

# Inspiring improvement

2024-25 Annual Report



**Health Quality  
Alberta**

Improving Healthcare Together

# Introducing Health Quality Alberta



**Mollie Cole**  
Executive Director, Health System Improvement

## The Health Quality Council of Alberta (HQCA) is now Health Quality Alberta.

We are still the same great organization, with the same critical mission, but effective June 2025 - we have a new name and look, which you'll notice throughout this annual report.

While you'll now see Health Quality Alberta on our website, emails, and all of our communication going forward, the legislation that outlines our responsibilities will continue to be known as the *Health Quality Council of Alberta Act*.

Interim CEO David Zygun cuts the ribbon on the new name.



## Table of contents

Letter from the Board Chair	2
How we work	4
Governance	6
Activities and accomplishments	8
Feature: The value of patient feedback	22
Feature: Meet Health Quality Alberta	28
Financial Statements	30

# Letter from the Board Chair



**Dr. Raj Sherman**  
Chair, Board of  
Directors, Health  
Quality Alberta

It is a deep honour to serve as Chair of the Board of Health Quality Alberta, an organization I have long respected for its integrity, courage, and unwavering focus on improving care for every Albertan.

As the provincial healthcare system undergoes sweeping transformation, Health Quality Alberta is not sitting on the sidelines. We are stepping up – as collaborators, problem-solvers, and champions of quality, equity, and compassion.

I first encountered this organization many years ago as an MLA, when I raised urgent concerns about patients dying while waiting for care. It was Health Quality Alberta that investigated, with diligence and courage. That moment changed me. It showed me what principled leadership in healthcare looks like.

Now, as Chair, I've seen firsthand the extraordinary talent and dedication of the Health Quality Alberta team. From data scientists to patient engagement staff, from analysts to leaders – they work with precision, heart, and an unwavering sense of purpose. Their commitment is nothing short of inspiring.

Our Board reflects that same drive. We are a diverse and skilled group, and include leaders from emergency medicine, nursing, law, paramedicine, finance, pharmacy, family medicine, and patient advocacy. Each of our members bring unique perspectives, united by a common goal: to improve the healthcare experience for patients, families, and providers across Alberta.

In the past year, we've undertaken bold and essential work including a comprehensive review of cancer care delivery, major surveys in primary and continuing care, and investigations into delayed referrals. Each of these initiatives has been anchored in data, shaped by lived experience, and focused on real-world solutions.

I am filled with optimism and deeply grateful to Minister Adriana LaGrange for entrusting Health Quality Alberta with an expanded mandate, increased funding, and inclusion on the Integration Council. This support empowers us to participate more actively in shaping the future of care in Alberta, both as a trusted system partner and a strong, impartial voice for quality.

We will continue to offer thoughtful, evidence-based advice on priorities like primary care reform, alternate levels of care, seniors services, prevention, and more. And we will continue to tell the truth – even when it's hard – because that is how systems get better.

**Our vision is bold: a health system that is more humane, more effective, and more responsive to the needs of every Albertan, and we will not pursue this alone.**

To our outgoing CEO, Charlene McBrien-Morrison – thank you for your years of dedicated leadership and contribution to this organization. And to our interim CEO, Dr. David Zygun – welcome. We look forward to your steady leadership as we enter this exciting new chapter.

To our staff, our executive team, and my fellow Board members: thank you. I also want to acknowledge the invaluable contributions of our Patient and Family Advisory Committee members, whose lived experiences and insights have helped shape our work in meaningful and impactful ways. Your work, your integrity, and your passion are the heartbeat of this organization. I am deeply grateful for the opportunity to serve with you, and to help lead Health Quality Alberta into this next, vital chapter.

(original signed by Raj Sherman)

**Dr. Raj Sherman**  
Chair, Board of Directors, Health Quality Alberta

# How we work



Ishmeet Singh  
Lead, Data Manager,  
Health System Analytics

## Who we are

Health Quality Alberta is a valued part of Alberta’s healthcare system.

Health Quality Alberta operates independently, reporting into the Minister of Primary and Preventative Health Services.

Health Quality Alberta has a legislated mandate to promote and improve patient safety, person-centred care, and health service quality on a province-wide basis. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*.

## Our values

In 2024-25, we refreshed our values with input from staff, board members, and patient and family advisors. Our values are instrumental in guiding our work.

### Inclusivity

We recognize our knowledge has limits, and that our work is better when we engage to understand diverse perspectives and the lived experiences of others.

### Objectivity

We conduct our work with impartiality using robust methods, based on evidence, including the knowledge and experiences of the people with whom we engage.

### Integrity

We are accountable, honest, and ethical in our work. We strive to demonstrate humility, gratitude, and respect in our interactions with others both inside and outside our organization.

### Learning and innovation

We seek out opportunities to improve our skills and knowledge, to make ourselves and our work better.

## 2024 – 2027 Strategic Business Plan

The strategic business plan, established by our Board of Directors, provides overarching direction for Health Quality Alberta.

### Vision

Quality healthcare for all.

### Mission

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

## How we work

*Engage, Assess, Improve*

### Engage

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

### Assess

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

### Improve

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

# Governance



We remember Dr. Greg Powell, a visionary leader and faithful advocate of patient care. Between 2017 and 2024, he was a valued contributor of Health Quality Alberta – first as a member of our Patient and Family Advisory Committee and then our Board of Directors. Dr. Powell passed away on April 30, 2025.

Our 2024-25 Board of Directors includes health professionals, business leaders, academic representatives, and members of the public.



From left: **Clifford A. LeMoal**, High River; **Rick Lundy**, Calgary; **Dr. Carlyn Volume-Smith**, Sherwood Park; **Angus Watt**, Edmonton; **Dr. Rajnesh Sherman**, Edmonton, Board Chair; **Clifford D. Johnson**, Calgary; **Dr. Pamela Hawranik**, Airdrie, Vice Chair; **Dr. Emmanuel Gye**, Airdrie

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

## Executive Committee

This committee facilitates effective communication between the Board and administration. The committee liaises with the CEO and provides direction and support for carrying out our legislated mandate.

## Quality Assurance Committee

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

## Audit and Finance Committee

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

## Governance and Education Committee

This committee facilitates and implements good governance practices, and establishes timely, relevant, stimulating, and rewarding educational experiences for Board members to enhance their knowledge, skills, and performance in the exercise of their fiduciary and other duties and responsibilities with a view to promoting Board effectiveness.

## Patient and Family Advisory Committee

The Health Quality Alberta Patient and Family Advisory Committee was created as a strategic initiative through the provincial Patient Safety Framework for Albertans published by Health Quality Alberta in September 2010. The committee is designed to leverage the experiences and perspectives of patients and their families.

# Activities and accomplishments



Jessie Gish  
Lead, Health System Analytics

In 2024-25, Health Quality Alberta delivered on our legislated mandate to promote and improve patient safety, person-centred care, and health service quality across the province through the activities described in the following pages.

## Patient and Family Advisory Committee

The committee is regularly engaged to ensure the patient and family perspective is reflected in all our project activities.

For example:

- Patient Experience Awards
- Equity, Diversity and Inclusion Committee
- Enhancing and expanding engagement program
- FOCUS on Healthcare website
- Public information campaigns
- Primary Healthcare Panel Reports
- Experience surveys
- Delayed referrals review
- A review of alternate level of care

### Members



Medgine Mathurin,  
Chair, Edmonton



Jamie Hodge,  
Vice Chair, Calgary



Katelyn Greer,  
Calgary



Jenny Ye,  
Calgary



**Karen Moffat,**  
Cochrane



**Larissa Heron,**  
Caslan



**Teena Cormack,**  
Lethbridge



**Allyson Goyette,**  
Clyde



**Todd Hillier,**  
Fort McMurray



**Nana Thaver,**  
Sherwood Park



**Len Auger,**  
Grande Prairie (2018 - 2024)



**B Adair,**  
Stettler (2018 - 2024)



**Krystal Reusch,**  
Edmonton (2022 - 2024)



**2024-25 Health Quality Alberta Patient and Family Advisory Committee**

## Advice to government

Throughout 2024-25, Health Quality Alberta was asked to provide evidence-based advice to government in support of the refocusing healthcare in Alberta initiative.

This included:

- **A review of cancer care** - completed December 2024. We conducted interviews and focus groups with more than 50 physicians, researchers, data analysts, and senior cancer care leaders across Alberta. In addition, we analyzed the latest provincial data on key cancer care delivery measures related to access, workforce, patient experience, and more.
- **A review of Alberta Health Services (AHS) outgoing referrals** - completed May 2024. We assessed policies, training, governance, technology, and people's experiences to understand why referral delays occurred from AHS to community specialists and allied health professionals, and how to mitigate future risk.
- **A review of alternate level of care** - in progress. We are conducting an in-depth review of cross-sectoral challenges and opportunities related to alternate level of care pressures in Alberta. Our report will highlight opportunities to strengthen accountability for patient flow from acute care to community care settings.
- **Modernizing Alberta's primary care system (MAPS) implementation evaluation support** - in progress. Our support involves evaluating the Nurse Practitioner Primary Care Program including the experiences of nurse practitioners, their teams and patients.



Alberta Legislature building, Edmonton

# Patient Experience Awards

The annual Patient Experience Awards, a collaboration between Health Quality Alberta and our Patient and Family Advisory Committee, recognize and celebrate initiatives that improve the patient experience.

We receive applications from across the province and from a variety of care settings. The selected initiatives receive funding to attend or host a patient experience, quality, or education event. Additionally, details about their initiative are shared through videos promoted by Health Quality Alberta.

**“This year’s recipients demonstrated ways of working and listening that show how the patient and family voice can improve the healthcare system. We hope they will be an inspiration for others in the healthcare system.”**

– Medgine Mathurin, Chair of Health Quality Alberta’s Patient and Family Advisory Committee and a judge of the awards



We’ve recognized **40 initiatives** since 2016 that have helped inspire improvement. The awards are judged by patients, staff, and board members.

## 2024 Recipients



### Aunties Within Reach

Aunties Within Reach is a dedicated team of Indigenous full-spectrum birth workers providing resources such as pre- and post-natal care, infant feeding, and safety planning in Indigenous communities in northern Alberta.



### Incremental Dialysis Program

Rooted in partnership between patients and healthcare providers, the Incremental Dialysis Program was implemented across most of Alberta. Instead of the typical three times-a-week schedule, eligible patients have a gentler twice-a-week approach to dialysis at a healthcare facility. Patients were involved in designing the solution, every step of the way.



### Medical Abortion Clinic

Significantly reduced wait times mean patients can be seen by the Medical Abortion Clinic early in their pregnancy for counselling around the options available to end or keep the pregnancy. Patients can self-refer. For rural Albertans, virtual care greatly improves access to healthcare during a difficult time, and it removes the stress of travel and time away from family supports.



### Medicine Within Programs

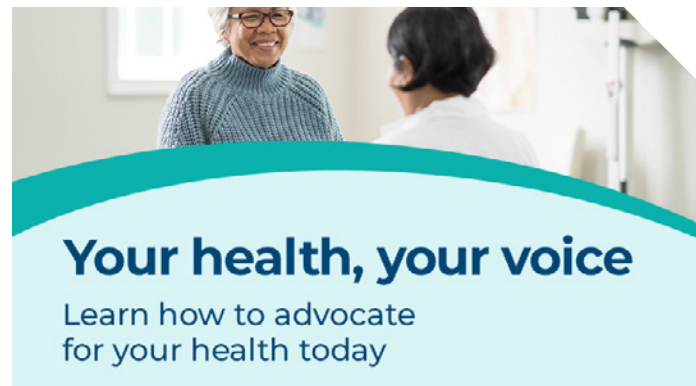
Recovery Alberta community mental health and addiction outreach services in Lethbridge and the Honouring Traditions and Reconciliation Society created Medicine Within Programs. This community-driven approach focuses on addiction and mental health healing practices deeply rooted in Indigenous cultural traditions.

## Public information campaign

Launched in 2022, our public information campaign supports the health and well-being of people by offering valuable resources about taking an active role in your healthcare. These resources help increase healthcare knowledge and provide tips, such as: 'Tips for Talking with Your Healthcare Team,' 'Questions to Ask About Your Treatment Options,' and more.

We value inclusivity and recognize the unique information needs of communities in Alberta as well as the importance of providing resources to people in their preferred language. We delivered community-specific information campaigns for the South Asian community in 2022, the Filipino community in 2023, and the Chinese community in 2024. These campaigns included adapting and translating the public information campaign resources and then creating awareness for the resources with members of these communities. In 2024-25, we continued to promote these resources with the South Asian, Chinese, and Filipino communities.

In addition, in this past year, we collaborated with the Office of the Alberta Health Advocates (OAHA) to launch a co-branded campaign sharing three ways people can be more active partners in their healthcare. The resources for this campaign reflected Health Quality Alberta and OAHA's shared vision of helping patients feel heard and supported.



### Highlights



Since March 2022, Health Quality Alberta has launched five campaigns providing 39 online resources for patients and families in seven languages (English, French, Tagalog, Punjabi, Hindi, Urdu, Pashto, Cantonese, and Mandarin).



Participated at the Caregivers Alberta 'Caregivers Together' conference in Edmonton, November 1 - 2, 2024, connecting with organizations interested in sharing our campaign resources.



The community campaigns generated more than 128,816 views on South Asian, Chinese, and Filipino resource webpages on hqa.ca.



The Office of the Alberta Health Advocates co-branded advertising campaign was seen almost 15 million times and generated almost 80,000 views on hqa.ca.

## Expanding and enhancing engagement practices

Engaging with people is a specified object of our legislated mandate. This led to the establishment of a program of work to help implement leading practices for effective engagement.

In 2024-25, we focused our efforts on several key activities. Some of this work included:

- Developing a philosophy to guide all of our engagement going forward. The philosophy elements will help to inform plans for new resources and capacity-building and enable us to more consistently implement leading and wise engagement practices.
- Collaborating with Patient and Family Advisory Committee members to enhance the guidelines, processes, and tools to support Health Quality Alberta's engagement email distribution list of over 2,400 individuals from across the province interested in engaging in our activities.
- Facilitating internal knowledge and information sharing and capacity-building related to engagement and partnerships.



Kris Watkins, Senior Advisor, Engagement

## Emergency Department Patient Experience Survey

In 2024-25, thousands of Albertans were surveyed about their experiences at Alberta's 16 busiest emergency departments.

This telephone survey asks patients about staff care and communication, wait time and crowding, pain management, facility cleanliness, and more. Datasets are shared monthly with Alberta Health Services, and results are used to inform their patient experience improvement efforts. Select measures are reported on Health Quality Alberta's FOCUS on Healthcare website.



Since 2016, we have surveyed almost 120,000 Albertans who received care at the 16 largest and busiest emergency departments in Alberta. Approximately 11,900 people were surveyed about their experiences in 2024-25.

## Assessing experience in Type A and B continuing care homes

For years, Health Quality Alberta has conducted assessments that provide both a system-wide look at continuing care across the province as well as detailed continuing care home-level reports to help identify and inform future improvements.

Work on the next iteration of our activities to assess experience in continuing care homes Type A (formerly long term care) and Type B (formerly designated supportive living) is underway. In 2024-25, we initiated planning to survey and/or interview, residents, family, providers, operators, and staff in continuing care homes.

### This work included:

-  Identifying potential languages (e.g., simplified and traditional Chinese) for the translation of our next resident and family experience surveys.
-  Collecting data for the qualitative components of the provider and operator experience survey, and beginning preliminary analysis.
-  Completing a qualitative exploration of how continuing care providers and operators can deliver healthcare services that meet the cultural (e.g., social and linguistic) needs of residents.



## Home Care Client Experience Survey

Since 2015, Health Quality Alberta has been surveying home care clients through the Alberta Seniors Home Care Client Experience Survey.

The next iteration of this survey, completed in collaboration with Alberta Health and Alberta Health Services, was conducted in 2024. We heard from 10,690 home and community care clients – the largest sample size ever for this type of survey. Results were released to home and community care providers during the first quarter of 2025-26.

### This survey will feature:

-  Voices from an expanded list of home care client types including all cognitively well adults who are acute, long term supportive, maintenance, rehabilitation, and/or wellness clients.
-  The ability for report users to interact with their data through a new digital platform.
-  Resource guides that can assist report users on how to interpret and use their data for quality improvement.



## Primary Healthcare Panel Reports

We began providing Primary Healthcare Panel Reports in 2011. Today, more than 2,600 primary care providers (including family physicians and nurse practitioners), clinics, and primary care networks (PCN) receive our reports annually.

This quality improvement resource contains administrative health data to provide insight to primary care providers about their patient panels. The confidential reports include measures related to patient demographics, health conditions, aspects of patient management and use of health services, vaccination data, and virtual visits. The reports capture key measures required by Alberta Health and support the Modernizing Alberta's Primary Health Care System (MAPS) initiative.

Each year, we work with healthcare partners to increase the usability of the report and increase uptake. For example, in 2024-25, three cohorts of practice facilitators (12 to 15 participants per cohort) were trained on how to interpret and use the reports to support provider and clinic improvement efforts. We also delivered presentations to Alberta Health, various PCNs, and the Alberta Medical Association; and participated in several primary care conferences.

Every year, Health Quality Alberta sees more users logging on to our reports – and more users logging on more frequently.

## Virtual Care Quality Framework and experience surveys

Alberta Health requested that we develop a quality framework for virtual care to measure and evaluate the efficiency, effectiveness, safety, and other related measures for virtual care.

As part of this, we have looked at creating a survey to engage with those providing virtual care and those receiving virtual care to assess their experiences. This past year, work continued with our healthcare partners and the Alberta Virtual Care Coordinating Body to



**“Expand use of the (Health Quality Alberta) Primary Care Panel Reports as a critical tool to enable practice-level quality improvements.”**

– MAPS Strategic Advisory Panel Final Report

determine dimensions of quality for virtual care that will be reflected in a Framework to Evaluate the Quality of Virtual Care in Alberta report. The framework will be finalized in 2025-26.

## Patient Safety Culture Survey

A Patient Safety Culture Survey can be used to increase staff awareness of patient safety, evaluate the status of patient safety culture, identify strengths and areas for improvement, and evaluate changes in culture over time.

In 2024-25, Health Quality Alberta expanded this survey to additional primary care clinics across the province. In total, 19 clinics participated. We developed clinic-specific reports for the eligible clinics and shared with them a resource list that was developed in consultation with local, national, and international experts in patient safety culture.

Along with the resource list, we also supported clinics with additional information, in a webinar on March 21, 2024, to help them review their survey results and implement practice improvements.

**“We’re always looking for ways to improve and have found (Health Quality Alberta) surveys to be useful, easy to complete, and the results presented in a way that are easy to follow.”**

– Shirley Knauft, Clinic Manager at the Rimbey Medical Clinic (pictured with her team below)



## Provider experience surveys

A productive, engaged workforce is fundamental to quality healthcare – and assessing the experience of care providers is essential to identifying improvement opportunities in healthcare.

In 2024-25, Health Quality Alberta worked to establish a comparable cross-sectoral approach to measure, monitor, and report provider experience throughout the healthcare system. Initial planning for this survey included meeting with healthcare professional associations in primary care and continuing care to explore survey topics, the current state of assessment, and dissemination strategies. We also conducted an environmental scan to identify and consider tools used in other jurisdictions across Canada and abroad to effectively measure provider experience. Provider experience survey work will proceed in 2025-26.



Health Quality Alberta team members (Kayla Coolen and Guy DeSantis) promoted the Provider Experience Surveys at conferences

## Primary Care Patient Experience Survey

Health Quality Alberta surveyed more than 26,000 patients in 2024-25, and provided reports to over 70 clinics and primary care networks (PCNs).

The Primary Care Patient Experience Survey reports offer meaningful information to providers from the patients who visit them. These confidential survey results are provided directly to the primary care provider for practice improvement. Aggregate information is provided to participating clinics and PCNs. Provincial-level results are reported on Health Quality Alberta's FOCUS on Healthcare website. This past year marked the first full year of our redesigned survey and process, which was developed following extensive engagement with healthcare partners. We also released resource guides to help providers act on their survey results. We have been conducting the Primary Care Patient Experience Survey since 2016.

**“The Primary Care Patient Experience Survey is a valid, evidence-based, and patient-informed measurement tool. The implementation of this survey in primary care will benefit not only quality improvement activities but will also allow care providers to be able to respond to what matters most to patients.”**

– Dr. Maria J. Santana, provincial director, Patient Engagement for the Alberta Strategy for Patient-oriented Research.

## Experience Surveys Program

Health Quality Alberta is working on transitioning traditional survey methodologies to leading-edge, computer-adaptive technologies.

These technologies can automate the administration, scoring, and reporting on our surveys, which provides rapid feedback tailored to the needs of health system partners and communities who use our survey findings to improve the patient experience. Last year, we worked to build, refine, and test algorithms for continuing care homes and home care. We further explored and socialized concepts that introduce equitable people-centred experience measurement. This will help us to identify and amplify the unique experiences of individuals whose voices may be hidden by traditional survey methodologies.



Roland Simon, Lead, Health System Analytics



## Feature:

# The value of patient feedback



Dr. Robert Hauptman has been practising medicine in Alberta for more than 35 years – and knows the value of patient feedback.

“As doctors, we don’t get performance reviews and without them, it’s easy to think we’re doing a better job than we are,” he says. “Patient feedback is my way of knowing I’m on the right track. When patients have a good relationship with me, they are more likely to follow through on our plan.”

Dr. Hauptman selected the Primary Care Patient Experience Survey from Health Quality Alberta to ask patients in his panel about their experiences with his clinic. The survey has been rigorously tested by more than 10,000 patients and leveraged by hundreds of clinics since 2018.

“The process was super smooth,” says Dr. Hauptman, a family care provider in St. Albert. Health Quality Alberta “used the emails from our EMR to invite patients to participate and took care of all of the other important details in administering the survey.”

Dr. Hauptman was pleasantly surprised with how many of his patients took time to respond, especially because he has a large senior population.

There were a few key takeaways for Dr. Hauptman from the results of his survey.

First, he had an assumption that his patients appreciated him and his team through informal comments they share, but he didn’t anticipate how favourably his patients would collectively rate his care. Nearly 75 per cent of respondents gave him a 10 out of 10. Typically, approximately one-third of respondents to Health Quality Alberta’s Primary Care Patient Experience Survey would give a 10 out of 10 provider rating.

For Dr. Hauptman, this confirms for him that his deliberate strategy to cap his patient population at 750 is working as he intended at this stage of his career. “The biggest challenges I’ve had over the years is watching my panel size get too big. I’m learning that if you can keep a panel size under 1,000, you can serve your patients more effectively.”

Even Dr. Hauptman’s lowest rated section in the survey – questions about care priorities – had scores that were nearly 10 to 20 percentage points higher than his peers. He credits a focus on preventative health checks.

Dr. Hauptman says he will conduct another Primary Care Patient Experience Survey again in the future to ensure he is staying on track and meeting his goals.



Dr. Robert Hauptman

## FOCUS on Healthcare

Together with health system partners, we collaboratively identify, develop, and report publicly on patient experiences, health outcomes, and where possible, quality indicators through the FOCUS on Healthcare website (FOCUS).

The goal of FOCUS is to present data from all areas of Alberta’s healthcare system to create a whole-system view that supports transparency and quality improvement. Visitors to the website can find information about what patients experience in emergency departments, primary care, continuing care homes, and hospital care.

This past year, we continued to promote FOCUS to audiences across Alberta including post-secondary institutions and various health system organizations such as the Healthcare Information and Management Society (HIMSS), Alberta Health Services, the Alberta Medical Association, and select primary care networks. Our engagement showcased the redesigned FOCUS website, with a more user-friendly navigation and up-to-date look-and-feel, while informing audiences about our measures and the many opportunities for healthcare quality improvement.

In addition, we continue to work with groups across the province to explore adding new measures and insights to FOCUS. As an example of this work, the FOCUS team was invited to take separate journeys with First Nation and Métis peers to appreciate distinct perspectives and experiences with palliative and end-of-life care.

**“A big Thank You to the incredible, Masudur (Maz) Rahman and Darren Mazzei, from (Health Quality Alberta) for absolutely knocking it out of the park at yesterday’s HIMSS Canadian Prairies Chapter webinar! These healthcare data visualization wizards shared game-changing techniques that left our virtual audience inspired and equipped with actionable strategies!”**

– HIMSS Canadian Prairies Chapter on LinkedIn, March 26, 2025.



In 2024-25, FOCUS attracted more than **8,900 new users**. FOCUS is available at [focus.hqa.ca](https://focus.hqa.ca).



## Health system improvement resources

Health Quality Alberta produces many resources that support improvement in patient safety, person-centred care, and health service quality.

These resources include leading practice frameworks, tools, and online resources. To ensure they continue to reflect current thinking and leading practice, we consult health system partners and users of many of the resources and conduct environmental scans of similar materials. We also promote uptake among health system partners.

The resources include:

- **The Systematic Systems Analysis (SSA) Guidebook and an education module to support use of the guidebook.** The SSA Guidebook and education module supports healthcare providers, managers, and regulators to conduct reviews of patient safety events using a consistent system-based approach to identify system deficiencies that contributed to the event. Identifying and addressing these system issues improves patient safety and contributes to a just culture where incidents are viewed as an opportunity to learn and to improve the healthcare system.
- **Just culture.** Just culture is important to patient safety as it creates an environment in which healthcare workers and patients feel safe to report errors and concerns about things that could lead to patient adverse events. In 2024-25, we completed development of an education module, called Just Culture Essentials, in collaboration with ISMP Canada. The online course is free and now available to healthcare practitioners as well as patients and families. We also made improvements to our just culture website at [justculture.hqa.ca](https://justculture.hqa.ca), with a new video that highlights patient and provider experience with just culture.



**In 2024-25, a total of 372 individuals participated in SSA and 283 participated in JIA education modules. We also supported three organizations with a train-the-trainer program to help them deliver JIA and SSA.**

- **Just Individual Assessment (JIA) education module.** This education module supports a just culture, which is an atmosphere of trust where healthcare workers are supported and treated fairly when something goes wrong with patient care. The JIA provides a fair and consistent way to evaluate the actions of an individual involved in a patient safety incident.

## Defining quality in an integrated people-centred healthcare system

In recent years, Health Quality Alberta examined leading thinking on patient safety, people-centred care, and health service quality to update the definition of quality in the Alberta Quality Matrix for Health.

The work started with an environmental scan, jurisdictional and literature reviews, and interviews with patient advisory groups, quality experts, health system leaders, and other users and non-users of the Quality Matrix, within and beyond Alberta. Our takeaway was to consider and define quality as broader, interconnected concepts intended to promote, maintain, and restore health rather than exclusively at the care delivery level.

In October 2024, we hosted a workshop and presented a poster on defining quality in an integrated health system at the North American Conference on Integrated Care. We also shared information at the Alberta Health Services i4 conference in November 2024.

In Q2 of 2025-26, we released new quality dimensions (person centred, accessible and timely, effective, efficient and sustainable, safe, equitable, and

integrated). By updating the common language around quality in Alberta, the new dimensions can help everyone – Health Quality Alberta, policymakers, leaders and administrators, care providers, patient advisors, patients, and community members – to understand how quality can be experienced in an integrated people-centred system.

### New Quality Dimensions

- **People-centred**
- **Efficient and sustainable**
- **Accessible and timely**
- **Safe**
- **Effective**
- **Equitable**
- **Integrated**

## Human Factors course

In collaboration with the University of Calgary, W21C Research and Innovation Centre, and Alberta Health Services, Health Quality Alberta offers a three-day Human Factors in Healthcare course in Calgary and Edmonton. Human factors studies the interrelationship between humans, the tools, and equipment they use in the workplace and the environment in which they work.

In 2025, 54 participants from across Alberta as well as B.C., Quebec, Ontario, Nova Scotia, and the Northwest Territories learned how to apply human factors practices in healthcare to enhance quality improvement and patient safety. The course was also delivered in November in Ontario to Hamilton Health Sciences to an additional 32 participants. The course covers

a variety of application areas such as patient safety, quality improvement, human error, medication safety, procurement, system evaluation, and capital planning. This course includes content from Health Quality Alberta’s framework and guidelines on conducting mock-up evaluations for healthcare design.

## Quality Exchange

Health Quality Alberta’s Quality Exchange shares examples of inspiring work and improvement initiatives from across the healthcare system.

We leverage Health Quality Alberta data and insights to identify areas of excellence and look for creative ways to transfer knowledge and encourage others to implement similar quality improvement initiatives. Our approach has included storytelling, infographics, whiteboard animation, videos, webinars, and podcasts.

Last year, we identified improvement examples from the Primary Care Patient Safety Culture Survey program. We shared stories, practical tips, and other learnings from the participating primary care clinics on our public website and in a presentation to Alberta Association of Clinic Managers conference attendees in September 2024.



## Engaging and developing our people

### The vision for our team of employees is:

*To attract and retain individuals to be part of our high performing team – we all work together to foster a work culture, grounded in our Health Quality Alberta values, that is respectful and inclusive; motivates people to be productive (produce quality work/standard by which we hold ourselves accountable), adaptable, creative, and innovative; and where people collaborate and find joy in work.*

We endeavour to achieve this vision in the following ways:

- Focus on diversity, equity, and inclusivity (DEI), such as: hosting workshops, providing resources, and drafting a DEI commitment statement for the organization.
- Appreciate Health Quality Alberta’s role and commitment to Reconciliation and Indigenous health and wellness, through guided learning, discussions, and relationship building between Health Quality Alberta leadership and Indigenous health leaders.
- Supporting professional development opportunities that enable our people to learn and stay current with leading practices in their respective areas of responsibility.

## Feature:

### New name – same critical mission

# Meet Health Quality Alberta

Lisa Brake  
Executive Director,  
Communications  
& Engagement



Every health system strives to be high performing. Alberta's is no exception. There are always opportunities to enhance the experience of patients and families and find ways to improve performance and health outcomes.

And that's why Health Quality Alberta exists.

We are a provincial agency with a legislated mandate. Our team is grateful to work, live and learn on the traditional Treaty territories and Métis lands in Alberta.

We celebrate what's working well and focus on improvement in three important aspects of the healthcare system.

1. Patient safety
2. Person-centred care
3. Health service quality

We do this in a few different ways.

We engage with Albertans as well as our healthcare partners on their experiences and perspectives. We aim to be inclusive and value diverse voices from across the province. Those voices are represented in everything we do.

We objectively assess the evidence. This includes evaluating, reviewing, researching and analyzing information – from the most relevant sources. We use this valuable data to help inform our work.

And we inspire improvement. We work with our health system partners who can act on our findings to improve the experiences, outcomes, and value for patients and families.

We know that improving healthcare is not something that one agency, organization, or group can do alone. We believe we can achieve so much more when we collaborate on improvement.

And we have a long history of working together with our partners across the healthcare system.

Nearly 20 years ago, we sat down with health system leaders to have conversations about what healthcare quality means. The Alberta Quality Matrix for Health was born, which defined quality through the lens of several key dimensions. This definition has been foundational to improvement efforts in this province – and was recently updated to emphasize people-centredness in healthcare planning and delivery.

Today, our improvement work brings a system-level lens to healthcare sectors such as primary care, acute care, and continuing care. We inspire improvement by identifying best practices in things like medication safety, managing patient concerns, and measuring patient experience.

We've evolved and grown over the years – and even changed our name a few times (we were founded in 2002 as the Health Services Utilization and Outcomes Commission; changed to Health Quality Council of Alberta in 2004; and then to Health Quality Alberta in 2025). But one thing has remained constant. The talented people who work at Health Quality Alberta have always been our greatest asset.

What began as a handful of professionals passionate about furthering quality care and patient safety in Alberta's health system has morphed into a team with a broad range of expertise and lived experience in areas such as patient engagement, improvement science, health analytics, knowledge translation, and audit and feedback.

Our team is also strengthened by our Patient and Family Advisory Committee, whose voice is embedded in everything we do.

And, every day, we are excited to take this improvement journey with you, and for you. To our healthcare partners and the people of this province: Let's improve healthcare together.



# Financial statements

## Table of contents

Management’s Responsibility for Financial Reporting	31
Independent Auditor’s Report	32
Statement of Operations	35
Statement of Financial Position	36
Statement of Change in Net Financial Assets	37
Statement of Cash Flows	38
Notes to the Financial Statements	39
Schedule 1 – Expenses – Detailed by Object	48
Schedule 2 – Salary and Benefits Disclosure	49
Schedule 3 – Related Party Transactions	50

### HEALTH QUALITY COUNCIL OF ALBERTA\* MANAGEMENT’S RESPONSIBILITY FOR FINANCIAL REPORTING

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

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

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

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

On behalf of the Health Quality Council of Alberta.

(original signed by David Zygun)

Interim Chief Executive Officer  
Dr. David Zygun  
May 28, 2025

(original signed by Jessica Wing)

Director, Financial Services  
Jessica Wing  
May 28, 2025

\*Health Quality Council of Alberta changed its name to Health Quality Alberta on June 5, 2025. These financial statements are for the previous fiscal year April 1, 2024 - March 31, 2025, and as such, you will see references to Health Quality Council of Alberta or HQCA on the pages that follow.



## Independent Auditor's Report

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

### Report on the Financial Statements

#### Opinion

I have audited the financial statements of the Health Quality Council of Alberta, which comprise the statement of financial position as at March 31, 2025, and the statements of operations, change in net financial assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Quality Council of Alberta as at March 31, 2025, and the results of its operations, its changes in net financial assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

#### Basis for opinion

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

#### Other information

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

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

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

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

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

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

In preparing the financial statements, management is responsible for assessing the Health Quality Council of Alberta's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless an intention exists to liquidate or to cease operations, or there is no realistic alternative but to do so.

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

### Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, I exercise professional judgment and maintain professional skepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Quality Council of Alberta's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Quality Council of Alberta's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Health Quality Council of Alberta to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

[Original signed by W. Doug Wylie FCPA, FCMA, ICD.D]  
Auditor General

May 28, 2025  
Edmonton, Alberta

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

	2025		2024
	Budget	Actual	Actual
	(Note 4)		
<b>Revenues</b>			
Alberta Health transfers			
Base operating	\$ 7,711	\$ 7,711	\$ 7,672
Restricted operating (Note 6)	366	859	1,053
Other government transfer (Note 6)	-	-	125
Interest income	75	91	132
Other revenue	-	28	25
	<u>8,152</u>	<u>8,689</u>	<u>9,007</u>
<b>Expenses (Schedule 1)</b>			
Administration	1,633	1,629	1,544
Health system analytics	4,135	3,416	3,010
Health system improvement	1,780	1,705	1,629
Communications and engagement	1,547	1,358	1,391
Ministerial assessment/study (Note 6)	366	859	1,178
Minister priorities	-	288	-
	<u>9,461</u>	<u>9,255</u>	<u>8,752</u>
Annual operating (deficit) surplus	(1,309)	(566)	255
Accumulated operating surplus, beginning of year	1,589	2,206	1,951
Accumulated operating surplus, end of year	<u>\$ 280</u>	<u>\$ 1,640</u>	<u>\$ 2,206</u>

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

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

	2025	2024
<b>Financial Assets</b>		
Cash	\$ 2,157	\$ 4,346
Accounts receivable	25	37
	<u>2,182</u>	<u>4,383</u>
<b>Liabilities</b>		
Accounts payable and other accrued liabilities	800	1,069
Unspent deferred contributions (Note 6)	88	1,609
Employee future benefits (Note 7)	53	43
Deferred lease inducements (Note 8)	30	16
	<u>971</u>	<u>2,737</u>
<b>Net Financial Assets</b>	<u>1,211</u>	<u>1,646</u>
<b>Non-Financial Assets</b>		
Tangible capital assets (Note 9)	293	463
Purchased intangibles	11	12
Prepaid expenses	125	85
	<u>429</u>	<u>560</u>
<b>Net Assets</b>	<u>1,640</u>	<u>2,206</u>
<b>Net Assets</b>		
Accumulated operating surplus (Note 11)	<u>\$ 1,640</u>	<u>\$ 2,206</u>

Contractual obligations (Note 10)

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

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

	2025		2024
	Budget	Actual	Actual
	<b>(Note 4)</b>		
Annual operating (deficit) surplus	\$ (1,309)	\$ (566)	\$ 255
Acquisition of tangible capital assets (Note 9)	-	(13)	(16)
Acquisition of purchased intangibles	-	-	(12)
Amortization of tangible capital assets (Note 9)	178	183	210
Amortization of purchased intangibles	-	1	-
Decrease in prepaid expenses	-	(40)	13
<b>(Decrease) / Increase in net financial assets in the year</b>	<u>(1,131)</u>	<u>(435)</u>	<u>450</u>
<b>Net financial assets, beginning of year</b>	1,589	1,646	1,196
<b>Net financial assets, end of year</b>	<u>\$ 458</u>	<u>\$ 1,211</u>	<u>\$ 1,646</u>

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

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

	2025	2024
<b>Operating Transactions</b>		
Annual operating (deficit) surplus	\$ (566)	\$ 255
Non-cash items:		
Amortization of tangible capital assets (Note 9)	183	210
Amortization of purchased intangibles	1	-
Amortization of deferred lease inducements (Note 8)	(4)	(2)
Increase in employee future benefits (Note 7)	10	8
	(376)	471
Decrease in accounts receivable	12	672
(Increase) Decrease in prepaid expenses	(40)	13
(Decrease) Increase in accounts payable and other accrued liabilities	(269)	378
(Decrease) Increase in unspent deferred contributions (Note 6)	(1,521)	222
Increase in deferred lease inducement (Note 8)	18	18
Cash (applied to) provided by operating transactions	(2,176)	1,774
<b>Capital Transactions</b>		
Acquisition of tangible capital assets (Note 9)	(13)	(16)
Purchase of intangibles	-	(12)
Cash (applied to) capital transactions	(13)	(28)
<b>(Decrease) Increase in cash</b>	<b>(2,189)</b>	<b>1,746</b>
<b>Cash at beginning of year</b>	<b>4,346</b>	<b>2,600</b>
<b>Cash at end of year</b>	<b>\$ 2,157</b>	<b>\$ 4,346</b>

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

**HEALTH QUALITY COUNCIL OF ALBERTA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2025**  
**(thousands of dollars)**

**Note 1 AUTHORITY**

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

Pursuant to the Act, the HQCA has a mandate to promote and improve patient safety, person-centered care and health service quality on a province-wide basis. The HQCA is exempt from income taxes under the *Income Tax Act*.

**Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES**

These financial statements are prepared in accordance with Canadian Public Sector Accounting Standards (PSAS).

**(a) Reporting Entity**

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

**(b) Basis of Financial Reporting**

**Revenues**

All revenues are reported on the accrual basis of accounting.

Revenues from transactions with performance obligations are recognized as the performance obligations are satisfied by providing the promised services to the payors. Course fees are recognized in the year that courses are delivered.

Cash received for which services have not been provided by year end is recognized as unearned revenue.

Revenues from transactions with no performance obligations are recognized at their realizable value when the HQCA has the authority to claim or retain an inflow of economic resources and identifies a past transaction or event that gives rise to an asset.

**Government transfers**

Transfers from all governments are referred to as government transfers.

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

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

**Expenses**

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

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

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

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

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

Valuation of Financial Assets and Liabilities

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

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

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

**Financial Assets**

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

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

*Cash*

Cash comprises cash on hand and demand deposits.

*Accounts Receivable*

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

**Liabilities**

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

*Deferred Lease Inducements*

Deferred lease inducements represent amounts received for leasehold improvements and the value of a rent-free period. Lease inducements are deferred and amortized on a straight-line basis over

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

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

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

the term of the related lease and the amortization is recognized as a reduction of rent expense for the year.

*Employee Future Benefits*

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

**Non-Financial Assets**

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

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

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

*Tangible Capital Assets*

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

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

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

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

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

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

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

*Purchased Intangible Assets*

Purchased Intangibles are identifiable non-monetary economic resources without physical substance acquired through an arms-length exchange transaction. Purchased Intangibles are recognized at cost less amortization, and tested regularly for impairment. The cost, less any residual value, of purchased intangible assets is amortized on a straight-line basis over its useful life in a manner appropriate to its nature and use, which is normally the shortest of the technological, commercial, and legal life.

*Prepaid Expenses*

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

**Funds and Reserves**

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

**Measurement Uncertainty**

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

**Note 3 FUTURE CHANGES IN ACCOUNTING STANDARDS**

On April 1, 2026, the HQCA will adopt the following new conceptual framework and accounting standard approved by the Public Sector Accounting Board:

**The Conceptual Framework for Financial Reporting in the Public Sector**

The Conceptual Framework is the foundation for public sector financial reporting standard setting. It replaces the conceptual aspects of Section PS 1000 Financial Statement Concepts and Section PS 1100 Financial Statement Objectives. The conceptual framework highlights considerations fundamental for the consistent application of accounting issues in the absence of specific standards.

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

**Note 3 FUTURE CHANGES IN ACCOUNTING STANDARDS (CONT'D)**

PS 1202 Financial Statement Presentation

Section PS 1202 sets out general and specific requirements for the presentation of information in general purpose financial statements. The financial statement presentation principles are based on the concepts within the Conceptual Framework.

Management is currently assessing the impact of the conceptual framework and the standard on the financial statements.

**Note 4 BUDGET**

The HQCA's 2024-2025 operating budget was approved by the Board of Directors on January 24, 2024 and submitted to the Ministry of Health.

**Note 5 FINANCIAL RISK MANAGEMENT**

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

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

(a) Interest rate risk

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

(b) Liquidity risk

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

(c) Credit risk

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

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

**Note 6 UNSPENT DEFERRED CONTRIBUTIONS**

	2025			2024
	Alberta Health	Other	Total	Total
Balance at beginning of the year	\$ 947	\$ 662	\$ 1,609	\$ 1,387
Cash (disbursed) received during the year	-	(662)	(662)	1,400
Amounts recognized as revenue	(859)	-	(859)	(1,178)
Balance at end of year	\$ 88	\$ -	\$ 88	\$ 1,609

The unspent deferred contribution from Alberta Health at the end of the year is externally restricted to support the Pandemic Data Review task force to provide recommendations to the Minister. The balance in other relates to an externally restricted grant from the Ministry of Mental Health and Addiction that was transferred to the Canadian Centre of Recovery Excellence. Total unspent deferred contribution and interest transferred was \$688 (Schedule 3).

**Note 7 EMPLOYEE FUTURE BENEFITS**

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

The HQCA accounts for this multi-employer pension plan on a defined contribution basis. The HQCA is not responsible for future funding of the plan deficit other than through contribution increases. Pension expense recorded in the financial statements is equivalent to the HQCA's annual contributions of \$397 for the year ended March 31, 2025 (2024 - \$388).

At December 31, 2024, the Local Authorities Pension Plan reported a surplus of \$19,557,148 (2023 – surplus of \$15,056,661).

The Supplementary Executive Retirement Plan (SERP) payable at year ended March 31, 2025 is \$53 (2024 - \$43). The current year contribution related to this plan is \$7 (2024 - \$8). No payment has been made to plan members at retirement in the current year.

**Note 8 DEFERRED LEASE INDUCEMENTS**

The HQCA received a lease inducement in the form of free rent relating to a lease renewal of the premises effective April 1, 2024. This amount will be amortized on a straight-line basis over the term of the related lease and the amortization is recognized as a reduction of rent expense.

	2025	2024
Lease inducements - rent free periods	\$ 36	\$ 18
Less accumulated amortization	(6)	(2)
	\$ 30	\$ 16

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

**Note 9 TANGIBLE CAPITAL ASSETS**

	2025			2024	
	Office Equipment	Computer Hardware & Software	Leasehold improvements	Total	Total
<b>Estimated useful life</b>	10 years	5 years	Over term of the lease		
<b>Historical Cost</b>					
Beginning of year	\$ 402	\$ 1,349	\$ 1,013	\$ 2,764	\$ 2,803
Additions	-	13	-	13	16
Disposals, including write-downs	-	-	-	-	(55)
	402	1,362	1,013	2,777	2,764
<b>Accumulated Amortization</b>					
Beginning of year	363	925	1,013	2,301	2,146
Amortization expense	28	155	-	183	210
Effect of disposals, including write-downs	-	-	-	-	(55)
	391	1,080	1,013	2,484	2,301
Net book value at March 31, 2025	\$ 11	\$ 282	\$ -	\$ 293	
Net book value at March 31, 2024	\$ 39	\$ 424	\$ -		\$ 463

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

**Note 10 CONTRACTUAL OBLIGATIONS**

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

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

Year ended March 31	Operating Lease
2025 – 26	\$ 335
2026 – 27	335
2027 – 28	347
2028 – 29	358
Thereafter	1,557
	<u>\$ 2,932</u>

**Note 11 ACCUMULATED OPERATING SURPLUS**

Accumulated operating surplus is comprised of the following:

	2025			2024	
	Investment in Tangible Capital Assets and Purchased Intangibles <sup>(a)</sup>	Internally Restricted Surplus <sup>(b)</sup>	Unrestricted Surplus (Deficit)	Total	Total
Balance, April 1	\$ 475	\$ 1,731	\$ -	\$ 2,206	\$ 1,951
Annual operating (deficit) surplus	-	-	(566)	(566)	255
Net investments in capital assets and intangible assets	(171)	-	171	-	-
Transfers, prior year restricted	-	(1,731)	1,731	-	-
Transfers, current year restricted	-	1,336	(1,336)	-	-
Balance, March 31	<u>\$ 304</u>	<u>\$ 1,336</u>	<u>\$ -</u>	<u>\$ 1,640</u>	<u>\$ 2,206</u>

**HEALTH QUALITY COUNCIL OF ALBERTA  
NOTES TO THE FINANCIAL STATEMENTS  
MARCH 31, 2025  
(in thousands)**

**Note 11 ACCUMULATED OPERATING SURPLUS (CONT'D)**

- (a) Investment in tangible capital assets and intangible assets represents the net book value of internally funded tangible capital assets and intangibles assets. These assets are restricted and are not available for any other purpose.
- (b) The internally restricted surplus represents amounts set aside by the Board for future purposes. Those amounts are not available for other purposes without the approval of the Board. Internally restricted surplus based on the annual work plan is summarized as follows:

	2025	2024
Assessing patient/ family/ provider experience	\$ 469	\$ 1,252
Supporting Modernizing Alberta's Primary Care System	425	110
Monitoring	133	300
External reviews	105	-
Health system improvement resources and activities	204	69
	<u>\$ 1,336</u>	<u>\$ 1,731</u>

**Note 12 COMPARATIVE FIGURES**

Certain 2024 figures have been reclassified, where necessary, to conform to the 2025 presentation.

**Note 13 APPROVAL OF THE FINANCIAL STATEMENTS**

The financial statements were approved by the HQCA Board of Directors on May 28, 2025.

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

	2025		2024
	Budget (Note 4)	Actual	Actual
Salaries and benefits	\$ 5,437	\$ 5,328	\$ 5,104
Supplies, services and other	3,846	3,743	3,438
Amortization of tangible capital assets (Note 9)	178	183	210
Amortization of intangible capital assets	-	1	-
	<u>\$ 9,461</u>	<u>\$ 9,255</u>	<u>\$ 8,752</u>

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

	2025			2024	
	Base Salary <sup>(1)</sup>	Other Cash Benefits <sup>(2)</sup>	Other Non- Cash Benefits <sup>(3)</sup>	Total	Total
<b>Board of Directors-Chair</b>	\$ -	\$ 29	\$ -	\$ 29	\$ 20
<b>Board of Directors-Members</b>	-	50	-	50	28
<b>Chief Executive Officer</b>	264	6	28	298	298
	<u>\$ 264</u>	<u>\$ 85</u>	<u>\$ 28</u>	<u>\$ 377</u>	<u>\$ 346</u>

(1) Base salary includes pensionable base pay.

(2) Other cash benefits include honoraria for board members, vehicle allowance. There were no vacation payouts or bonuses paid in 2025.

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







**Health Quality  
Alberta**

Improving Healthcare Together