



Turning insight into progress

2025-26 Annual Report



Health Quality
Alberta

Improving Healthcare Together



We are a provincial agency
that brings together patients,
families, and our partners from
across healthcare and academia
to inspire improvement in patient
safety, person-centred care, and
health service quality.

Cover photos: Top, members of the Health Quality Alberta team; middle, patient and family advisors D'Arcy Duquette and Allyson Goyette; bottom, a nurse practitioner and patient.

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Markus Lahtinen
Executive Director,
Health System Analytics



Letter from the Board Chair



J. Angus Watt
Chair, Board of Directors,
Health Quality Alberta

I'd like to start by recognizing the incredible work of the Health Quality Alberta team, our Patient and Family Advisory Committee members, and healthcare professionals, partners, and leaders across the province. Your dedication, compassion, and professionalism are at the heart of our healthcare system and shape the care Albertans experience every day.

Through my years supporting healthcare initiatives, I've learned that meaningful progress always comes down to people – those willing to give their time, energy, and passion to make things better. That commitment is clearly reflected not only within this organization, but across Alberta's broader healthcare system.

Since being appointed in 2025, it has been a true privilege to serve as Chair of the Board of Health Quality Alberta. I accepted this role because I firmly believe we can – and must – continue improving our healthcare system. That belief is deeply personal to me.

My experiences have given me a first-hand view of both the strengths of our system and the challenges patients can encounter, especially when it comes to accessing care in a timely way. They reinforced something I believe strongly: we can never lose sight of health service quality, patient safety, and person-centred care.

Over the past year, Health Quality Alberta has kept a strong focus on the pillars of our mandate.

We've provided thoughtful, evidence-based advice on key areas such as primary care reform, alternate level of care, continuing care, acute care workforce and patient experience, and more.

We've also worked hard to ensure the patient voice is heard in the conversations that matter most across government and the healthcare system.

In July, we released the most significant update in nearly 20 years to Alberta's definition of healthcare quality. This updated definition will help guide how care is planned, funded, measured, and delivered, bringing greater alignment across the system as we work toward high-quality, integrated care.

Much of our work this past year has laid important groundwork. Alongside the updated definition, we've strengthened how we use data, explored opportunities with artificial intelligence, and positioned ourselves to make even more meaningful contributions in the years ahead.

As a Board, we are focused on driving real, lasting improvement. That means continuing to evolve Health Quality Alberta's role. While objective analysis will always be important, it's no longer enough to simply report on what's working and what isn't. We need to be active partners in change – turning insight into action, identifying practical solutions, and supporting progress across the system.

Partnership remains key to this work. We are dedicated to building strong, trusting relationships with government, healthcare organizations, and frontline teams. As trust and communication grow, so does our ability to contribute as a valued partner. Our Board is absolutely committed to this collaboration.

I'm also proud of how our Board and organization have continued to move forward during a time of change. Despite leadership transitions and ongoing shifts in Alberta's healthcare landscape, our team has stayed focused, resilient, and committed to improvement.

To our former CEO, Dr. David Zygun – thank you for your leadership and contribution to this organization. To our new CEO, Carmella Steinke – a warm welcome back to Health Quality Alberta. We look forward to your steady leadership as we enter this next chapter, one which we're building strength, deepening our impact, and positioning ourselves to move from good to great.

In closing, I want to acknowledge the leadership and support of Minister Adriana LaGrange as well as my peers on the Health Quality Alberta Board of Directors. Thank you for your trust, your partnership, and your ongoing dedication to improving healthcare for all Albertans.

J. Angus Watt

Chair, Board of Directors, Health Quality Alberta

How we work

Anila Hussaini
Lead, Health System
Improvement



Who we are

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

Health Quality Alberta operates independently. As oversight minister, the Minister of Hospital and Surgical Health Services is designated as the minister responsible for Health Quality Alberta.

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 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.

Our values

Our values underpin the collective wisdom and expertise of our staff, Board, 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 experience 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.

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

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

Improve

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

Governance



Rick Lundy
Board member

Our 2025-26 Board of Directors includes health professionals, business leaders, academic representatives, and members of the public.

From left: Clifford A. LeMoal, High River; Dr. Pamela Hawranik, Airdrie, Vice Chair; Clifford D. Johnson, Calgary (served from 2021 to 2026); Angus Watt, Edmonton, Chair; Dr. Emmanuel Gye, Airdrie; Rick Lundy, Calgary; Dr. Carlyn Volume-Smith, Sherwood Park



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

Executive Committee

This committee facilitates effective communication between the Board and administration. The committee liaises with the Chief Executive Officer and provides direction and support for carrying out the objectives of Health Quality Alberta, as set out in the *Health Quality Council of Alberta Act*.

Quality Assurance Committee

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

Governance and Education Committee

This committee facilitates and implements good governance practices for Health Quality Alberta; 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.

Audit and Finance Committee

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

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



Guy DeSantis
Communications Lead

In 2025-26, 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 following activities.

Patient and Family Advisory Committee

The Patient and Family Advisory Committee (PFAC) is regularly engaged to ensure the patient and family perspective is reflected in all our project activities.

For example:

- Partnering on the Patient Experience Awards program
- Participating on the Equity, Diversity and Inclusion Committee
- Enhancing and expanding our engagement program
- FOCUS on Healthcare website
- Public information campaigns
- Home Care Client Experience Survey
- Primary Healthcare Panel Reports
- Experience survey program
- A review of alternate level of care patients
- Patient persona development
- Acute Care Workforce and Patient Experience Review
- Alberta Quality Dimensions for Health
- Alberta Health Services Outgoing Referrals Review

Members



Allyson Goyette
Chair, Clyde



Jamie Hodge
Vice Chair, Calgary



Billie-Jo Onespot
Treaty 7 Blackfoot Kainai



Medgine Mathurin
Edmonton



Katelyn Greer
Calgary



Ross Ehalt
Sturgeon County



Jenny Ye
Calgary



Karen Moffat
Cochrane



Larissa Heron
Caslan



Teena Cormack
Lethbridge (2019-2025)



Rashmi Joshee
Edmonton



Todd Hillier
Fort McMurray



Nana Thaver
Sherwood Park
(2019-2025)



Jodie Gateman
Mossleigh



Our PFAC members, with Board liaisons Cliff LeMoal, far left, and Rick Lundy, far right.

Advice to government

Throughout 2025-26, Health Quality Alberta was asked to provide evidence-based advice to government in support of advancing quality, performance, and accountability across the provincial healthcare system.

This included:

- **A review of outgoing referrals made from Alberta Health Services to community specialists** – completed in May 2025. We reviewed delayed referrals from the Connect Care clinical information system and made recommendations to address gaps.
- **A review of alternate level of care patients** – completed July 2025. We reviewed cross-sectoral challenges and opportunities related to alternate level of care (ALC) pressures. Our report highlighted opportunities to strengthen accountability for patient flow from acute care to community care settings.
- **A review of ALC, from an Indigenous lens** – in progress. We interviewed leaders and staff in healthcare who are dedicated to serving First Nations, Métis, and/or Inuit Peoples and communities. We also completed a focused literature review and jurisdictional scan. A report will be presented to government in 2026.
- **A review of acute care workforce experience and patient experience** – in progress. In August 2025, the Minister of Hospital and Surgical Services asked Health Quality Alberta to recommend key performance measures related to workforce and patient experience to monitor on an ongoing basis for the care services overseen and coordinated by Acute Care Alberta.
- **Assessing continuing care provider experience** – in progress. The Ministry of Assisted Living and Social Services asked Health Quality Alberta to assess the experiences of providers and operators in continuing care. Planning has been underway throughout 2025-26. Surveying is scheduled for 2026-27 (see P. 21).
- **Modernizing Alberta's primary care system (MAPS) implementation evaluation support** – in progress. Our support to the ministry includes supplying Primary Healthcare Panel Reports to providers, clinics, and primary care networks (see P. 19).
- **Evaluation of Nurse Practitioner Primary Care Program (NPPCP)** – in progress. We conducted an evaluation of the NPPCP to understand the experiences of nurse practitioners and patients under the program, offering actionable insights to better align the program with intended objectives (see P. 20).



Adriana LaGrange, Minister of Hospital and Surgical Health Services

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.

“Each of this year’s recipients shows how patient input can drive improvement. Each team involved patients and families in designing solutions that improved how the services were accessed or received. We congratulate them for this great work.”

– Allyson Goyette, Chair of Health Quality Alberta’s Patient and Family Advisory Committee

2025 Recipients



Alberta Virtual Pain Program

The Alberta Virtual Pain Program offers easy and timely access to people-centred interdisciplinary care and evidence-based non-pharmacological resources for people living with pain. Patients can self refer. This accessible approach removes major barriers to care including challenges in getting a diagnosis and referral.

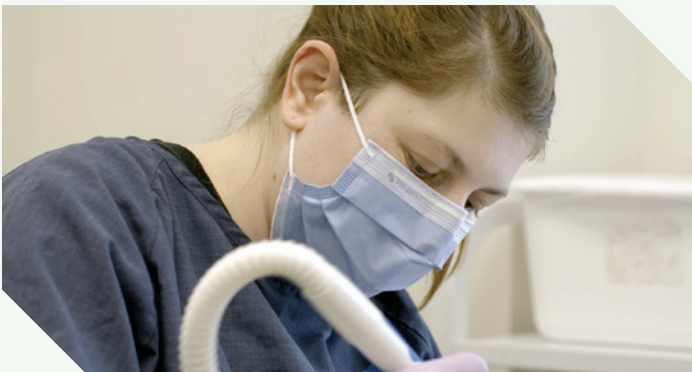


Calgary Zone Music Therapy Program

Palliative, neurological, and critical care hospital patients experience high rates of anxiety, distress, confusion, pain, and poor sleep. Patient distress in these areas is commonly managed with sedation, especially during prolonged stays. The Calgary Zone Music Therapy Program offers an evidence-based, non-pharmacological, pain and anxiety option.



We've recognized **44 initiatives** since 2016 that have helped inspire improvement. The awards are judged by patients, staff, and board members.



Edmonton Diabetes and High-Risk Foot Clinic

Diabetes care has historically been fragmented, requiring patients to visit separate clinics for specialist appointments, foot and nail care, wound care, diabetes education, insulin pump training, and mental health support. The Edmonton Diabetes and High-Risk Foot Clinic consolidated services under one roof, making life easier for patients seeking diabetes care.



My Next Steps

Created by patients, for patients, My Next Steps is a resource that empowers patients to be actively engaged in their own discharge planning. Patient advisors with lived experience worked with staff to design, test, and implement the guide across acute care sites in Alberta.

Public information campaign

Launched in 2022, our public information campaign supports frequent users of the healthcare system, such as seniors and their caregivers. The campaign offers valuable resources for patients and families to take an active role in their 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 2025-26, we collaborated with the Office of the Alberta Health Advocates (OAHA) and launched a co-branded digital media campaign, sharing three ways people can be more active partners in their healthcare. The resources reflected Health Quality Alberta and

OAHA’s shared vision of helping patients feel heard and supported. The 2026 co-branded campaign was the most successful yet, surpassing all previous campaign totals for digital engagement.



Highlights



Since March 2022, Health Quality Alberta has launched four campaigns, providing 38 online resources for patients and families in nine languages: English, French, Tagalog, Punjabi, Hindi, Urdu, Pashto, Cantonese, and Mandarin.



The co-branded campaign with OAHA generated more than 85,000 page views on hqa.ca, and the video and display advertisements were clicked on more than 122,000 times during a three-month period starting in January 2026.



Health Quality Alberta team members Sanita Dhillon-Shapka, Amber Kalyn, and Lisa Brake received a 2026 Gold Quill Award of Excellence in Multicultural Communication from the International Association of Business Communicators – one of the profession’s highest global honours – for their work on the community-specific information campaigns.

Expanding and enhancing engagement practices

Our legislated mandate requires us to engage with people. This led to the establishment of a program of work to help implement leading practices for effective engagement.

In 2025-26, we focused our efforts on several key activities. Some of this work included:

- Educating staff and PFAC on Health Quality Alberta's philosophy to guide all of our engagement going forward. The philosophy helps to inform plans for new resources and capacity-building and enables us to more consistently implement leading and wise engagement practices.
- Collaborating with PFAC members to enhance the guidelines, processes, and tools to support Health Quality Alberta's engagement email distribution list of over 2,600 individuals from across the province interested in engaging in our activities.
- In 2025-26, our engagement email distribution list was used to invite perspective on:
 - The Alberta Health Services Outgoing Referrals Review (May 2025)
 - Equitable People-Centred Health Measurement research (June 2025)
 - Primary care patient experiences (February 2026)
 - The EQ Health and Well-being instrument (EQ-HWB) (February 2026)



PFAC member Katelyn Greer brings a patient and family voice to Health Quality Alberta's engagement practices.

Emergency Department Patient Experience Survey

Thousands of Albertans are surveyed annually 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. Results are provided to Health Shared Services to inform patient experience improvement analysis. Select measures are reported on the Health Quality Alberta's FOCUS on Healthcare website. In 2025-26, work began on redesigning the survey to strengthen relevance and effectiveness. This included exploring different survey modalities and expanding the survey to all emergency departments across Alberta.



Since 2016, we have surveyed almost 136,000 Albertans who received care at the 16 largest and busiest emergency departments. Approximately 4,700 were surveyed about their experiences in 2025-26.



Health Quality Alberta team members attended the Emergency Medicine for Rural Hospitals conference in January 2026. From left, James Stroud, Meagan Cloutier, and Tara Seibert.



Continuing Care Homes Survey

For years, Health Quality Alberta has conducted surveys that provide both a system-wide look at continuing care homes 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 2025-26, we initiated planning to survey residents living in continuing care homes as well as their families.

Residents and families will be asked about the care and support received, quality of life and the compassion of staff, and experiences with staff, food, and more. The survey will be translated into five languages.

This work included:



Engagement sessions with the Ministry of Assisted Living and Social Services, Assisted Living Alberta, and continuing care home operators to align on survey process.



Targeted engagement with Indigenous-led homes to ensure the survey process is culturally appropriate and respectful.



Securing a contractor to lead the survey implementation during the summer of 2026.



Home Care Client Experience Survey

Health Quality Alberta has been surveying home and community care clients in the province since 2015.

The most recent iteration of this survey – the 2024 Home Care Client Experience Survey – was completed in collaboration with representatives from the Ministry of Assisted Living and Social Services and Alberta Health Services. It was released in 2025-26. We heard from 10,690 home and community care clients, which was the largest sample size ever for this type of survey.

The survey featured:

- Voices from an expanded list of home and community care client types including all cognitively well adults who are acute, long-term supportive, maintenance, rehabilitation, and 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.

Over the past year, Health Quality Alberta actively engaged with government, organizational leadership and teams, and offices of home and community care about the survey results and recommendations for improvement. Teams who provide home and community care also received tailored reports specific to input from their clients. These reports are used for ongoing quality improvement.



What we heard

In the 2024 Home Care Client Experience Survey:



Over half of clients (55 per cent) rated their overall home and community care experience as great (9 or 10 out of 10)



41 per cent reported their overall experience as mediocre (5 to 8 out of 10)



4 per cent as unacceptable (0 to 4 out of 10).

The full provincial report was publicly reported. It's available at www.hqa.ca/homecare.

Primary Healthcare Panel Reports

We began providing Primary Healthcare Panel Reports in 2011. Today, close to 3,000 primary care providers (including family physicians, nurse practitioners, and their team members), clinics, and primary care networks (PCN) receive their individual reports from Health Quality Alberta.

This quality improvement resource includes measures related to patient demographics, health conditions, aspects of patient management and use of health services, and twice-annual preventative cancer screening data updates. The reports capture key measures required by Primary and Preventative Health Services and support the Modernizing Alberta's Primary Health Care System (MAPS) initiative.

In 2025-26, we initiated work to move our reporting environment into new software. We also worked with healthcare partners to increase uptake and the usability of the reports. This included:

- Training cohorts of practice facilitators on how to interpret and use the reports to support provider and clinic improvement efforts.
- Delivering customized training sessions for various PCNs.
- Presenting to the Ministry of Primary and Preventative Health Services, as well as members of Alberta Medical Association's Accelerating Change Transformation Team Network of Practice.
- Participating in several primary care conferences.

Every year, Health Quality Alberta sees more engagement with the reports. Providers and their teams are requesting and logging on to their reports in greater numbers.



Panel reports co-leads Tara Seibert, left, and Trenton Smith participated in several primary care events in 2025-26.

“Health Quality Alberta’s panel report helps me to see the blind spots; what am I missing, and how can we use that information to help patients?”

– Dr. Michelle Hart, a primary care provider and Clinical Assistant Professor at the Cummings School of Medicine, University of Calgary

Nurse Practitioner Primary Care Program Evaluation

Health Quality Alberta is working alongside the Ministry of Primary and Preventative Health Services to conduct an evaluation of the Nurse Practitioner in Primary Care Program (NPPCP), particularly seeking to understand the experience of NPs and their patients under the new funding model.

We shared our first findings in October 2025. This report included a description of the characteristics of nurse practitioners (NPs) enrolled in the program and findings from in-depth interviews conducted to explore NPs' motivations for joining the program, approach to practice-set, and initial successes and challenges.

Health Quality Alberta presented alongside the Ministry of Primary and Preventative Health Services the early evaluation findings at the Nurse Practitioner Association

of Alberta conference in June 2026. A second report will be presented to government in July 2026, with insight on how patients are experiencing care from NPs in the program as well as how NPs' experiences have changed over time. With this insight, the evaluation will help to identify strengths, barriers, and areas for improvement to help determine if the program is achieving its goals and being implemented as planned.

Patient Safety Culture Survey

Our Patient Safety Culture Survey is used to increase healthcare 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 2025-26, more than 120 staff from 10 primary care 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 January 27, 2026, to help them review their survey results and implement practice improvements.

Did you know?

The Patient Safety Culture Survey provides reliable and objective data that can be used to support the Physician Practice Improvement Program (PPIP) of the College of Physicians & Surgeons of Alberta.



Assessing provider experience

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

Health Quality Alberta is establishing a comparable, cross-sectoral program to measure, monitor, and report on provider experience across the healthcare system. Planning for this work has included engagement with the provincial health ministries and healthcare professional associations 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. Surveying will proceed in 2026-27, with a focus on providers' experiences with care coordination, communication, system enablers, and barriers related to integration across the healthcare system.

Primary Care Patient Experience Survey

The Primary Care Patient Experience Survey reports offer feedback from patients to primary care providers across the province.

In 2025-26, Health Quality Alberta surveyed more than 55,000 patients, and generated reports for over 100 care providers including nurse practitioners. The reports are confidential and used to inform practice improvement. Aggregate information is shared with participating clinics and primary care networks.

Over the past year, Health Quality Alberta continued our collaboration with the Person-Centred Quality Indicators program at the University of Calgary. This partnership laid the foundation for Primary Care Patient Experience Surveys being used to identify the facilitators and barriers to implementing person-centred measurement into practice.

Separately, every year Albertans on our engagement list are invited to participate in a provincial-level Primary Care Experience Survey. Those results are reported on our FOCUS on Healthcare website.

“Surveys go a long way to prove that healthcare professionals genuinely care about improving the patient experience. Health Quality Alberta surveys help give patients a voice in shaping their own experiences to the benefit of others.”

– Todd Hillier, member of Health Quality Alberta's Patient and Family Advisory Committee



Experience Surveys Program

Continuing our work from previous years, Health Quality Alberta is transitioning traditional survey methodologies to leading-edge, AI-driven approaches including computer-adaptive technologies.

These technologies can automate the administration, scoring, and reporting of 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 Health Quality Alberta's Home Care Client Experience Survey, the Acute Care Experience Survey, and the Continuing Care Homes Resident and Family Experience Survey.

In addition, we further explored and socialized concepts that introduce equitable people-centred experience measurement. This helps to identify and amplify the unique experiences of individuals whose voices may be hidden by traditional survey methodologies.

To better understand these hidden patient experiences, Health Quality Alberta is deploying a mixed-methods approach, using experience survey data and qualitative interviews, to develop patient personas for primary care.

These personas act as evidence-based tools, translating complex data into compelling narratives that healthcare teams, decision-makers, and patients can use to improve communication and care.

In 2025-26, we validated these personas with more than 30 primary care partners — and will continue engagement in the year ahead in preparation for a broader rollout.

Did you know?

Our work to amplify hidden patient experiences was highlighted in 2025-26 at the International Society for Quality of Life Research (ISOQOL), the Canadian Outcomes Matter Conference, and the Global Conference on Person-Centred Care.



Healthcare Integration Assessment

This initiative establishes a province-wide approach to assessing how patients enter, move through, and experience care across the healthcare system, with a central focus on the primary medical home as the coordinator of care. It examines how gaps in attachment, continuity, and coordination in primary care contribute to downstream pressures in acute and specialist services.

In 2025-26, Health Quality Alberta commenced planning for this important work – the first time an assessment of healthcare integration has been initiated by our organization. Planning included engaging with the newly formed Health Quality Network (see P. 27), healthcare organizations, and patient and family representatives across the province.

The assessment will include using administrative indicators with patient and provider experience measurement to assess coordination as patients move between primary care and acute care (in-patient and emergency department), community specialists, and home care. Results will be shared with healthcare delivery organizations and policymakers to enhance care continuity, reduce avoidable acute care use, and improve overall system performance.

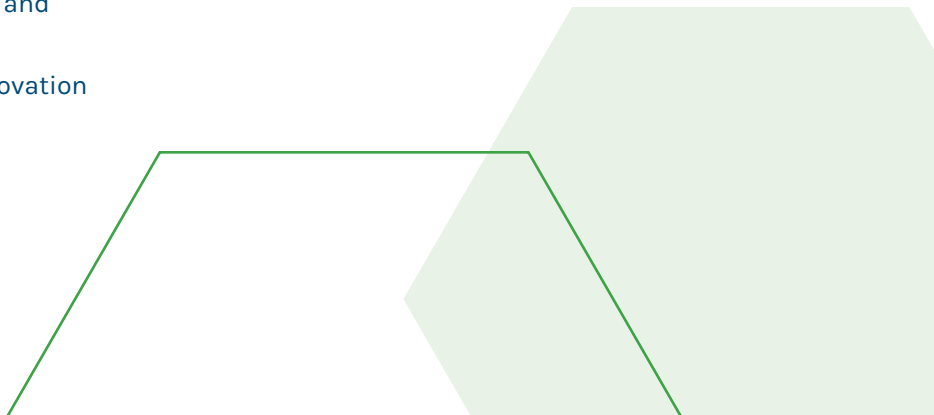
Proactive monitoring and predictive analytics

Health Quality Alberta is developing a new tool to proactively detect emerging concerns in health service quality.

In collaboration with the Ministry of Technology and Innovation, and under the umbrella of the Division of Strategic Policy and Performance, this tool will enable us to:

- Support provincial health ministries with interpretation of real-time analysis of health system data to identify risks and trends.
- Shift to proactive safety and quality monitoring with the introduction of predictive analytics.
- Offer enhanced capacity for preventative action and system-wide responsiveness.
- Foster cooperative research and technology innovation across sectors and ministries.

In 2025-26, Health Quality Alberta and the Alberta Machine Intelligence Institute convened a workshop, centred on aligning organizational priorities and planning a roadmap to deliver a phased, AI-enabled approach. Work continues in the next fiscal year to advance this initiative.



FOCUS on Healthcare

The goal of the FOCUS on Healthcare website 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, home and community care, continuing care homes, and hospital care.

Along with our regular updates to the information on FOCUS this past year, we have also analyzed the data and shared observations with decision-makers across the relevant ministries about positive change and opportunities for improvement.

In addition, as part of our commitment to continuous improvement, Health Quality Alberta initiated discussions in 2025-26 about evolving the FOCUS on Healthcare website. We also began working with our health system partners to reduce the duplication of public reporting to make it easier for audiences to find and use health information.



In 2025-26, FOCUS attracted more than 12,000 unique visitors and more than 40,000 page views. FOCUS is available at focus.hqa.ca.



Members of the Health Quality Alberta team have been meeting to discuss the ongoing evolution of our FOCUS on Healthcare website.

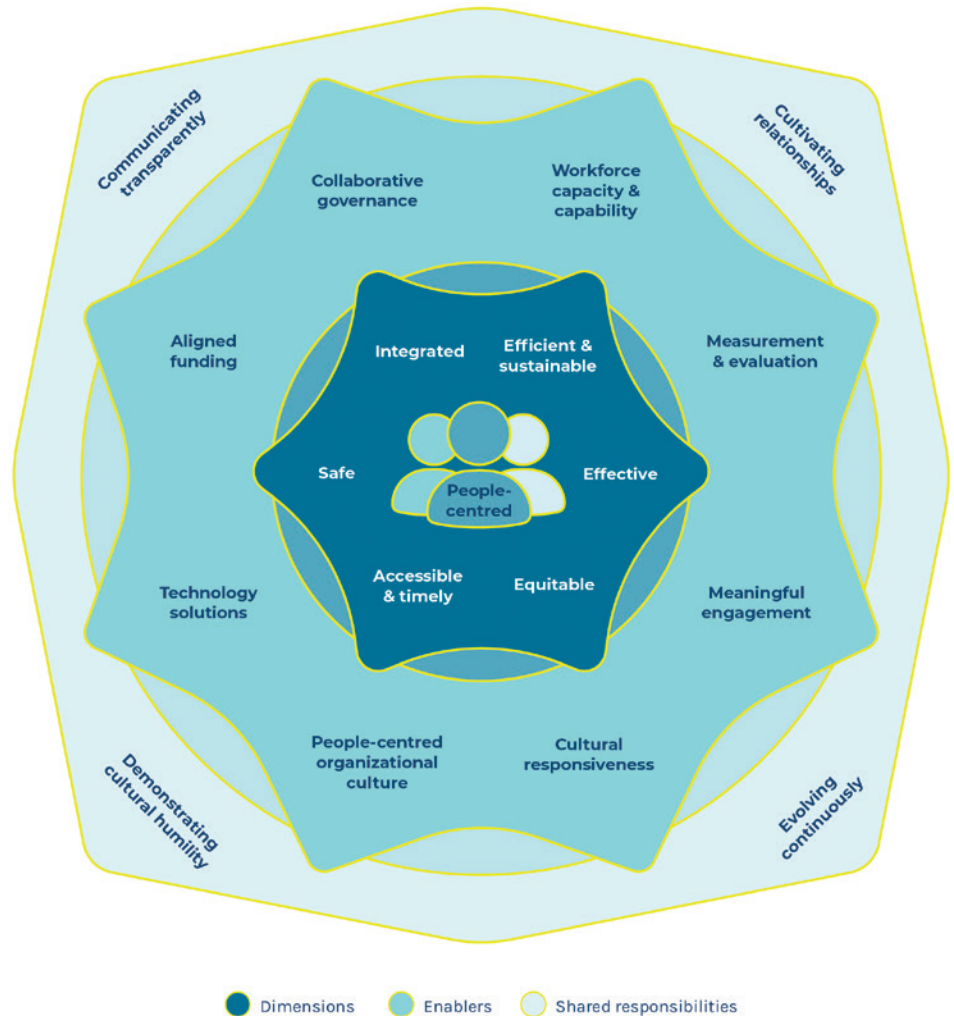
Defining quality in an integrated people-centred healthcare system

In 2025-26, we released a renewed, evidence-based definition for healthcare quality in Alberta, marking the most significant update to this important concept in nearly 20 years.

The definition includes seven dimensions of quality: people-centred, accessible and timely, effective, efficient and sustainable, safe, equitable, and integrated.

By updating the common language for 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.

The new dimensions replace the definition of quality that was first introduced with the Alberta Quality Matrix for Health in 2005 – and they bring together input and leading practice from within and beyond Alberta. These quality dimensions are at the centre of a framework for an integrated people-centred health system, scheduled for release in the next fiscal year.



Following the release of the new dimensions in July 2025, we promoted this work to numerous organizations, including:

- Alberta Network for Health Information eXchange Society
- The Institute for Health Economics
- Alberta Federation of Colleges
- Alberta Health Services
- Covenant Health
- Various divisions within the provincial ministries of health
- Patient and family advisory councils
- Canadian Centre of Recovery Excellence
- Provincial health agencies

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 educational resources.

To ensure these resources continue to reflect current thinking and leading practice, we consult health system partners and users. We also conducted environmental scans of similar materials. In addition, we promote uptake among health system partners.

The resources include:

- **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 safety events. In 2025-26, we completed several training sessions with healthcare practitioners and presented to various groups about the value of just culture including the Alberta Health Services Patient Safety Community of Practice. In March 2026, we also hosted the first gathering of past workshop participants to facilitate the sharing of practical implementation ideas.
- **Systematic Systems Analysis.** The SSA Guidebook, e-learning module, and facilitated workshops aim to support 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 Individual Assessment (JIA).** The JIA guidebook, e-learning module, and facilitated workshops support a just culture by nurturing 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 event.



In 2025-26, a total of 88 individuals participated in SSA, and 56 participated in JIA education modules. We also supported an organization with a train-the-trainer program to help them deliver JIA and SSA.

Health Quality Network

Health Quality Alberta launched the Health Quality Network in 2025-26. This initiative is a forum for leadership, collaboration, and shared learning on health service quality and patient safety for Albertans.

We brought together quality and safety administrators and healthcare providers from across the health system to serve as an expert-led advisory body.

The Health Quality Network's inaugural meeting was held in March. The value of continuing to meet was widely recognized. Next steps are to finalize the terms of reference and establish a regular meeting cadence to discuss these important topics.

Chaired by Health Quality Alberta's CEO, membership includes senior representatives from:

- Provincial health agencies
- Covenant Health and Alberta Health Services
- Each of the four provincial health ministries
- Canadian Centre of Recovery Excellence
- Office of the Alberta Health Advocates
- Health Quality Alberta's Patient and Family Advisory Committee

Depending on the topics to be discussed, the Health Quality Network will consider inviting additional organizations to the conversations, including other provincial health corporations, health professional associations, and academia.



Human Factors course

In collaboration with the University of Calgary, the W21C Research and Innovation Centre, and Alberta Health Services, Health Quality Alberta offers three-day Human Factors in Healthcare courses 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.

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.

In 2025-26, the Human Factors in Healthcare course received accreditation through the Royal College of

Physicians and Surgeons of Canada. Across Calgary and Edmonton, 44 participants learned how to apply human factors practices in healthcare to enhance quality improvement and patient safety. Participant survey results were positive. A course overview webinar was also presented to an additional 42 attendees at the Montreal Children's Hospital in October 2025.

Engaging and developing our people

The vision for the Health Quality Alberta 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 at the 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:

- 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.



Members of the Health Quality Alberta team.



Allan Carvalho
User Access and Platform Support,
Health Systems Analytics



Financial statements

Year ended March 31, 2026

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HEALTH QUALITY 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.

Health Quality Alberta's Board of Directors carries out their responsibility for the financial statements through the Audit, Finance and Risk 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 Alberta Board of Directors for approval upon finalization of the audit. The Auditor General of Alberta has open and complete access to the Audit, Finance and Risk 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 Health Quality Alberta.

(original signed by Dr. David Zygun)

Chief Executive Officer
Dr. David Zygun May
May 29, 2026

(original signed by Jessica Wing)

Director, Financial Services
Jessica Wing
May 29, 2026

Independent Auditor's Report

To the Board of Directors of Health Quality Alberta

Report on the Financial Statements

Opinion

I have audited the financial statements of Health Quality Alberta, which comprise the statement of financial position as at March 31, 2026, 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 Health Quality Alberta as at March 31, 2026, 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 Health Quality 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 Health Quality 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 Health Quality 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 Health Quality 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 Health Quality 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 Health Quality 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 Phillip D. Peters FCPA, FCA, KC]
Auditor General of Alberta

May 29, 2026
Edmonton, Alberta

HEALTH QUALITY ALBERTA

STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2026

	2026		2025
	Budget (Note 4)	Actual	Actual
	(in thousands)		
Revenues (Note 2(b))			
Government transfers			
Base operating	\$ 9,976	\$ 9,976	\$ 7,711
Restricted operating (Note 6)	-	88	859
Interest income	60	64	91
Other revenue (Note 6)	-	61	28
	10,036	10,189	8,689
Expenses (Note 2(b) and Schedule 1)			
Administration	1,681	2,050	1,629
Health system analytics	4,918	3,521	3,416
Health system improvement	2,164	1,939	1,705
Communications and engagement	1,486	1,621	1,358
Minister priorities	100	35	288
Ministerial assessment/study (Note 6)	-	-	859
	10,349	9,166	9,255
Annual operating surplus (deficit)	(313)	1,023	(566)
Accumulated operating surplus, beginning of year	971	1,640	2,206
Accumulated operating surplus, end of year	\$ 658	\$ 2,663	\$ 1,640

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

HEALTH QUALITY ALBERTA

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2026

	2026	2025
	<i>(in thousands)</i>	
Financial Assets		
Cash	\$ 3,147	\$ 2,157
Accounts receivable	69	25
	3,216	2,182
Liabilities		
Accounts payable and other accrued liabilities	919	800
Unspent deferred contributions (Note 6)	2	88
Employee future benefits (Note 7)	3	53
Deferred lease inducements (Note 8)	45	30
	969	971
Net Financial Assets	2,247	1,211
Non-Financial Assets		
Tangible capital assets (Note 9)	253	293
Purchased intangibles	10	11
Prepaid expenses	153	125
	416	429
Net Assets	2,663	1,640
Net Assets		
Accumulated operating surplus (Note 11)	\$ 2,663	\$ 1,640

Contractual obligations (Note 10)

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

HEALTH QUALITY ALBERTA

STATEMENT OF CHANGE IN NET FINANCIAL ASSETS

YEAR ENDED MARCH 31, 2026

	2026		2025
	Budget		
	(Note 4)	Actual	Actual
	<i>(in thousands)</i>		
Annual operating surplus (deficit)	\$ (313)	\$ 1,023	\$ (566)
Acquisition of tangible capital assets (Note 9)	-	(115)	(13)
Amortization of tangible capital assets (Note 9)	151	155	183
Amortization of purchased intangibles	1	1	1
(Increase) in prepaid expenses	-	(28)	(40)
Increase / (Decrease) in net financial assets in the year	(161)	1,036	(435)
Net financial assets, beginning of year	1,211	1,211	1,646
Net financial assets, end of year	\$ 1,050	\$ 2,247	\$ 1,211

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

HEALTH QUALITY ALBERTA

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2026

	2026	2025
	<i>(in thousands)</i>	
Operating Transactions		
Annual operating surplus (deficit)	\$ 1,023	\$ (566)
Non-cash items:		
Amortization of tangible capital assets (Note 9)	155	183
Amortization of purchased intangibles	1	1
Amortization of deferred lease inducements (Note 8)	(6)	(4)
(Decrease) Increase in employee future benefits (Note 7)	(50)	10
	1,123	(376)
(Increase) Decrease in accounts receivable	(44)	12
(Increase) in prepaid expenses	(28)	(40)
Increase (Decrease) in accounts payable and other accrued liabilities	120	(269)
(Decrease) in unspent deferred contributions (Note 6)	(86)	(1,521)
Increase in deferred lease inducement (Note 8)	20	18
Cash (applied to) provided by operating transactions	1,105	(2,176)
Capital Transactions		
Acquisition of tangible capital assets (Note 9)	(115)	(13)
Cash (applied to) capital transactions	(115)	(13)
Increase (Decrease) in cash	990	(2,189)
Cash at beginning of year	2,157	4,346
Cash at end of year	\$ 3,147	\$ 2,157

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

HEALTH QUALITY ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2026

(thousands of dollars)

Note 1 Authority

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

Pursuant to the Act, Health Quality Alberta has a mandate to promote and improve patient safety, person-centered care and health service quality on a province-wide basis. Health Quality Alberta 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 Health Quality Alberta.

(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 Health Quality Alberta 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 Health Quality Alberta's actions and communications as to the use of the transfer, create a

HEALTH QUALITY ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2026

(thousands of dollars)

Note 2

Summary of Significant Accounting Policies and Reporting Practices (Cont'd)

(B) BASIS OF FINANCIAL REPORTING (CONT'D)

liability. These transfers are recognized as revenue as the stipulations are met and, when applicable, Health Quality Alberta 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 Health Quality Alberta 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.

Transfers include entitlements, grants and transfers under shared cost agreements. Transfers are recognized as expenses when the transfer is authorized and eligibility criteria have been met by the recipient.

Valuation of Financial Assets and Liabilities

Health Quality Alberta’s financial assets and liabilities are generally measured as follows:

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

Health Quality Alberta does not hold equities traded in an active market, nor engage in derivative contracts or foreign currency transactions. Health Quality Alberta 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.

HEALTH QUALITY ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2026

(thousands of dollars)

Note 2 Summary of Significant Accounting Policies and Reporting Practices (Cont'd)

(B) BASIS OF FINANCIAL REPORTING (CONT'D)

Financial assets are Health Quality Alberta'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 Health Quality Alberta 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 the term of the related lease and the amortization is recognized as a reduction of rent expense for the year.

Employee Future Benefits

The Health Quality Alberta 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 Health Quality Alberta registered plan that is limited by the *Income Tax Act* (Canada). Health Quality Alberta contributes a certain percentage of an eligible employee's pensionable earning 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.

HEALTH QUALITY ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2026
(thousands of dollars)

Note 2 Summary of Significant Accounting Policies and Reporting Practices (Cont'd)

(B) BASIS OF FINANCIAL REPORTING (CONT'D)

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 Health Quality Alberta’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 ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2026

(thousands of dollars)

Note 2 Summary of Significant Accounting Policies and Reporting Practices (Cont'd)

(A) 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. These intangibles are recognized and carried at cost less any accumulated amortization, and impairment losses.

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, Health Quality Alberta 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 ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2026

(thousands of dollars)

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.

On April 1, 2029 (beginning of fiscal year or thereafter), Health Quality Alberta will adopt PS 3251 – Employee Benefits.

PS 3251 – Employee Benefits

This standard will replace and consolidate two old standards, PS 3250 – Retirement benefits and PS 3255 – Post-employment benefits, Compensated Absences and Termination Benefits. The application of the standard will improve the understandability of the financial reporting of employee benefits and provide better information for accountability purposes.

PS 3150 – Tangible Capital Assets

The amendments standardize capital asset accounting by incorporating Government Not for Profit standards, clarifying recognition and disclosure requirements related to collections, works of art and historical treasures.

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

Note 4 Budget

Health Quality Alberta's 2025-2026 operating budget was approved by the Board of Directors on February 12, 2025 and submitted to the Minister of Primary and Preventative Health Services.

Note 5 FINANCIAL RISK MANAGEMENT

Health Quality Alberta has the following financial instruments: cash, accounts receivable, accounts payable and other accrued liabilities.

Health Quality Alberta has exposure to the following risks from its use of financial instruments: interest rate risk, liquidity risk, and credit risk.

(A) INTEREST RATE RISK

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

HEALTH QUALITY ALBERTA

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2026

(thousands of dollars)

Note 5 FINANCIAL RISK MANAGEMENT (Cont'd)

(B) LIQUIDITY RISK

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

(C) CREDIT RISK

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

Note 6 UNSPENT DEFERRED CONTRIBUTIONS

	2026			2025	
	Primary and Preventative Health Services	Other	Total	Total	
Balance at beginning of the year	\$ 88	\$ -	\$ 88	\$ 1,609	
Cash received (disbursed) during the year	-	50	50	(662)	
Amounts recognized as revenue	(88)	(48)	(136)	(859)	
Balance at end of year	\$ -	\$ 2	\$ 2	\$ 88	

The externally restricted grant from the former Ministry of Health to support the Pandemic Data Review task force to provide recommendations to the Minister is completed. Other includes an amount receivable from the Office of Alberta Health Advocates to jointly fund the patient self-advocacy information campaign.

HEALTH QUALITY ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2026
(thousands of dollars)

Note 7
EMPLOYEE FUTURE BENEFITS

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

Health Quality Alberta accounts for this multi-employer pension plan on a defined contribution basis. Health Quality Alberta 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 Health Quality Alberta’s annual contributions of \$446 for the year ended March 31, 2026 (2025 - \$397).

At December 31, 2025, the Local Authorities Pension Plan reported a surplus of \$22,561,000 (2024 – surplus of \$19,557,000).

The Supplementary Executive Retirement Plan (SERP) payable at year ended March 31, 2026 is \$3 (2025 - \$53). A payment of \$53 has been made to a member at retirement. The current year contribution related to this plan is \$3 (2025 - \$7).

Note 8
DEFERRED LEASE INDUCEMENTS

Health Quality Alberta 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.

	2026	2025
Lease inducements - rent free periods	\$ 57	\$ 36
Less accumulated amortization	(12)	(6)
	\$ 45	\$ 30

HEALTH QUALITY ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2026
(thousands of dollars)

Note 9 Tangible Capital Assets

	2026				2025
	Office Equipment	Computer Hardware & Software	Leasehold improvements	Total	Total
Estimated useful life	10 years	5 years	Over term of the lease		
Historical Cost					
Beginning of year	\$ 402	\$ 1,362	\$ 1,013	\$ 2,777	\$ 2,764
Additions	68	47	-	115	13
Disposals, including write-downs	-	(32)	-	(32)	-
	470	1,377	1,013	2,860	2,777
Accumulated Amortization					
Beginning of year	391	1,080	1,013	2,484	2,301
Amortization expense	9	146	-	155	183
Effect of disposals, including write-downs	-	(32)	-	(32)	-
	400	1,194	1,013	2,607	2,484
Net book value at March 31, 2026	\$ 70	\$ 183	\$ -	\$ 253	
Net book value at March 31, 2025	\$ 11	\$ 282	\$ -		\$ 293

HEALTH QUALITY ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2026
(thousands of dollars)

Note 10 CONTRACTUAL OBLIGATIONS

Contractual obligations are obligations of Health Quality Alberta 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	Services
2026 – 27	\$ 335	\$ 74
2027 – 28	347	
2028 – 29	358	
2029 – 30	369	
Thereafter	1,188	
	\$ 2,597	\$ 74

HEALTH QUALITY ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2026
(thousands of dollars)

Note 11 ACCUMULATED OPERATING SURPLUS

Accumulated operating surplus is comprised of the following:

	2026			2025	
	Investment in Tangible Capital Assets and Purchased Intangibles ^(a)	Internally Restricted Surplus ^(b)	Unrestricted Surplus (Deficit)	Total	Total
Balance, April 1	\$ 304	\$ 1,336	\$ -	\$ 1,640	\$ 2,206
Annual operating (deficit) surplus	-	-	1,023	1,023	(566)
Net investments in capital assets and intangible assets	(41)	-	41	-	-
Transfers, prior year restricted	-	(1,336)	1,336	-	-
Transfers, current year restricted	-	2,400	(2,400)	-	-
Balance, March 31	\$ 263	\$ 2,400	\$ -	\$ 2,663	\$ 1,640

- (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:

HEALTH QUALITY ALBERTA
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2026
(thousands of dollars)

Note 11 ACCUMULATED OPERATING SURPLUS (Cont'd)

	2026	2025
Assessing patient/ family/ provider experience	\$ 1,377	\$ 469
Monitoring	450	133
External reviews	77	105
Health system improvement	413	629
Technology assessment and implementation	83	-
	<u>\$ 2,400</u>	<u>\$ 1,336</u>

Note 12 COMPARATIVE FIGURES

Certain 2025 figures have been reclassified, where necessary, to conform to the 2026 presentation.

Note 13 APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved by the Health Quality Alberta Board of Directors on May 29, 2026.

HEALTH QUALITY ALBERTA
SCHEDULE 1 – EXPENSES – DETAILED BY OBJECT
YEAR ENDED MARCH 31
(thousands of dollars)

	2026		2025	
	Budget	Actual	Actual	
	(Note 4)			
Salaries and benefits	\$ 6,865	\$ 6,513	\$ 5,328	
Supplies, services and other	3,332	2,497	3,743	
Amortization of tangible capital assets (Note 9)	151	155	183	
Amortization of intangible capital assets	1	1	1	
	\$ 10,349	\$ 9,166	\$ 9,255	

HEALTH QUALITY ALBERTA

SCHEDULE 2 – SALARY AND BENEFIT DISCLOSURE

YEAR ENDED MARCH 31

(thousands of dollars)

	2026					2025		
	Base Salary ⁽¹⁾	Other Cash Benefits ⁽²⁾	Other Non- Cash Benefits ⁽³⁾	Subtotal	Severance ⁽⁴⁾	Total	Total	
Board of Directors-Chair	\$ -	\$ 23	\$ -	\$ 23	\$ -	\$ 23	\$ 29	
Board of Directors-Members	-	66	-	66	-	66	50	
Former Chief Executive Officer ⁽⁵⁾	65	109	3	177	322	499	298	
Interim & Current Chief Executive Officer ⁽⁶⁾	253	3	44	300	-	300	-	
Executive Director, Health System Analytics ⁽⁷⁾	166	1	33	200	-	200	-	
Executive Director, Health System Improvement ⁽⁷⁾	166	-	33	199	-	199	-	
Executive Director, Communications & Engagement ⁽⁸⁾	156	-	33	189	-	189	-	
Executive Director, Internal Operations ⁽⁹⁾	48	-	12	60	-	60	-	
	\$ 854	\$ 202	\$ 158	\$ 1,214	\$ 322	\$ 1,536	\$ 377	

(1) Base salary includes pensionable base pay.

(2) Other cash benefits include honoraria for board members, vehicle allowance, flexible spending payments, and vacation payout.

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

(4) Severance includes direct or indirect payments to individuals upon termination which are not included in other cash benefits or other non-cash benefits.

- (5) The former Chief Executive Officer held the position until May 2, 2025, at which time she left Health Quality Alberta. The incumbent received salary and other accrued entitlements to the date of departure. The reported severance included 52 weeks base salary at the rate in effect at the date of departure, benefits, and consideration upon signing of the release. Unused accrued vacation at the time of departure of \$55 was paid out and recorded in other cash benefits.
- (6) The incumbent was appointed to the position of Interim Chief Executive Officer effective May 5, 2025. The remuneration while Interim Chief Executive Officer was through an agreement with their professional corporation. The incumbent became an employee of Health Quality Alberta with his appointment as Chief Executive Officer on October 1, 2025.
- (7) The incumbent held the position effective April 1, 2025. Director was the position held in the prior year.
- (8) The incumbent held the position effective April 1, 2025 and was employed on a 0.92 full-time equivalent basis. Director was the position held in the prior year.
- (9) The incumbent held the position effective December 1, 2025.

HEALTH QUALITY ALBERTA

SCHEDULE 3 – RELATED PARTY TRANSACTIONS

YEAR ENDED MARCH 31

(thousands of dollars)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Government of Alberta's Consolidated Financial Statements. Related parties also include key management personnel and close family members of those individuals in Health Quality Alberta. Health Quality Alberta and its employees paid or collected certain taxes and fees set by regulation for premiums, licenses, and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

Health Quality Alberta had the following transactions with related parties recorded in the Statement of Operations and the Statement of Financial Position at the amount of consideration agreed upon between the related parties.

	2026	2025
Revenues		
Grants	\$ 10,064	\$ 8,570
Other	48	-
	<u>\$ 10,112</u>	<u>\$ 8,570</u>
Expenses		
Other services	<u>\$ 88</u>	<u>\$ 41</u>
Receivable from related parties	<u>\$ 50</u>	<u>-</u>
Payable to related parties	<u>\$ 28</u>	<u>\$ 104</u>
Amount transferred to related parties	<u>\$ -</u>	<u>\$ 688</u>





**Health Quality
Alberta**

Improving Healthcare Together

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