ongoing viability and recognized value of the organization.

The HQCA's legislation, in conjunction with Alberta privacy legislation, provides us access to provincial health data. This enables us to meet our mandated objective to measure, monitor and assess patient safety and health service quality. It also allows us to flag potential challenges and successes, follow trends over time, and identify disparities across the province.

The creation of Alberta Health Services has caused us to refine how we work and to consider carefully our priorities and initiatives. Our stated and demonstrated approach is through influence and added value rather than direct authority. This approach requires an ability to analyze situations in such a way that recommendations for action are practical and achievable, and position organizations to readily move forward in an appropriate manner. While we believe there is great opportunity for the HQCA within Alberta's new health structure, we must remain flexible and continue to refine the way we do business to ensure we are reaching our maximum potential.

## FINANCIAL SUMMARY



<b>A</b>	Patient Experience Surveys	\$	1,236	30%
<b>B</b>	Patient Safety		1,002	25%
<b>C</b>	Knowledge Transfer		945	23%
<b>D</b>	Quality Measurement		885	22%
			<hr/>	
		\$	4,068	100%

(in thousands of \$)

Through sound management, the Health Quality Council of Alberta had the fiscal resources to work on the initiatives identified in the 2009-2010 Business Plan. The HQCA will continue with the projects as approved by the Council in the 2010-2013 Health Plan. Many of these projects are highlighted in the annual report.

Moving forward, the HQCA will continue to balance growth needs in a fiscally responsible manner as we fulfil our mandate of promoting and improving patient safety and health service quality throughout the province.

## SUMMARY STATEMENT OF FINANCIAL POSITION

As at March 31 (in thousands of \$)	2010 Actual	2009 Actual
<b>Assets</b>		
Cash and cash equivalents	\$ 1,703	\$ 1,649
Accounts receivable	48	154
Prepaid expenses	4	1
Capital assets	33	76
<b>Total Assets</b>	<b>\$ 1,788</b>	<b>\$ 1,880</b>
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable and accrued liabilities	\$ 228	\$ 428
Accrued vacation pay	106	128
Deferred contributions	808	808
	<b>1,142</b>	<b>1,364</b>
Net Assets		
Accumulated surplus	613	440
Investment in capital assets	33	76
<b>Total Net Assets</b>	<b>646</b>	<b>516</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 1,788</b>	<b>\$ 1,880</b>

## SUMMARY STATEMENT OF OPERATIONS

For the year ended March 31 (in thousands of \$)	Budget	2010 Actual	2009 Actual
<b>Revenue</b>			
Alberta Health and Wellness contributions	\$ 4,026	\$ 4,026	\$ 4,243
Investment and other income	1,144	172	185
<b>Total Revenue</b>	<b>5,170</b>	<b>4,198</b>	<b>4,428</b>
<b>Expenses</b>			
Administration	5,031	3,862	4,315
Information technology	139	206	140
<b>Total Expenses</b>	<b>5,170</b>	<b>4,068</b>	<b>4,455</b>
Excess (deficiency) of revenue over expenses	\$ -	\$ 130	\$ (27)

## SUMMARY STATEMENT OF CHANGES IN NET ASSETS

For the year ended March 31	2010			2009
(in thousands of \$)	Accumulated surplus/(deficit)	Investment in capital assets	Total	Total
Balance at beginning of year	\$ 440	\$ 76	\$ 516	\$ 543
Excess (deficiency) of revenue over expense	130	–	130	(27)
Capital assets purchased with internal funds	(25)	25	–	–
Amortization of internally funded capital assets	68	(68)	–	–
<b>Balance at end of year</b>	<b>\$ 613</b>	<b>\$ 33</b>	<b>\$ 646</b>	<b>\$ 516</b>

## SUMMARY SCHEDULE OF SALARIES AND BENEFITS OF COUNCIL MEMBERS

For the year ended March 31  
(in thousands of \$)

	2010					2009				
	# OF FTEs	BASE SALARY	OTHER CASH BENEFITS	OTHER NON-CASH BENEFITS	SUB-TOTAL	# OF FTEs	SEVERANCE	TOTAL	# OF FTEs	TOTAL
<b>Chair</b>										
L. Tyrrell	-	\$ -	\$ 19	\$ -	\$ 19	-	\$ -	\$ 19	-	\$ 15
<b>Members</b>										
R. Johnston	-	-	-	-	-	-	-	-	-	-
T. Klassen	-	-	-	-	-	-	-	-	-	1
B. Laing	-	-	6	-	6	-	-	6	-	6
M. Lee	-	-	5	-	5	-	-	5	-	6
P. Norton	-	-	-	-	-	-	-	-	-	1
L. Steinmann	-	-	7	-	7	-	-	7	-	8
D. Tupper	-	-	13	-	13	-	-	13	-	5
P. Pelton	-	-	6	-	6	-	-	6	-	1
D. Schopflocher	-	-	2	-	2	-	-	2	-	-
C. Skappak	-	-	4	-	4	-	-	4	-	-
J. Birdsell	-	-	3	-	3	-	-	3	-	-
<b>Total</b>	-	\$ -	\$ 65	\$ -	\$ 65	-	\$ -	\$ 65	-	\$ 43



## CORPORATE INFORMATION

### Council Members

Lorne Tyrrell MD/PhD, Chair

Judith M. Birdsell PhD

Robert Johnston MD

Bonnie Laing, Vice Chair

Michael S. Lee DDS

Patricia Pelton

Donald Schopflocher PhD

Christopher Skappak

Linda Steinmann

Doug Tupper P.Eng.

### Management Team

John Cowell MD  
Chief Executive Officer

Charlene McBrien-Morrison  
Executive Director

Pam Brandt  
Communications Lead

Marnie Cleary  
Contracts Administrator

Tim Cooke  
Measurement & Analysis Lead

Avril Derbyshire  
Executive Assistant

Alisa Eaton  
Financial Analyst

Denise Hofmann  
Administrative Assistant

Jody Ince  
Human Resources & Payroll  
Administrator

Rinda LaBranche  
Patient Safety Lead

Markus Lahtinen  
Health Care Quality Analyst

Anette Mikkelsen  
Quality & Safety Initiatives Lead

Linda Poloway  
Director, Patient Safety

Davi Rumel  
Clinical Epidemiologist

Dianne Schaeffer  
Administrative Assistant

Rick Schorn  
Health Economic Analyst

Dale Wright  
Quality & Safety Initiatives Lead



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