



Collaborating to improve health service quality  
and patient safety for Albertans

2011  
ANNUAL REVIEW



The Health Quality Council of Alberta (HQCA) gathers and analyzes information, monitors the health care system, and collaborates with Alberta Health, 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, established under the *Health Quality Council of Alberta Regulation (AR 130/2006)* in 2006, continues as a corporation under the *Health Quality Council of Alberta Act* (February 2012).

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## About the Health Quality Council of Alberta

### *Our Mandate*

To promote and improve patient safety and health service quality on a province-wide basis.

*Section 5(1) Health Quality Council of Alberta Act*

### *Operational Areas*

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

### *Values*

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

### *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.

## Message from the Chair and Chief Executive Officer

This past year will be remembered as pivotal in the history of the HQCA. Our small but dedicated team took on unprecedented challenges ranging from conducting and completing our most ambitious health quality review, *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*, to the establishment of the Patient/Family Safety Advisory Panel. This panel has begun its work and will be instrumental in advising and informing the Council on health quality and safety directly from a citizens' perspective.

We achieved a critical milestone with the passing of the *Health Quality Council of Alberta Act*. The Act not only reaffirms the existing mandate of the HQCA to promote and improve patient safety and health service quality, but adds new responsibilities. Being granted our own legislative home and greater independence reflects the credibility and trust the HQCA has built up over the years as it developed and refined its role in the health system. Another noteworthy achievement this year was being tasked with appointing a panel and providing support for the health inquiry into inappropriate access to publicly funded health services.

In the following pages, the many initiatives and activities of the past year will be described and summarized, underscoring the great effort that our team members have made to achieve solid results. We could not have come through this very challenging year without the selfless dedication of an amazing group who deeply care about the well-being of Albertans.

We want to acknowledge our Board of Directors, which has many critical committees. Each member tirelessly supports our work providing wise counsel and input no matter what the issue. We want to express heartfelt thanks for this leadership and support.

We would also like to acknowledge a special group of advisors who we asked to provide advice and counsel on the work of the review related to emergency department and cancer surgery wait times and physician advocacy. They are the former chief justice, Honourable Allan Wachowich, the former deputy prime minister, Honourable Anne McLellan, Dr. Simon Sutcliffe, Dr. Zaheer Lakhani, Mr. Art Price, and Mr. Doug Tupper. In addition we would like to thank our expert advisors: Dr. Chris Brown, Dr. Jan Davies, Carmella Duchscherer, Dr. Ward Flemons, Dr. Ernie Higgs, John McGurran,

Mr. Al-Noor Nenshi Nathoo, and Ms. Arlene Weidner. Their input and guidance was invaluable as we researched, analysed, and determined the critical issues and landed on the 21 recommendations and required actions. We are proud to say that all 21 recommendations were accepted by the government with action on them now underway.

We look forward to watching the HQCA continue to advance its values throughout Alberta's healthcare system, and consider it a privilege to have played a role this past year guiding the organization through some of its most defining work to date.

[Original signed by D. Lorne J. Tyrrell]

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

[Original signed by John W. Cowell]

John W. Cowell, MSc MD CCFP FRCPC  
Chief Executive Officer

## Thank you to Dr. Lorne Tyrrell

Dr. Lorne Tyrrell has retired as our board chair this year. Dr. Tyrrell assumed the role in 2004, and has always provided insightful leadership to the HQCA team. His actions and words underscore his deep affection and concern for the welfare of Albertans, which was constantly reflected in his dedication and support for the work of the HQCA. His wise counsel, often delivered in a humorous and always compassionate manner, will be missed.

## Governance

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

**Chair** Dr. Lorne Tyrrell, MD/PhD, Edmonton

### **Members**

Judith M. Birdsell PhD, Calgary

Robin Cox MD, Calgary

Anthony Lindsay Austin Fields MD, Edmonton

Annamarie Fuchs, Blackfalds

John Douglas Gilpin, Edmonton

Anthony Lam, Edmonton

Patricia Pelton, Calgary

Irene Pfeiffer, Okotoks

Donald Schopflochler PhD, Edmonton – *term ended*

*November 2011*

Christopher Skappak, Edmonton

Doug Tupper P.Eng., Edmonton – *term ended July 2011*

The Board, through the Chair Dr. Lorne Tyrrell, provides an annual report to the Speaker of the Legislative Assembly. The HQCA advises the Minister and prepares and submits reports on the HQCA's activities as requested by the Minister, as well as reporting directly to Albertans through public surveys and reports. Dr. John Cowell is the chief executive officer and an ex-officio member of the Board.

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

### **Executive Committee**

The Executive Committee is responsible for facilitating effective communication between Board 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 section 3 of the *Health Quality Council of Alberta Act*.

### **Research & Analytical Studies Committee**

This committee's role is to advise the HQCA on research and analytical studies it undertakes or has been recommended to undertake. The committee also administers grants made available by the HQCA for independent research and research training in support of healthcare quality in Alberta.

### **Patient Safety Committee**

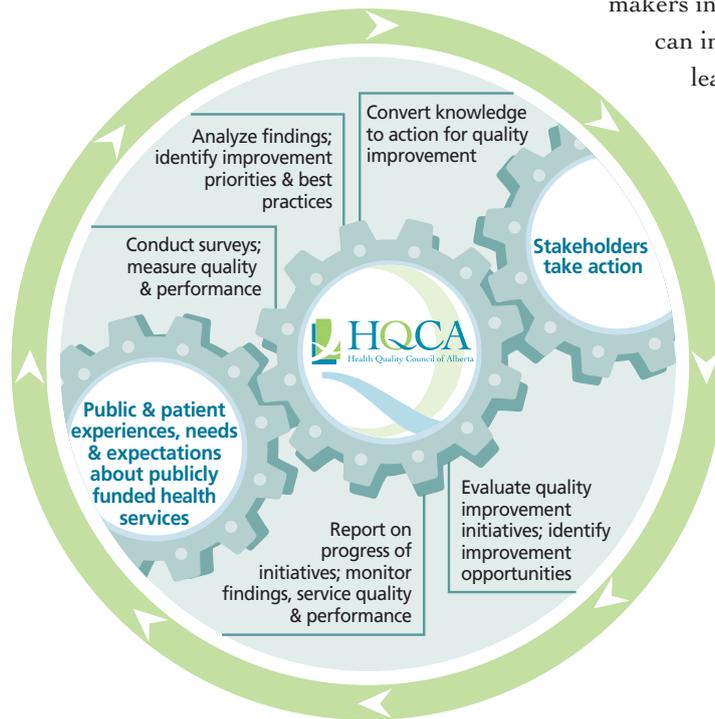
This committee is responsible for making the Board aware of patient safety issues in the Alberta healthcare system and ensures action plans are developed to achieve objectives related to improving quality of care, minimizing risk, and maximizing patient safety.

### **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 Board for approval and submission to the Speaker of the Legislative Assembly.

## Operating Model

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, Alberta Health Services, academia and the regulated health professions.

The HQCA works with 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 information highlights the HQCA's activities and accomplishments over the past year.*

### 1. Measure, Monitor, Assess & Report

#### Patient Experience Surveys

##### 2010/2011 Long Term Care Family Experience Survey

In December 2011, the HQCA released the results of our *2010/2011 Long Term Care Family Experience Survey*. The survey captured family members' observations or experiences with the care and services provided at participating long term care facilities between November 22, 2010 and February 20, 2011. In the majority of areas surveyed results have improved or remained stable since the first survey was done in 2007/2008.

Survey packages were mailed to 11,690 family members for residents living in 157 long term care facilities across Alberta. Overall, 8,179 surveys were completed for a response rate of 70% similar to the response rate achieved in 2007/2008. The HQCA did not repeat the 2007/2008 resident survey as we found that less than 30% of residents were capable of completing it. We are looking at different ways to collect this important feedback.

What we learned from family participants (or the person most involved) was that they rated the overall care provided as 8.2 out of 10, an increase from 8.1 in 2007/2008. The survey items that have the greatest influence on this overall care rating are: staffing levels, care and security of residents' personal belongings, and timely response to residents' needs for toileting, drinking and eating.



*“Collaboration with the Health Quality Council for an organization such as ours is huge – we do not have the manpower to do the surveys, collect the data, analyze the data, and interpret it. With all that work done for us, we can then look on areas of improvement.”*

-- Barbara Clark, Director of Care,  
Beverly Centre Lake Midnapore

The HQCA found considerable variation in performance between long term care facilities across the province. As a valuable resource for sharing best practices, ideas and experience, the HQCA again gave a detailed report to every participating long term care facility so they can see what they are doing well and where they can improve by comparing results to those providers who performed very well.

### **Emergency Department Patient Experience Survey and Wait-time Measures**

In 2010, the HQCA moved to collecting data every two weeks to monitor changes in the performance of Alberta emergency departments with the greatest crowding pressures, longest wait times and poorest patient experience. We currently measure patient experience in the 15 largest urban and regional hospitals in the province and are in the process of substantially expanding this number for 2012/2013 to better reflect conditions across the province. We anticipate releasing yearly survey results from this new approach in the fall of 2012. This work builds on surveys conducted in 2007 and 2009.

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

From February 24 through May 31 of 2012, the HQCA was in the field surveying citizens for our next biennial *Satisfaction and Experience with Health Care Services: A Survey of Albertans*. The results are targeted for release in the fall of 2012 and will be used to inform future province-wide quality initiatives.

This population-based survey looks at Albertans' perceptions of, and actual experiences with overall quality, satisfaction and access to specific health services. Where possible, results are compared with those from previous years; surveys began in 2003. The last survey was released in December 2010 and revealed that results were relatively unchanged from 2008.

### Supportive Living Resident and Family Experience Survey

The HQCA, in collaboration with Alberta Health Services and Alberta Health, is currently undertaking a survey of residents in supportive living and their families. Beginning with a pilot study, questions will query residents' satisfaction and experience with their care and services. The pilot will evaluate the selected survey instrument and refine survey processes for this population. Based on the pilot results, a full resident survey and family survey will be undertaken province-wide in the fall of 2012. A provincial report is anticipated in the spring of 2013. Detailed reports will be provided for each participating supportive living facility similar to those produced for the *Long Term Care Family Experience Survey*.

### Quality Measurement

#### Indicator Development

Team members continued to serve as expert advisors or committee members on measurement-related initiatives within the province and nationally. These include Alberta Health and Alberta Health Services' Tier 1 accountability measures (and related committees), Alberta Health Services Emergency Department Clinical Network, Alberta Cares about Diabetes, ACHORD (University of Alberta), Provincial Primary Care Coordinating Committee, Provincial Data Research Methods Network, Campus Alberta Health Outcomes and Public Health, Alberta Continuing Care Quality Improvement Steering Committee, and the inter-jurisdictional Patient Satisfaction Advisory Group.

#### Primary Care Measurement Initiative

The HQCA continued its pilot study focused on quality measurement relevant to primary care networks (PCNs) and providers throughout the past year. The project began in 2010 by engaging stakeholders across the province including the primary care initiative office, the primary care diligence indicator group, and potential PCN participants. Seventeen PCNs are participating in the pilot and the HQCA will release reports to them over the summer of 2012. Since March 2012, the HQCA has been providing physician-level reports to doctors in the PCN participant group.

Work has also begun on a provincial-level report on primary health care, which will include information about the results of the PCN pilot.

## Functional Health Status Utility Initiative

The HQCA's ongoing *Functional Health Status Utility Initiative* focuses on demonstrating the importance of patient reported outcome measures (PROMs) in health care planning and evaluation. Work began in 2010, with efforts centered on increasing awareness and usage of PROMs, specifically a standardized measure known as EQ-5D™. EQ-5D™ provides a simple descriptive profile and a single index value for an individual's functional health status based on questions about mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.

In March 2012, the HQCA along with researchers from the University of Alberta (U of A) published a paper entitled *Multimorbidity prevalence and patterns across socioeconomic determinants: a cross-sectional survey*.<sup>1</sup> Multimorbidity is when a person has two or more chronic conditions. The paper concluded that multimorbidity is a common occurrence among the general Alberta population and not limited to the elderly. Based on these results, the HQCA is developing a report concentrating on the health care implications for Albertans in this category.

The HQCA collaborates with researchers from the U of A, McMaster University, the University of Montreal, the Health Council of Canada, the Quebec Health Commission, and Health Quality Ontario on the *Functional Health Status Utility Initiative*.

## 2. Knowledge Transfer

### Blueprint Project

Many advances were made on this multi-year project to develop a framework for patient safety education in Alberta over the past year. Since 2009, this collaborative HQCA-led initiative has focused on developing consistent messaging about patient safety for incorporation into educational programs at all levels (undergraduate, post-graduate, and workplace learning) for all health care workers (support staff, frontline care providers, operational and strategic leaders, and board members).

In 2011, work was completed on the learning outcomes matrices which support the six fundamental values outlined in the *Patient Safety Principles* document. Further development of matrices for the remaining learning topics within the Blueprint project is planned over the coming year.

*“This is a very clear approach. It simplifies the investigation and structures the issues so that a comprehensive review can be achieved.”*

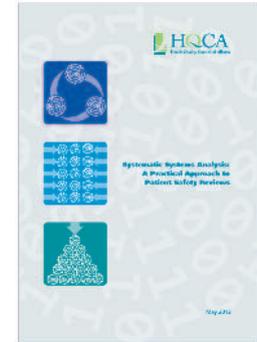
-- HQCA stakeholder response regarding *Systematic Systems Analysis: A Practical Approach to Patient Safety Reviews*

Another essential educational resource entitled *Systematic Systems Analysis: A Practical Approach to Patient Safety Reviews* was released in July 2012. This guide outlines a theory-based approach to analyzing and learning from patient safety events that was founded on proven techniques currently in use in Alberta. In partnership with the Faculty of Medicine at the University of Calgary (U of C), the HQCA will be developing an education plan to support this guide which will include a new university certificate-level course.

The HQCA continues to engage with stakeholders to help integrate key concepts of patient safety into undergraduate curricula. Faculty development workshops took place in Edmonton and Calgary this past year, and the HQCA-sponsored U of C Certificate in Quality & Patient Safety was offered for a second year. The HQCA is working with the U of C to develop a blended online learning and in-person format for the 2012/2013 course to increase accessibility for participants outside Calgary.

### **Alberta Research Ethics Community Consensus Initiative (ARECCI)**

The HQCA maintained our role as an active contributor to the development of ARECCI Project Ethics courses over the past year. The HQCA participated in the development of a model for evaluating the two levels of courses offered and funded by the ARECCI. The Level 1 Ethics Course educates project leads about how to integrate an ethical approach into quality improvement and evaluation projects. This 1.5 day workshop was delivered 10 times in the 2011/2012 year with 191 participants. The new Level 2 Ethics Course, which was finalized this past year, is part of a program to train those who function as second opinion reviewers and provide support for project leads. An HQCA staff member facilitated three Level 1 courses during the year and also qualified as a second opinion reviewer.





### Medication Safety Self-assessment in Supportive Living

Over the past year, the HQCA moved forward with the second phase of this initiative—the pilot and development of a self-assessment tool for the supportive living sector.

Started in 2010, this project examines how supportive living facilities in Alberta can strengthen client medication safety by making improvements to their medication management practices. In 2011, the HQCA completed the first phase of the project (a literature review, key informant interviews, on-site reviews and a human factor analysis of medication systems in seven supportive living sites). Based on these findings, a self- assessment checklist tool was developed and piloted at nine supportive living sites to confirm its effectiveness.

The final checklist incorporated information from the pilot study. It consists of 73 recommended leading medication safety practices in supportive living accompanied by background information explaining the relevance of these practices. The check list was published in July 2012 and made available throughout the supportive living sector. The HQCA is in the process of using the checklist to establish a baseline understanding of medication management practices in this sector across Alberta.

### Radiation Corridor Evaluation

Alberta Health asked the HQCA to conduct an evaluation of the radiation therapy project at the Jack Ady Cancer Center (JACC) in Lethbridge. The evaluation comprises three components: an accountability evaluation, a lessons learned survey, and a patient experience survey.

The evaluation will verify whether the Government of Alberta met the conditions of the federal grant provided to develop a wait-time guarantee for radiation therapy. The study period ended March 31, 2012 and the data review and analysis are complete. To inform similar processes in Red Deer and Grande Prairie, a lessons learned survey was completed through interviews with clinical and project staff as well as interviews and focus groups with patients who received radiation therapy at the JACC. A complete report will be provided to Alberta Health in fall 2012.



### 3. Patient Safety

#### Patient/Family Safety Advisory Panel

An important outcome of the *Patient Safety Framework for Albertans* in 2011 was the establishment of the volunteer Patient/Family Safety Advisory Panel. The Panel held its first official meeting in December and is currently advancing its foundational planning activities and advising the HQCA on patient safety initiatives. Members are drawn from across Alberta and include those who have experienced harm as a result of the healthcare system. The Panel's role is to leverage the experiences and perspectives of patients and their families to improve and promote patient safety in Alberta's health system. Members include: Panel Chair Anne Ewen, John Cuthbertson, Anne Findlay, John Scharrer, Krista Schuett, Doug W. Warren, Krista Wyld, Catherine Taylor, Patricia Pelton (Board Member and Chair of the HQCA's Patient Safety Committee), and Avril Derbyshire (HQCA administrative support).

#### Safer Healthcare Now!

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

#### Quality and Safety Assessments and Studies

As part of our mandate, the HQCA may be requested to assess or study matters respecting patient safety and health service quality in the province. In 2011/2012, we completed three studies and received requests to conduct two more. The recommendations stemming from this work have potential for system-wide quality and safety improvement. In March 2012, the HQCA received its first request to appoint a panel to conduct an inquiry investigating the possibility of improper preferential access to publicly funded health services in our province.

#### 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 study, which assessed the safety issues to be addressed if or when medevac services are relocated to the Edmonton International Airport. The Minister of Health, 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, as well as issues that should be addressed prior to the full closure of the city centre airport.



*“The report by the Health Quality Council of Alberta into the province’s health-care system was eye opening and exhaustive. Exploratory surgery was performed on the patient and the cancer was found.”*

-- Calgary Herald editorial, Feb. 24, 2012.

### 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

In February 2012, the HQCA released the results of the most extensive and in-depth undertaking in our history. This review identified and analyzed issues related to the quality of care and safety of patients requiring access to emergency department care, lung cancer surgery, and the role and process of physician advocacy.

The quality assurance review was divided into two parts and subcommittees established for each: Part A covered access to emergency department care and cancer surgery; and Part B the role and process of physician advocacy. The HQCA also appointed a panel of citizen and health experts to advise on the review.

*"We intend to use your report as a key component in the ongoing improvement of Alberta's health care system, and work is underway to implement the report's recommendations."*

-- Premier Allison Redford, regarding the HQCA's review of access to emergency department care, cancer surgery and process of physician advocacy.

The thorough process involved the review of patient charts, interviews, stakeholder discussions, analysis from province-wide databases, best practice and literature reviews, and a survey about Alberta physicians' experiences advocating for patients. While the terms of reference singled out two Edmonton-based programs in addition to system-wide concerns, the review findings can be applied to the entire Alberta health system.

The HQCA made 21 substantive recommendations, all of which were fully endorsed by the Government. In summary, the recommendations focused on ways to deal with the critical issues in acute care inpatient bed management and emergency department wait times, improving the quality and safety of care, maintaining organizational stability, strengthening systems of accountability, and improving relationships between physicians, the health system, government, and the public. The HQCA also advised that no further investigation was needed into allegations examined in the study as they proved to be unfounded.

Highlights of some of the specific recommendations include:

- The need to dedicate critical resources into improving acute care inpatient occupancy rates.
- The avoidance of further health system restructuring unless a clear plan, rationale and consultation processes are in place.
- The call for a task force to develop recommendations on clear lines of authority in the system.
- The requirement for the board of Alberta Health Services to make establishing a just culture a priority.
- The development of policies and education about physician advocacy, including an appeal process.
- The call for an independent review of the College of Physicians & Surgeons of Alberta's investigative and support roles.

Given the comprehensive nature of this review, interested parties are directed to the HQCA's Review Report (available on the website) for more details of the key findings and important recommendations that resulted from this milestone study.

The provincial review was conducted in accordance with section 9 of the *Alberta Evidence Act* to maintain evidentiary privilege over the provision of documents and evidence of participants. The review was requested by the Minister of Health in March 2011.

### **Study of the Dissemination and Uptake of Recommendations from Quality Reviews within Alberta Health Services**

The HQCA completed this study in February 2012. It was requested by Alberta Health Services in November 2010. The study's recommendations covered suggested policy requirements, a cross-portfolio focus to manage the life cycle of review recommendations, local medical leadership responsibilities and needs, and the use of the HQCA's Health Quality Network as an inter-organizational forum to improve the uptake of recommendations across the system.

### **Rockyview General Hospital and Calgary Laboratory Services Diagnostic and Scientific Centre and Royal Alexandra Hospital: Review of the Quality of Anatomical Pathology Specimen Preparation and Interpretation 2010-2011**

The HQCA received a request from Alberta Health Services to conduct a review of the quality of the preparation and interpretation of anatomical pathology specimens prepared and/or interpreted at the Rockyview General Hospital and Calgary Laboratory Services Diagnostic and Scientific Centre from January 2010 to December 2011, and at the Royal Alexandra Hospital from July 2011 through October 2011. Through a quality assurance committee under section 9 of the *Alberta Evidence Act*, the HQCA will examine the standards, guidelines, and procedures in place, and the engagement and organization of health professionals involved in this work. A full report of the findings and recommendations will be made available in fall 2012.

### **Review of the Operations of Emergency Medical Services in Alberta**

On February 28, 2012, the Minister of Health requested that the HQCA review the operations of ground emergency medical services (EMS) in Alberta. The Minister called the review to address concerns expressed regarding EMS response times and emergency department wait times. The review will examine implications for quality and patient safety relative to transferring governance and funding from municipalities to Alberta Health Services, dispatch consolidation, integration of service providers, and challenges specific to urban, rural and remote areas. The HQCA will make recommendations for system-level improvements for the delivery of ground EMS in Alberta based on the findings and analysis of its assessment, and report to the Minister in late 2012.



## Health System Inquiries

### **Inquiry into the Possibility of Improper Preferential Access to Publicly Funded Health Services in Alberta**

The HQCA's mandate was expanded in the new *Health Quality Council of Alberta Act* to include the Board responsibility of appointing a panel of one or more qualified people when the provincial cabinet calls for a public inquiry into matters relating to the Alberta health system. Through an Order in Council in late February 2012, the HQCA was called on to exercise this new responsibility. Accordingly, Justice John Z. Vertes was appointed on March 5, 2012, by the HQCA Board to head the public inquiry into the possibility of improper preferential access being given to publicly funded health services in Alberta. The inquiry will be conducted in accordance with section 17 of the *Health Quality Council of Alberta Act* and has all the power, privileges and immunities of a commissioner under the *Public Inquiries Act*. If evidence is found to substantiate concerns, the inquiry's terms of reference call for recommendations on preventing improper access in the future. A report will be submitted to the Legislative Assembly by the end of April 2013.

## 4. *Quality & Safety Research*

In April 2012, the HQCA provided grants to students throughout the province. Students represented Grant MacEwan University, Mount Royal University, the University of Alberta and the University of Calgary. The studentship program enables research activities that support the HQCA's legislated mandate to: (1) identify effective practices and make recommendations for the improvement of patient safety and health service quality, and (2) assist in the implementation and evaluation of strategies designed to improve patient safety and health service quality.

*"I believe that healthcare can be made better in Alberta, and that the Health Quality Council of Alberta is an important avenue for doing that by getting different stakeholder groups together; and by promoting key principles that support the safety of patients and quality of care."*

-- Dr. Ward Flemons, Professor of Medicine, University of Calgary, and HQCA consultant, ASQ TV, May 21, 2012.

## Looking Forward

One of the advantages of an independent organization such as the HQCA is our ability to collaborate. We engage effectively with patients, providers, administrators and policy makers throughout the healthcare system. Through our survey and measurement expertise, we have the ability to identify emerging issues as well as bring evidence-based information and Albertans' perspectives to bear on the salient quality and safety issues of the day. Our hard-earned reputation for fairness and objectivity enables us to examine and recommend improvements needed to rectify gaps and flaws in the system, while our educational initiatives help ensure that important knowledge reaches those best positioned to take action. Our work in all these areas continues to grow based on the relevance and effectiveness of past initiatives, the value we add to those we serve, and the profile our organization has gained across the province.

The HQCA believes that coordination of care within the system presents one of the greatest challenges going forward. What our organization observes is evidence of silo mentality, exemplified by lack of information flow and proper hand-offs, which can result in serious healthcare quality and safety consequences for patients.

Experience shows us that the quality of healthcare and patient safety advance when those involved work together focusing on improvements to the system. We believe it is time to put the spotlight on coordination of care in Alberta's health system and will work towards this focus in the coming year.

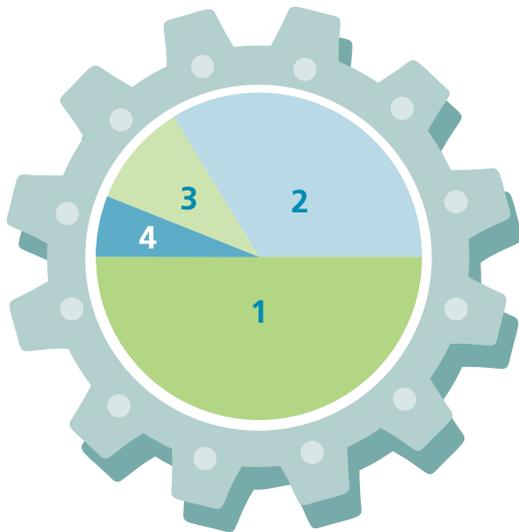
The HQCA will continue to use the experiences of Albertans, gathered through our numerous survey instruments and our Patient/Family Safety Advisory Panel, to inform Alberta Health, Alberta Health Services, the regulated health professions, academia and other decision-makers in a position to take action.

The HQCA recognizes that quality healthcare delivery depends on creating synergies and connections across a very complex set of service areas and providers. We are encouraged by the improvements we have had the privilege to participate in, and inspired by these positive changes to tackle the challenges ahead. We go into the next year with a renewed commitment to working collaboratively with all our stakeholders for the greater good of Alberta's health system.

## Financial Allocation

Sound financial management practices allowed the HQCA to work on the initiatives identified in the 2011-2012 Business Plan. The HQCA will continue with these projects as approved by the Board of Directors in the 2011-2014 Health Plan. Many of these projects are highlighted in the annual review.

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 on a province-wide basis.



1	Patient Safety	50%
2	Measure, Monitor, Assess & Report	32%
3	Knowledge Transfer	14%
4	Quality & Safety Research	4%

## Board of Directors

**Chair** D. Lorne Tyrrell MD/PhD, Edmonton

### Members

Judith M. Birdsell PhD, Calgary

Robin Cox MD, Calgary

Anthony Lindsay Austin Fields MD, Edmonton

Annamarie Fuchs, Blackfalds

John Douglas Gilpin, Edmonton

Anthony Lam, Edmonton

Patricia Pelton, Calgary

Irene Pfeiffer, Okotoks

Donald Schopflocher PhD, Edmonton  
(term ended November 2011)

Christopher Skappak, Edmonton

Doug Tupper P.Eng., Edmonton  
(term ended July 2011)

## Management Team

John Cowell MD, CCFP, FRCPC, Chief Executive Officer

Charlene McBrien-Morrison, Executive Director

Charlene Blair, Patient Safety Lead

Pam Brandt, Communications Lead

Marnie Cleary, Contracts & Grants Administrator

Tim Cooke, Measurement & Analysis Lead

Avril Derbyshire, Executive Assistant

Alisa Eaton, Financial Analyst

Margot Harvie, Educational Initiatives Lead

Jody Ince, Human Resources & Payroll Administrator

Rinda LaBranche, Patient Safety Lead

Markus Lahtinen, Health Care Quality Analyst

Donna McFarlane, Patient Safety Lead

Anette Mikkelsen, Quality & Safety Initiatives Lead

Emmanuel Ngwakongwi, Health Care Systems Analyst

Jody Pow, Health Data Analyst

Dianne Schaeffer, Administrative Assistant

Toria Thompson, Administrative Assistant

Kim Trufyn, Administrative Assistant

Dale Wright, Quality & Safety Initiatives Lead

Wei Zhao, Administrative Health Data Technician

Haifeng Zhu, Health Care Systems Analyst



210, 811 – 14 Street NW  
Calgary, Alberta T2N 2A4  
PH 403.297.8162 FX 403.297.8258  
info@hqca.ca [www.hqca.ca](http://www.hqca.ca)